EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

15 December 2016
EMA/859610/2016
Committee for Medicinal Products for Human Use (CHMP)

Scientific conclusions and grounds for the variation to the terms of the marketing authorisation(s)

Active substance(s): apixaban

Procedure No. EMEA/H/C/PSUSA/00000226/201605

Period covered by the PSUR: 18 May 2015 to 17 May 2016

30 Churchill Place ● Canary Wharf ● London E14 5EU ● United Kingdom
Telephone +44 (0)20 3660 6000 **Facsimile** +44 (0)20 3660 5555
Send a question via our website www.ema.europa.eu/contact

Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR(s) for apixaban, the scientific conclusions of CHMP are as follows:

During the reporting period of the periodic safety update report, the marketing authorisation holder received some comments through the Medical Information channel regarding clarity of dosing recommendation in patients with renal impairment. Considering the importance of dosing in this vulnerable subpopulation and in order to prevent any dose error, the PRAC considers that the dosing recommendation in patients with renal impairment in section 4.2 of the summary of product characteristics (SmPC) should be clarified. In patients with mild or moderate renal impairment, it is clarified that for the prevention of venous thromboembolic events in elective hip or knee replacement surgery, for the treatment of deep vein thrombosis (DVT), treatment of pulmonary embolism (PE) and prevention of recurrent DVT and PE, no dose adjustment is necessary; for the prevention of stroke and systemic embolism in patients with non-valvular atrial fibrillation (NVAF) and serum creatinine ≥ 1.5 mg/dL (133 micromole/L) associated with age ≥ 80 years or body weight ≤ 60 kg, a dose reduction is necessary and described in the product information. In the absence of other criteria for dose reduction (age, body weight), no dose adjustment is necessary. In patients with severe renal impairment (creatinine clearance 15-29 mL/min), it is clarified that for the prevention of stroke and systemic embolism in patients with NVAF, patients should receive the lower dose of apixaban 2.5 mg twice daily; and no change are made to the recommendation for the other indications where apixaban is to be used with caution.

Therefore, in view of the data presented in the reviewed PSUR, the PRAC considered that changes to the product information of medicinal products containing apixaban were warranted.

The CHMP agrees with the scientific conclusions made by the PRAC.

Grounds for the variation to the terms of the marketing authorisation

On the basis of the scientific conclusions for apixaban the CHMP is of the opinion that the benefit-risk balance of the medicinal product containing apixaban is unchanged subject to the proposed changes to the product information

The CHMP recommends that the terms of the marketing authorisation should be varied.