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1. ABSTRACT

Title

POST-APPROVAL SAFETY STUDY (PASS) OF THE UTILIZATION PATTERN OF APIX-ABAN IN SWEDEN

20 May 2016

Keywords

Apixaban, Drug utilization, on-label, off-label, Novel Oral Anticoagulant

Rationale and background

Off-label use of a medicinal product occurs when that product is intentionally used for a medical purpose that is not in accordance with the authorised product information. Off-label use of a medicinal product can be of concern, and the frequency of off-label apixaban (ELIQUIS®) use is not known.

In the European Union (EU), apixaban is approved for three indications: (1) prevention of venous thromboembolic events (VTE) in adult patients who have undergone elective hip or knee replacement surgery, (2) prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age \geq 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class \geq II), (3) treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults.

Research question and objectives

The objectives of this study were (1) to estimate the proportion of apixaban users who received the drug on-label, and (2) describe the characteristics of patients using the drug on-label and off-label.

Study design

This non-interventional descriptive study used retrospectively collected data from the national health registers in Sweden.

Setting

The Swedish national registers include information on the entire population of Sweden.

Subjects and study size, including dropouts

This Final Study Report includes all the patients who received at least one apixaban dispensing in a Swedish community pharmacy in first three years after the drug became available (1 January 2012 through 31 December 2014).

A-priori the Sponsor projected that 600 patients would receive apixaban after THA/TKA from 2012 to 2014 and that data from those patients would provide sufficient precision around the apixaban utilization estimates. The projected sample size was revised to 19,000 patients in the Protocol B0661017 Amendment 3 based on preliminary data.

Variables and data sources

The Prescribed Drug Register (PDR) holds data from all community pharmacy dispensing and the National Patient Register (NPR) holds data from all hospital inpatient and outpatient encounters were used for analysis. Apixaban users were identified from PDR.

The main variable was indication for apixaban use. The specific indication as intended by the prescriber was not recorded in the PDR, so a proxy for the indication was assigned from the diagnostic and surgical codes in the NPR. The assigned proxy indications were classified as on-label or off-label based on a predefined criteria of hospital diagnostic and surgical codes. If an apixaban user did not have a record from the pre-defined criteria prior to the apixaban dispensation, then that user remained unclassified.

Data were also collected on patients' age, gender, length of follow-up in the database, other concomitant prescriptions (including other antithrombotics and commonly used medications), and their clinical history (including comorbidities such as renal or hepatic disease).

We anticipated that some diagnoses, particularly NVAF, may be under ascertained from the hospital records, so a regional primary care database from *Västra Götaland* County (VEGA) was added as a sensitivity analysis.

Results

Main analysis

Objective 1: A total of 17 592 apixaban users were included in the study of which 86.4% (95% Confidence Interval [CI]: 85.9%-86.9%, n=15 204) were assigned on-label indications, 7.7% (CI: 7.3%-8.1%, n=1 358) were assigned off-label indications, and 5.9% (CI: 5.5%-6.2%, n=1 030) were unclassified. Among 16 562 patients assigned to a predefined indication, 91.8% (CI: 91.4%-92.2%) had an indication that was on-label and 8.2% (CI: 7.8%-8.6%) had an off-label indication.

The on-label indications included an elective THA/TKA for 17.3% (n = 2 636) of all on-label patients, a diagnosis of NVAF for 79.9% (n=12 151) of on-label patients and a diagnosis of DVT/PE for 2.7% (n=417) of on-label patients. Among the off-label users, off-label conditions accounted for 42.3% (n=575) of off-label use, non-elective THA/TKA accounted for 0.7% (n=10), off-label AF for 31.5% (n=428), other VTE or DVT/PE before approval for 8.0% (n=108), and off-label surgeries represented 17.3% (n=235) of off-label indications; 2 patients were under 18 years of age when they received apixaban.

