

# Effectiveness and safety of rivaroxaban and amlodipine dual therapy compared to phenprocoumon and amlodipine dual therapy in non-valvular atrial fibrillation patients - using German health claims data

**First published:** 06/06/2023

**Last updated:** 30/01/2025

Study

Planned

## Administrative details

### EU PAS number

EUPAS105202

### Study ID

105203

### DARWIN EU® study

No

### Study countries

Germany

## **Study description**

This is a retrospective cohort study of NVAF patients receiving a dual therapy of either rivaroxaban with amlodipine at specified doses or phenprocoumon with amlodipine in a real-world setting, where amlodipine is prescribed for the treatment of hypertension. The study focuses on effectiveness, safety outcomes, the drug utilization pattern, and patient characteristics for patients initiating treatment between years 2011 and 2019 using German claims data. The main objective of this study is to describe the effectiveness and safety associated with the use of rivaroxaban and amlodipine when compared to phenprocoumon and amlodipine. An analysis of relevant clinical and demographical data including subgroup analysis will be performed using a representative population from the German health claims data. The primary objective is to evaluate the effectiveness of rivaroxaban using a composite endpoint of prevention of ischemic stroke or systemic embolism. The safety of rivaroxaban and amlodipine will be assessed as a secondary objective based on the risk of bleeding at specific doses compared to dual therapy with phenprocoumon and amlodipine.

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## **Study status**

Planned

## **Contact details**

### **Study institution contact**

Ravi Iyer ravi.iyer01@tevapharm.com

**Study contact**

[ravi.iyer01@tevapharm.com](mailto:ravi.iyer01@tevapharm.com)

### **Primary lead investigator**

Ravi Iyer

Primary lead investigator

## Study timelines

### **Date when funding contract was signed**

Planned: 15/10/2021

Actual: 15/11/2021

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### **Study start date**

Planned: 05/06/2023

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### **Date of final study report**

Planned: 29/09/2023

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

Teva Pharmaceutical, R&D, Inc.

## Regulatory

### **Was the study required by a regulatory body?**

No

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### **Is the study required by a Risk Management Plan (RMP)?**

Not applicable

## Methodological aspects

### Study type

#### Study type list

**Study type:**

Non-interventional study

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**Scope of the study:**

Effectiveness study (incl. comparative)

Safety study (incl. comparative)

**Main study objective:**

To evaluate the effectiveness (composite endpoint: prevention of ischemic stroke and systemic embolism) of rivaroxaban and amlodipine at the specified doses – compared to the dual therapy of phenprocoumon and amlodipine where amlodipine is being used for the treatment of hypertension in patients with NVAF.

### Study Design

**Non-interventional study design**

Cohort

### Study drug and medical condition

**Study drug International non-proprietary name (INN) or common name**

AMLODIPINE

RIVAROXABAN

PHENPROCOUMON

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**Medical condition to be studied**

Atrial fibrillation

## Population studied

**Age groups**

- Adults (18 to < 46 years)
- Adults (46 to < 65 years)
- Adults (65 to < 75 years)
- Adults (75 to < 85 years)
- Adults (85 years and over)

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**Estimated number of subjects**

4000

## Study design details

**Outcomes**

Measuring the prevention of occurrence of the following events identified as hospitalisation for the composite endpoint of: • ischemic or undefined stroke /TIA, • systemic embolism (non?cerebrovascular embolism as retinal arterial occlusion, retinal vascular occlusion unspecified), The incidence rate of major bleeding as composite and single endpoints for the complete sample and

subgroups of interest

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## **Data analysis plan**

The average treatment effect of phenprocoumon/amlodipine users on the risk of ischemic stroke and systemic embolism compared to rivaroxaban/amlodipine will be obtained from time-to-event analysis using an application of the extended (weighted) Cox model. The observed hazard ratios (HR) between comparator cohorts will be provided with 95% CIs.

## **Data management**

### **ENCePP Seal**

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## **Data sources**

### **Data sources (types)**

[Administrative healthcare records \(e.g., claims\)](#)

## **Use of a Common Data Model (CDM)**

### **CDM mapping**

No

## **Data quality specifications**

### **Check conformance**

Unknown

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### **Check completeness**

Unknown

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### **Check stability**

Unknown

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### **Check logical consistency**

Unknown

## Data characterisation

### **Data characterisation conducted**

No