Part VI: Summary of the risk management plan

Summary of risk management plan for <Product name> 2.5 mg, 10 mg, 15 mg, 20 mg and 15 mg, 20 mg film-coated tablets (Rivaroxaban)

This is a summary of the risk management plan (RMP) for <Product name>. The RMP details important risks of <Product name>, how these risks can be minimised, and how more information will be obtained about invented name's risks and uncertainties (missing information).

<Product name>'s summary of product characteristics (SmPC) and its package leaflet give essential information to healthcare professionals and patients on how <Product name> should be used.

I. The medicine and what it is used for

<Product name> is authorised for:

- Prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery.
- Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults
- Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors, such as congestive heart failure, hypertension, age ≥ 75 years, diabetes mellitus, prior stroke or transient ischaemic attack.
- <Product name>, co-administered with acetylsalicylic acid (ASA) alone or with ASA plus clopidogrel or ticlopidine, is indicated for the prevention of atherothrombotic events in adult patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers.
- <Product name>, co-administered with acetylsalicylic acid (ASA), is indicated for the prevention of atherothrombotic events in adult patients with coronary artery disease (CAD) or symptomatic peripheral artery disease (PAD) at high risk of ischaemic events.
- Treatment of venous thromboembolism (VTE) and prevention of VTE recurrence in children and adolescents aged less than 18 years and weighing from 30 kg to 50 kg after at least 5 days of initial parenteral anticoagulation treatment.
- Treatment of venous thromboembolism (VTE) and prevention of VTE recurrence in children and adolescents aged less than 18 years and weighing more than 50 kg after at least 5 days of initial parenteral anticoagulation treatment.

It contains rivaroxaban as the active substance and it is given orally.

II. Risks associated with the medicine and activities to minimise or further characterise the risks

Important risks of <Product name>, together with measures to minimise such risks and the proposed studies for learning more about <Product name> risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorised pack size — the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status — the way a medicine is supplied to the patient (e.g. with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In the case of <Product name>, these measures are supplemented with *additional risk minimisation measures* mentioned under relevant important risks, below.

If important information that may affect the safe use of <Product name> is not yet available, it is listed under 'missing information' below.

II.A List of important risks and missing information

Important risks of <Product name> are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely taken. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of <Product name>. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine);

List of important risks and missing information	
Important identified risks	• Haemorrhage
Important potential risks	• Embryo-foetal toxicity
Missing information	• Patients with severe renal impairment (CrCl < 30 mL/min) • Patients receiving concomitant systemic inhibitors of CYP3A4 or P gp other than azole antimycotics (e.g. ketoconazole) and HIV-protease inhibitors (e.g. ritonavir) • Remedial pro-coagulant therapy for excessive haemorrhage • Pregnant or breast-feeding women • Patients with atrial fibrillation (AF) and a prosthetic heart valve • Long-term therapy with rivaroxaban in treatment of DVT, PE, and Systemic embolism in adult patients with

List of important risks and missing information	
	non-valvular atrial fibrillation (SPAF) and acute coronary syndrome (ACS) in real-life setting • Patients with significant liver diseases (severe hepatic impairment/Child Pugh C) • Patients <18 years

II.B Summary of important risks

Important identified risk Haemorrhage	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.3, 4.4, and 4.8* - *Prescription only medicine* Additional risk minimisation measures: - *Educational material for prescribers* - *Patient Alert Card*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Important potential risk Embryo-foetal toxicity	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.3, 4.6 and 5.3* - *Prescription only medicine* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Patients with severe renal impairment (CrCl < 30 mL/min)	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.2 and 4.4* - *Prescription only medicine* Additional risk minimisation measures:

Missing information Patients with severe renal impairment (CrCl < 30 mL/min)	
	- *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Patients receiving concomitant systemic inhibitors of CYP3A4 or P gp other than azole antimycotics (e.g. ketoconazole) and HIV-protease inhibitors (e.g. ritonavir)	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.4 and 4.5* - *Prescription only medicine* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Remedial pro-coagulant therapy for excessive haemorrhage	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC section 4.9* - *Prescription only medicine* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Pregnant or breast-feeding women	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.3, 4.6 and 5.3* - *Prescription only medicine* Additional risk minimisation measures: - *None*

Missing information Pregnant or breast-feeding women	
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Patients with atrial fibrillation (AF) and a prosthetic heart valve	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC section 4.4* - *Prescription only medicine* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Long-term therapy with rivaroxaban in treatment of DVT, PE, and Systemic embolism in adult patients with non-valvular atrial fibrillation (SPAF) and acute coronary syndrome (ACS) in real-life setting	
Risk minimisation measures	Routine risk minimisation measures: - *Currently available data do not support the need for risk minimisation measures* - *Prescription only medicine* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Patients with significant liver diseases (severe hepatic impairment/Child Pugh C)	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC sections 4.2, 4.3 and 5.2* - *Prescription only medicine* Additional risk minimisation measures:

	- *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

Missing information Patients <18 years	
Risk minimisation measures	Routine risk minimisation measures: - *SmPC section 4.2* - *Prescription only medicine* Additional risk minimisation measures: - *None*
Additional pharmacovigilance activities	Additional pharmacovigilance activities: - *None*

II.C Post-authorisation development plan

II.C.1 Studies which are conditions of the marketing authorisation

There are no studies which are conditions of the marketing authorisation or specific obligation of <Product name>.

II.C.2 Other studies in post-authorisation development plan

There are no studies required for <Product name>.