Objective 2: Among apixaban users, 52.4% were men and 47.6% were women. The mean age of on-label users (73.6 years) was similar to the mean ages for off-label (74.2 years) and unclassified (73.7 years) apixaban users. Common co-medications that were dispensed within 30 days of the apixaban dispensation included other antithrombotics, CYP3A4 and P-gp inhibitors, selective beta blocking agents, HMG CoA reductase inhibitors, osmotically acting laxatives, natural opium alkaloids and anilides. Apixaban for NVAF was associated with longest duration of use (median = 175 days) compared to patients receiving apixaban for THA/TKA (median = 30 days), DVT/PE (median = 84 days). The strength of 5 mg, corresponding to a daily dose of 10 mg, was most commonly prescribed dosage. A history of renal disease occurred in 3.3% (n=561) of patients and liver disorders occurred in 0.4% (n=66) of patients.

Sensitivity analysis with primary care data

Using data from both the VEGA primary care database and the national hospital registers (n = 5 157), 88.7% (n = 4 572) of patients had on-label indications, 8.9% (n = 457) had off-label indications, and only 2.5% (n=128) could not be classified as on- or off-label users. Of the 97.5% of users with an assigned indication, 90.9% (n=4 572) had an on-label indication and 9.1% (n=457) had an off-label indication.

Discussion

The majority of apixaban users, 86%, received the drug for an on-label indication. We were not able to infer an indication for 6% of patients who may have received apixaban in the primary care setting. The inclusion of primary care data for a subset of patients did not change the distribution of on-label and off-label indications substantially. When excluding those with an unclassified indication, 92% of all use was for on-label indications. Comorbidities and co-medications, such as opioids following surgery, reflected the age of apixaban users and the indications for use.

Marketing Authorisation Holder(s)

Bristol-Myers Squibb/Pfizer EEIG, United Kingdom

Names and affiliations of principal investigators

2. LIST OF ABBREVIATIONS

Abbreviation	Definition	
AF	Atrial Fibrillation	
ATC	Anatomical Therapeutic Chemical classification system	
CI	Confidence Interval	
СРЕ	Centre for Pharmacoepidemiology	
DVT	Deep Vein Thrombosis	
EU	European Union	
GP	General Practitioner	
ICD-10	International Statistical Classification of Diseases and Related Health Problems - Tenth Revision	
IQR	Inter-Quartile Range	
NPR	National Patient Register	
NVAF	Non-Valvular Atrial Fibrillation	
NYHA	New York Heart Association	
PDR	Prescribed Drug Register	
PE	Pulmonary Embolism	
SAP	Statistical Analysis Plan	
SE	Systemic Embolism	
SmPC	Summary of Product Characteristics	
THA	Total Hip Arthroplasty	
TIA	Transient Ischaemic Attack	
ТКА	Total Knee Arthroplasty	
VAF	Valvular Atrial Fibrillation	
VEGA	Västra Götaland County Database	
VTE	Venous Thromboembolism	

3. INVESTIGATORS

Principal Investigator(s) of the Protocol



4. OTHER RESPONSIBLE PARTIES

5. MILESTONES

Milestone	Planned date	Actual date	Comments
Start of data collection	Q4 2014	05 November 2014	None
End of data collection	Q4 2015	Q4 2015	
Registration in the EU PAS register	Q4 2013	20 November 2013	None
Interim report 1	31 December 2013	9 December 2013	Due to low num- ber of apixaban dispensing, a study progress report was provided.
Interim report 2	31 December 2014	19 May 2015	The delivery of the data to the Karo- linska Institute was delayed, and with agreement from the Agency, the interim report was delivered at a later date. (B0661017 Protocol)
Final report of study re- sults	31 May 2016	20 May 2016	Amended date as agreed on with the Agency. (B0661017 Proto- col)

6. RATIONALE AND BACKGROUND

Off-label drug use occurs when a healthcare provider chooses to prescribe a drug in a manner that is inconsistent with the approved prescribing information. For medicinal products approved by the European Commission, the conditions for use are identified in the Summary of Product Characteristics (SmPC). Examples of off-label prescribing may include, but are not limited to the administration of the drug in doses, routes of administration or for reasons outside of the approved indications, or use in patients who do not meet age requirements, or other criteria as outlined in the SmPC.

