IRISH MEDICINES BOARD

Pradaxa (dabigatran etexilate) – Recommendations for assessment of renal function and monitoring in the elderly

Pradaxa (dabigatran etexilate) is a potent, competitive, reversible direct thrombin inhibitor, which was authorised through an EU assessment procedure and is currently licensed for use in the following indications:

- Primary prevention of venous thromboembolic events in adults who have had elective total hip replacement or total knee replacement surgery.
- Prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation with one or more risk factors (see Summary of Product Characteristics (SPC), available on www.ema.europa.eu).

Following a recent EU evaluation of all available safety data on the risk of fatal haemorrhage with Pradaxa, new recommendations to assess renal function prior to and during treatment with Pradaxa were introduced as follows:

- Prior to initiation of treatment with Pradaxa, renal function should be assessed in all patients by calculating creatinine clearance (CrCl) to exclude treatment in patients with severe renal impairment (i.e. CrCl < 30ml/min).

- While on treatment, renal function should be assessed in clinical situations where a decline in renal function is suspected or where renal function could deteriorate (e.g. hypovolemia, dehydration, and with certain co-medications).

- In elderly patients (> 75 years), or in patients with renal impairment, renal function should be assessed at least once a year.

- Pradaxa is contraindicated in patients with severe renal impairment.

The EU evaluation was initiated following reports of fatal cases of haemorrhage in Japan. The review indicated that most patients that experienced fatal haemorrhage were elderly patients who had severe renal impairment. As with other anticoagulants, haemorrhage is a well known adverse reaction with Pradaxa and advice on this risk is already reflected in the product information, which recommends that doctors check for signs of bleeding and discontinue treatment in patients with severe bleeding. It also recommends that an unexplained fall in haemoglobin and/or haematocrit, or blood pressure should lead to a search for a bleeding site.

Pradaxa is contraindicated in patients who are bleeding, in patients with severe renal impairment, and should be used with caution and at lower doses in elderly patients and patients with moderate renal impairment. Patients at increased risk of bleeding should be closely clinically monitored for signs of bleeding and anaemia. The SPC advises that the following factors increase the risk of bleeding associated with Pradaxa (see SPC for full details):

- Age >75 years
- Moderate renal impairment (30-50ml/min CrCL)
- Low body weight
- Use of acetylsalicylic acid, clopidogrel or NSAIDs
- Presence of oesophagitis/gastritis/gastroesophageal reflux requiring treatment
- Strong P-gp inhibitor co-medication (e.g. amiodarone, quinidine or verapamil)

Any suspected adverse reactions associated with the use of Pradaxa should be reported to the IMB via the usual reporting routes (see www.imb.ie for details).

This information was recently communicated to Healthcare Professionals by the marketing authorisation holder in agreement with the IMB (Direct Healthcare Professional Communication is available on www.imb.ie).

Key Message

- Renal function should be assessed in all patients prior to initiating treatment with Pradaxa.
- While on treatment, renal function should be assessed in clinical situations where a decline in renal function is suspected.
- In elderly patients (> 75 years) or in patients with renal impairment, renal function should be assessed at least once a year.
- Pradaxa should be used with caution and at lower doses in elderly patients and patients with moderate renal impairment.

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