IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 2/20/2020

PACKET: 1951

DRUG: Rivaroxaban

USE: Thromboembolism of vein; Malignant neoplastic disease

COMPENDIA TRANSPARENCY REQUIREMENTS	
1	Provide criteria used to evaluate/prioritize the request (therapy)
2	Disclose evidentiary materials reviewed or considered
3	Provide names of individuals who have substantively participated in the review or disposition of the request and disclose their potential direct or indirect conflicts of interest
4	Provide meeting minutes and records of votes for disposition of the request (therapy)

EVALUATION/PRIORITIZATION CRITERIA: A, C, L, S *to meet requirement 1

CODE	EVALUATION/PRIORITIZATION CRITERIA
A	Treatment represents an established standard of care or significant **advance** over current therapies
C	**Cancer** or cancer-related condition
E	Quantity and robustness of **evidence** for use support consideration
L	**Limited** alternative therapies exist for condition of interest
P	**Pediatric** condition
R	**Rare** disease
S	**Serious**, life-threatening condition

Note: a combination of codes may be applied to fully reflect points of consideration [eg, therapy may represent an advance in the treatment of a life-threatening condition with limited treatment alternatives (ASL)]

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Li A, Garcia DA, Lyman GH, et al. Direct oral anticoagulant (DOAC) versus low-molecular-weight heparin (LMWH) for treatment of cancer associated thrombosis (CAT): A systematic review and meta-analysis. Thrombosis Research 173 (2019) 158–163.		1
Wang Y, Lv H, Li D, et al. Efficacy and Safety of Direct Oral Anticoagulants for Secondary Prevention of Cancer-Associated Thrombosis: A Systematic Review and Meta-Analysis of Randomized Controlled Trials and Prospective Cohort Studies. Front. Pharmacol. 2019; 10:773.		1
Rossel A, Robert-Ebadi H, Combescure C, et al. Anticoagulant therapy for acute venous thromboembolism in cancer patients: A systematic review and network meta-analysis. PLoS ONE 2019; 14(3): e0213940		1
Young AM, Marshall A, Thirlwall J, et al. Comparison of an Oral Factor Xa Inhibitor With Low Molecular Weight Heparin in Patients With Cancer With Venous Thromboembolism: Results of a Randomized Trial (SELECT-D). Clin Oncol 36:2017-2023.	This was a multicenter, open-label, randomized pilot study that assessed rivaroxaban versus dalteparin in patients with venous thromboembolism. The risk of potential bias associated with randomization, allocation concealment, attrition, and reporting were deemed low. The risk of potential bias associated with performance was deemed high due to the open-label nature of the study, although the authors used a central blinded committee for outcome adjudication (low risk for detection bias). No other sources of bias were found.	S

Prins MH, Lensing AWA, Brighton TA, et al. Oral rivaroxaban versus enoxaparin with vitamin K antagonist for the treatment of symptomatic venous thromboembolism in patients with cancer (EINSTEIN-DVT and EINSTEIN-PE): a pooled subgroup analysis of two randomised controlled trials. Lancet Haematol 2014; 1: e37–46	This was a pooled subgroup analysis of patients with active cancer from two randomized clinical trials. The patients were pooled from EINSTEIN-DVT and EINSTEIN-PE clinical trials, which assessed rivaroxaban versus enoxaparin and vitamin K antagonist for treatment of deep-vein thrombosis and pulmonary embolism, respectively. The risk of bias associated with selection of cohorts, comparability of cohorts, and assessment of outcome were deemed low. Data were gathered prospectively for objective outcomes, and outcomes were reviewed by an independent blinded committee.	S
Wysokinski WE, Houghton DE, Casanegra AI, et al. Comparison of apixaban to rivaroxaban and enoxaparin in acute cancer-associated venous thromboembolism. Am J Hematol. 2019; 94:1185–1192.		2
Farge D, Debourdeau P, Beckers M, et al. International clinical practice guidelines for the treatment and prophylaxis of venous thromboembolism in patients with cancer. J Thromb Haemost. 2013;11(1):56–70.		2
Key NS, Khorana AA, Kuderer NM, et al. Venous Thromboembolism Prophylaxis and Treatment in Patients With Cancer: ASCO Clinical Practice Guideline Update. Journal of Clinical Oncology 0 0:0.		S

Literature evaluation codes: S = Literature selected; 1 = Literature rejected = Topic not suitable for scope of content; 2 = Literature rejected = Does not add clinically significant new information; 3 = Literature rejected = Methodology flawed/Methodology limited and unacceptable; 4 = Other (review article, letter, commentary, or editorial)

CONTRIBUTORS:

*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Megan Smith	None		
Stacy LaClaire, PharmD	None		
Margi Schiefelbein, PA	None		
		John D Roberts	None
		Jeffrey Klein	None
		Richard LoCicero	Incyte Corporation Local PI for REVEAL. Study is a multicenter, non-interventional, non-randomized, prospective, observational study in an adult population for patients who have been diagnosed with clinically overt PV and are being followed in either community or academic medical centers in the US who will be enrolled over a 12-month period and observed for 36 months.

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
IBM MICROMEDEX	Effective	Class IIa: Recommended, in Most Cases		B
Jeffrey Klein	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The use of oral Rivaroxaban to prevent venous thromboembolism in patients who have cancer is equally effective to subq enoxaparin. The risk of major bleeding events was higher though with rivaroxaban and must be considered when starting therapy.	

John Roberts	Effective	Class IIa: Recommended, in Most Cases	Upon diagnosis of venous thromboembolism, rivaroxaban reduces the frequency of recurrent thromboembolic events in patients living with cancer. This benefit is associated with an increased risk of bleeding. On balance, treatment seems beneficial for most patients. The standard treatment duration is 6 months, and further treatment may be considered. Low molecular weight heparin is an acceptable alternative. Due to a lower risk of bleeding, low molecular weight heparin may be preferable in patients at high risk of bleeding, for example, patients with esophageal or gastric cancer. Rivaroxaban and low molecular weight heparin are preferable to warfarin due to lower rates of bleeding.	
Richard LoCicero	Effective	Class I: Recommended	Rivaroxaban has been shown to be an effective treatment of venous thromboembolic disease in patients with cancer.	