The prescribing of apixaban (ELIQUIS®) outside of the indicated uses is a regulatory and potentially a safety concern. Apixaban is an orally administered anticoagulant that inhibits coagulation factor Xa. It is currently approved for (Table 1):

- 1. Prevention of venous thromboembolic events (VTE) in adult patients who have undergone elective hip or knee replacement surgery.
- Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age ≥ 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class ≥ II).
- 3. Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults.

Tab	Table 1. Indications for apixaban and dates of authorization			
	Abbreviated Indication	Indication	Date of EMA Authorization	
1.	THA/TKA	Prevention of VTE in adult patients who have under- gone elective hip or knee replacement surgery	18 May 2011	
2.	NVAF	Prevention of stroke and systemic embolism in adult patients with NVAF, with one or more risk factors, such as prior stroke or TIA; age >= 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class >= II).	19 November 2012	
3.	DVT/PE	Treatment of DVT and PE, and prevention of recurrent DVT and PE in adults.	28 July 2014	

DVT: Deep vein thrombosis

NVAF: Non-valvular atrial fibrillation

NYHA: New York Heart Association

PE: Pulmonary Embolism

SE: Systemic Embolism

TIA: Transient Ischaemic Attack

THA/TKA: Total Hip Arthroplasty / Total Knee Arthroplasty

VTE: Venous Thromboembolic Events

The data for this Final Study Report include apixaban dispensing that occurred from 1 January 2012 through 31 December 2014. Apixaban dispensations are classified as on-label only if the apixaban is dispensed after receiving regulatory approval for the applicable indications. If the dispensation date is on or before the date of the approval of the associated indication, then this use is classified as off-label.

This non-interventional study was designated as a Post-Authorisation Safety Study (PASS) and is a commitment to the European Medicines Agency (EMA).

7. RESEARCH QUESTION AND OBJECTIVES

The objective of this study is to describe the utilization patterns of apixaban in Sweden.

Specifically, the study objectives are to:

- 1. Estimate the proportions of apixaban users in the out-patient setting who receive the drug for the approved indications at the time of the study,
- 2. Describe the characteristics of the patients who are prescribed apixaban in the outpatient setting for on-label and off-label indications.

Number	Date	Section of study protocol	Amendment or update	Reason
2*	22 January 2013	6.2-6.3, 7.2	Addition of NVAF indication	EMA authorised NVAF indication
		7.1	More details on sample size were presented.	Clarification of sample size was made
		1.1, 3	Writing clarification	Clarifications were made to the writing to more accurately describe study
3	19 May 2015	1.1	Addition of DVT/PE treatment added.	EMA authorised DVT/PE indication
		6.1	Removed Stockholm County primary care data	Stockholm County primary care data was not available so it was removed from the protocol
		6.3, 7.2	Extension of the timeframe that was used to identify NVAF diagnoses and diagnoses that exclude the NVAF indication.	Results from the interim report sug- gested patients had NVAF diagnoses early in the patient record
		7.1, 7.2	Updated final sample size in Sweden	Sample size was updated to reflect current projections

8. AMENDMENTS AND UPDATES

Number	Date	Section of study protocol	Amendment or update	Reason
		1.1, 6.1 – 6.3, 7.1-7.3, 9, 10.2	Writing clarification	Clarifications were made to the writing to more accurately describe study

* The final version of the protocol was labelled as Final Amended and the next version was labelled Amendment 2; the final version was amendment 3

9. RESEARCH METHODS

9.1. Study design

This is a descriptive, non-interventional study using retrospectively collected electronic data from the Swedish national health registers. The registers cover the entire population of Sweden (9.7 million people in 2014). The major strength of the study is the size of the cohort, the complete nationwide coverage, and the high quality of the data from the Swedish national health registers.

9.2. Setting

The study included all patients identified in the National Prescribed Drug Register (PDR) who had received at least one apixaban dispensing from a community pharmacy during the study period. The PDR contains information on the patient, the prescribed drugs coded according to the Anatomic Therapeutic Chemical (ATC) classification system, the date of the dispensation, and the specialty of the prescribing physician. Prescriptions from primary care physicians and specialists, such as cardiologists, who treat patients in the outpatient setting would typically be filled in community pharmacies and be recorded in the PDR. However, drugs dispensed to hospitalised inpatients are not recorded in the PDR.

The main analysis considered only in- and outpatient hospital diagnoses from January 1997 until the first apixaban dispensing and procedures within 30 days of the first apixaban dispensing. Diagnoses and procedures performed by surgeons, cardiologists and other specialists during inand outpatient hospital contacts were collected from the Swedish National Patient Register (NPR). However, the NPR lacks information on General Practitioner (GP) visits.

To address the possibility that the hospital based data sources missed information from GP records, a sensitivity analysis was performed where the national hospital based records were supplemented with GP records from a regional database in the Gothenburg area (VEGA). Data from GP visits outside the Gothenburg area were not available. As with the national data, drug dispensations from the Gothenburg area were collected from outpatient pharmacies through the PDR.

9.3. Subjects

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The study included residents of Sweden with at least one recorded apixaban dispensing over the first 3 years that the drug was available (January 1, 2012 to December 31, 2014). Patients with less than 6 months of database history (i.e. recent immigrants) were excluded, as were patients

with a date of death before the apixaban index date. There were not any study mandated dosing or duration of use requirements.

9.4. Variables

The index date is defined as the first apixaban dispensation date observed in PDR during the study period for each individual. The operational definitions and coding scheme of the variables are described below.

- Patient demographics and characteristics:
 - Age at index date (categorical: <18, 18-44, 45-64, 65-84, 85+, median and interquartile range, IQR)
 - Gender (categorical: male, female)
- Information on dispensing of apixaban:
 - Dispensing date, estimated daily dose (categorical: 5 mg, 10 mg corresponding to twice daily use of the recorded tablet strength), amount dispensed, duration of use based on amount of drug prescribed (categorical: <10 days, 10-14 days, 15-31 days, 32-38 days, >38 days), refill date, repeat dispensing
 - Department specialty (categorical: orthopaedic, surgery, GP, internal medicine, cardiology, other)
- Hospital admission information:
 - Dates of hospital admission and discharges
 - ICD-10 discharge diagnoses (primary and secondary)
 - Surgical procedure codes
- Outpatient hospital office visit information:
 - Date of visit
 - ICD-10 diagnosis codes
 - Department type.
 - Primary care records for VEGA:
 - Date of contact
 - Contact type (visit, telephone)
 - ICD-10 diagnosis codes
- Other concomitantly dispensed drugs:
 - ATC code, dispensing date, dose, quantity dispensed

9.4.1. Endpoints

The main endpoint of interest for the study was the indication for apixaban use. The condition that the prescriber intended to treat with apixaban is not directly recorded in the PDR, so we used diagnosis and procedure codes in the NPR from before the apixaban dispensation date as proxies for the indication. The proxy indications, based on appropriate Nordic procedure and ICD-10 codes from linked hospital discharge diagnoses, were categorized as on-label or off-label based on predefined diagnosis and procedure codes (Appendix 2). If a pre-defined code could not be identified in the patient's records, then the user was designated as having an unclassified indication. The patients were assigned an on-label and off-label status based on the first apixaban dispensation only, and the date of the first apixaban dispensation was defined as the index date.

9.4.2. Definition of THA/TKA

Apixaban users who were assigned on-label THA/TKA indications had a record of a THA/TKA procedure (including total and partial replacement procedures) within 30 days of the apixaban dispensation, and did not have a diagnosis of hip or knee fracture. A record of hip or knee fracture within 30 days of apixaban dispensation suggested that the THA/TKA procedure was not elective, and thus inconsistent with the on-label THA/TKA indication.

9.4.3. Definition of NVAF

NVAF is defined as 'AF that occurs in the absence of mechanical prosthetic heart valves and in the absence of moderate to severe mitral stenosis', according to the European Heart Rhythm Association (5). The register coding systems do not record the severity of the mitral stenosis so any evidence of mitral stenosis or any evidence of a mechanical prosthetic heart valve was defined as off-label usage among AF patients. The diagnostic and procedure codes for identifying cardiac disorders are shown in Appendix 2.

9.4.4. Identification of DVT/PE

DVT patients were defined as patients with a DVT diagnostic code before the apixaban dispensation including:

- 1. Embolism and thrombosis of vena cava and other thoracic veins,
- 2. Embolism and thrombosis of other specified veins,
- 3. Embolism and thrombosis of unspecified vein,
- 4. Phlebitis and thrombophlebitis of deep vessels of lower extremities.

PE patients were defined as patients with a PE diagnostic code before the apixaban dispensation. Patients with other diagnoses of venous thromboembolism, e.g. involving superficial vessels or other specific sites, are categorised as off-label users (other VTE).

9.4.5. Decision Rules for On- and Off-Label Classification

Apixaban dispensations made for a specific indication were classified as on-label after the day that the indication received regulatory approval. Apixaban was approved for the prevention of VTE in patients with elective THA/TKA prior to the start of this study so that all dispensations for elective THA/TKA during the study period were classified as on-label regardless of the date of dispensing. Apixaban was approved for the prevention of stroke and SE in NVAF patients on 19 November 2012, and dispensations for this indication were classified as off-label on or before 19 November 2012; they were classified as on-label after 19 November 2012. Approval for the treatment of DVT and PE occurred on 28 July 2014 and dispensation for this indication were classified as off-label on or before 28 July 2014; they were classified as on-label after 28 July 2014.

The classification for each individual was made in a hierarchical and sequential fashion (Figure 1) based on the dispensation at the index date with ordering:

- 1) any use less than 18 years of age,
- 2) on-label THA/TKA,
- 3) on-label NVAF,
- 4) on-label DVT/PE,

- 5) off-label THA/TKA (non-elective),
- 6) off-label AF (AF with valvular disorder or NVAF before approval),
- 7) off-label VTE (other and non-specific VTE or DVT/PE before approval),
- 8) other off-label surgeries,
- 9) other specified off-label diagnoses,
- 10) unclassified indication.

The patient's age at the time of the first apixaban dispensing was used to identify use in children.

The procedure codes related to other surgeries are provided using the NOMESCO classification in Appendix 2.

Other diagnoses listed as potential off-label indications for apixaban are given in Table 2, and in Appendix 2.

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Figure 1. Decision process for identifying on- vs. off-label use

Table 2: Other specified off-label diagnoses		
ICD 10	Text	
I20	Angina pectoris	
I21	Acute myocardial infarction	
I22	Subsequent myocardial infarction	
I23	Certain current complications following acute myocardial infarction	
I24	Other acute ischemic heart diseases	
I25	Chronic ischemic heart disease	
I63	Cerebral infarction	
I64	Stroke not specified as haemorrhage or infarction	
I74	Arterial embolism and thrombosis	

9.5. Data sources and measurement

Patients in the PDR who had used apixaban were linked to NPR by the personal identification number (PIN) unique to all Swedish citizens. Relevant clinical history for the apixaban users identified from the PDR was obtained from the NPR. The NPR contains data from all hospital admissions in Sweden ICD-10 coded from 1997 to present. At each discharge, information is collected about the patient's demographics, primary and secondary diagnoses, procedure codes, hospitals and wards of admission, and dates of admission and discharge.

Primary care records for apixaban users were retrieved for the population of VEGA database (Gothenburg area 1.6 million inhabitants, available from 2004). These records are based on patient contacts to primary care centres and collected in the health administrative databases of *Västra Götaland* county.

The final protocol was approved by an Ethics Committee. The study is being conducted in accordance with legal and regulatory requirements, as well as with scientific purpose, value and rigor and follows generally accepted research practices described in Guidelines for Good Pharmacoepidemiology Practices (GPP) issued by the International Society for Pharmacoepidemiology (ISPE), Good Epidemiological Practice (GEP) guidelines issued by the International Epidemiological Association (IEA), International Ethical Guidelines for Epidemiological Research issued by the Council for International Organizations of Medical Sciences (CIOMS), European Medicines Agency (EMA) European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP) Guide on Methodological Standards in Pharmacoepidemiology, FDA Guidance for Industry: Good Pharmacovigilance and Pharmacoepidemiologic Assessment, FDA Guidance for Industry and FDA Staff: Best Practices for Conducting and Reporting of Pharmacoepidemiologic Safety Studies Using Electronic Healthcare Data Sets.

9.6. Bias

This is a descriptive drug utilization study where no formal statistical analyses have been performed and thus there are no effect estimates that could be biased. There is a potential of misclassification between on- and off-label use.

The absence of primary care diagnoses outside the Gothenburg area could introduce bias in the classification of off- and on-label use if certain diagnoses are more common among GP's than in

hospitals and vice versa. This may especially pertain to NVAF, since PE is a medical emergency that requires hospitalization and TKA/THA is performed in the hospital. DVT could be diagnosed by a GP alone, but it would usually involve some consultation with a specialist. Therefore we believe that NVAF is the most likely diagnosis to be absent from the specialist/hospital records.

In addition, administrations of apixaban to hospital admitted in-patients were not captured. If the in-hospital use is not followed by the use of apixaban outside hospital, then this would lead to missing data. Moreover these missing data could introduce a bias in the estimate of the proportions of off- and on-label users if the in-hospital indications differ from the out-patient indications. No adjustments for biases were performed in this report.

9.7. Study Size

All the patients who had received apixaban in the database over the study period were included in the study without any sampling procedure. Power calculations for hypothesis testing were not performed because this is a descriptive study of drug usage without pre-defined hypotheses.

Based on the Sponsor's projection prior to the study, the number of patients using apixaban in 2012-2014 for prevention of VTE following elective THA/TKA was expected to be approximately 600. It was later projected that up to 19,000 patients including those with THA/TKA, NVAF, and for the DVT/PE indications could be available for analysis (Protocol B0661017 Amendment 3). This final report covers 17 592 patients who received apixaban between 1 January 2012 and 31 December 2014, which yields a 95% confidence interval width of 0.3% to 1.5%, depending on the estimated proportion.

9.8. Data transformation

Data were transformed into minimal informative datasets for demographics, drugs, diagnoses, person characteristics and primary care data using a beta version of the Centre for Pharmacoepidemiology (CPE) developed Nordic data model (NDM). From the NDM datasets two analysis datasets, one for all patients and one for patients with primary care data available, were created and used in the analyses.

9.9. Statistical methods

Only descriptive statistics such as numbers, proportions, median with interquartile range and mean with standard deviation were used in this study.

9.9.1. Main summary measures

A detailed methodology for data analysis is documented in the Statistical Analysis Plan (SAP), which is dated, filed and maintained by the Sponsor.

Descriptive analyses of the data were conducted. The demographic and clinical characteristics of patients identified to have received an apixaban dispensation were described. The proportions of patients receiving the drug for indications within and outside the approved label in each of the study years were calculated. For off-label users, selected comorbidities and clinical procedures (e.g., surgeries) within 30 days prior to the apixaban dispensation, constituting possible indications for off-label use, were tabulated.

The dose and duration of apixaban use as well as patient's comorbidities and concomitant medications were described.

Categorical data were presented as counts (n) and proportions (%). Continuous data were presented as means with standard deviation (SD) and as medians with interquartile range (IQR) when appropriate.

9.9.2. Main statistical methods

No statistical modelling was performed. For estimated proportions, 95% exact confidence intervals (CI) are given using the exact Clopper-Pearson method (1).

9.9.3. Missing values

Date of birth and sex cannot be missing since these are parts of the unique personal identifier used as key for data retrieval. All records from the patient register contain at least a main diagnosis and from zero to 21 secondary diagnoses. There is no information on the number of originally recorded diagnoses per person and hospital contact, i.e. missingness for diagnoses cannot be identified. The prescribed drug registers hold only filled and recorded prescriptions, i.e. there is no way to identify missing records.

9.9.4. Sensitivity analyses

The primary care data subset was presented separately to show the additional information from the data in the VEGA database (Gothenburg County), and to provide a sensitivity analysis assessing the effect of absence of primary care data elsewhere in the country.

9.9.5. Amendments to the statistical analysis plan

Diagnoses of phlebitis and thrombophlebitis of the deep veins of lower extremities (I80.1, I80.2, I80.3) were moved to the on-label indications. These diagnoses were considered DVT, as defined in several large epidemiological studies (2-4). Procedure codes for pulmonary and aortic mechanical prosthetic heart valves (FJF00, FJF96, FMD00, FMD96) were added so that all patients with mechanical valves are excluded from the NVAF category.

9.10. Quality control

Data collection, extraction and processing for research purposes were conducted following Center for Pharmacoepidemiology (CPE) quality control standard guidelines.

SAS program development was performed following the CPE work instructions.

SAS QC did not include formal double programming but review of the code scripts. Deliverable review was performed by a senior scientist.

10. RESULTS

10.1. Participants

All individuals obtaining prescriptions for apixaban between 1 January 2012 and 31 December 2014, were included in the study. Only 3 individuals were identified in year 2012, 2 073 individuals were identified in year 2013 and 15 516 individuals were identified in year 2014. In total 17 592 unique individuals were included in the current final report (Figure 2).

Out of a total of 2 075 patients to whom apixaban was dispensed in 2013, 2 073 were included in the study with index year 2013. One patient who filled an apixaban prescription in 2013 returned the package to the pharmacy and was therefore not counted as a user. One patient used apixaban in 2012, 2013 and 2014 and was counted as a user in 2012.

Out of a total of 17 138 patients to whom apixaban was dispensed in 2014, 15 516 were included in the study with index year 2014. Nine patients who filled an apixaban prescription in 2014 returned the packages and were not counted as users. In total, 1 601 patients used apixaban in both 2013 and 2014 and were counted as users in 2013. Furthermore, eleven patients were excluded due to immigration and one patient died before the index date.

Figure 2. Participants in the study



10.2. Descriptive data

Apixaban users were more often men (n=9 226, 52.4%) than women (n=8 366, 47.6%). The mean age of on-label users (73.6 years) was similar to the mean ages for off-label users (74.2 years) and unclassified users (73.7 years). Table 3 shows general characteristics for apixaban treated patient by type of use.

The database history prior to the index data was similar for all types of use with more than 99% of patients having at least 5 years of database history, but less than 10 years of database history. Follow-up time after the index date was longer for on-label users, mean 6 months as compared to 5.5 months for off-label users.

Physicians from internal medicine (n=8 251, 46.9 %), orthopaedic (n=2 707, 15.4%), GP (n=2 605, 14.8 %) or cardiology (n=2 203, 12.5%) departments were the most common apixaban prescribers. Prescriptions made by GPs more often resulted in an unclassified indication (19.3%, 503/2605) than prescriptions from orthopaedists (0.3%, 9/2707), surgeons (3.0%, 7/232) or other specialists. A higher proportion of orthopaedic surgeons had patients with on-label indications (97.3%, 2637/2707) compared to the other specialists and GPs.

Table 3. Genera	l characteristics of ap	ixaban-treated patie	nts (hospital data)		
		Type of Apixaba	n use (n=17 592)	1	
	On-label	Of	f-label	Total	
		Off-label with assigned indica- tion	Off-label unclassi- fied indication		
	N (%)	N (%)	N (%)	N (%)	
Total	15 204 (100.0)	1 358 (100.0)	1 030 (100.0)	17 592 (100.0)	
Gender	· · · · · ·	•	•	· · · · ·	
Male	7 856 (51.7)	807 (59.4)	563 (54.7)	9 226 (52.4)	
Female	7 348 (48.3)	551 (40.6)	467 (45.3)	8 366 (47.6)	
Age at index date					
<18		2 (0.1)		2 (0.0)	
18-44	189 (1.2)	37 (2.7)	27 (2.6)	253 (1.4)	
45-64	2 787 (18.3)	199 (14.7)	151 (14.7)	3 137 (17.8)	
65-84	9 839 (64.7)	874 (64.4)	681 (66.1)	11 394 (64.8)	
85+	2 389 (15.7)	246 (18.1)	171 (16.6)	2 806 (16.0)	
Mean (SD)	73.6 (11.1)	74.2 (12.5)	73.7 (11.5)	73.6 (11.2)	
Median (IQR)	74.0 (66.9-81.8)	76.2 (68.1-82.9)	74.2 (67.5-81.8)	74.2 (67.0- 81.9)	
Database histor	y before index date	1	1		
<1 year	1 (0.0)			1 (0.0)	
[1-5) years	55 (0.4)	4 (0.3)	2 (0.2)	61 (0.3)	
[5-10) years	15 148 (99.6)	1 354 (99.7)	1 028 (99.8)	17 530 (99.6)	
≥ 10 years					
Mean (SD)	9.0 (0.5)	9.0 (0.5)	9.0 (0.5)	9.0 (0.5)	
Median (IOR)	9.0 (8.7-9.3)	9.0 (8.7-9.3)	9.1 (8.8-9.3)	9.0 (8.7-9.3)	
Database follow	v-up after index date		· · · · · · · · · · · · · · · · · · ·		
<6 months	8 129 (53.5)	749 (55.2)	622 (60.4)	9 500 (54.0)	
[6-12) months	5 393 (35.5)	436 (32.1)	282 (27.4)	6 111 (34.7)	
\geq 12 months	1 682 (11.1)	173 (12.7)	126 (12.2)	1 981 (11.3)	
Mean (SD)	6.0 (4.4)	6.0 (4.6)	5.6 (4.5)	6.0 (4.4)	
Median (IQR)	5.4 (2.2-9.2)	5.3 (2.1-9.0)	4.1 (1.9-8.5)	5.3 (2.2-9.1)	
Specialty of first	t prescriber	·	•	•	
Orthopaedic	2 634 (97.3)	64 (2.4)	9 (0.3)	2707 (100)	
Surgery	196 (84.5)	29 (12.5)	7 (3)	232 (100)	
GP	1 804 (69.3)	298 (11.4)	503 (19.3)	2605 (100)	
Internal medicine	7 311 (88.6)	611 (7.4)	329 (4)	8251 (100)	
Cardiology	1 898 (86.2)	192 (8.7)	113 (5.1)	2203 (100)	
Other medicine	749 (86.8)	100 (11.6)	14 (1.6)	863 (100)	
Haematology	32 (88.9)	3 (8.3)	1 (2.8)	36 (100)	
Other	578 (83.4)	61 (8.8)	54 (7.8)	693 (100)	

10.3. Outcome data

No outcome events were investigated.

10.4. Main results

Objective 1: A total of 17 592 apixaban users were included in the study of which 86.4% (95% Confidence Interval [CI]: 85.9%-86.9%, n=15204) received apixaban for an on-label indication

and 7.7% (CI: 7.3%-8.1%, n=1 358) received apixaban for an off-label indication. The remaining 5.9% (CI: 5.5%-6.2%, n=1 031) could not be assigned to a predefined on-label or off-label indication and remained unclassified. For those 16 562 assigned a predefined indication, 91.8% (CI: 91.4%-92.2%, n=15 204) had an indication that was on-label and 8.2% (95% CI: 7.8%-8.6%, n=1 358) had an off-label indication, Table 4 below and appendix 1 gives the results by year and in total.

The distribution of indications among the 15 204 on-label users was elective THA/TKA for 17.3% (n=2 636) of patients, NVAF for 79.9% (n=12 151) patients and DVT/PE for 2.7% (n=417) patients. The 1 358 off-label users with assigned indications included 2 with age less than 18 years, non-elective THA/TKA for 0.7% (n=10) patients, off-label AF for 31.4% (n=428), off-label VTE (including DVT/PE before the indication's approval) for 8.0% (n=108), other surgerises for 17.3% (n=235) patients and other diagnoses for 42.4% (n=575) patients.

During 2012 there were only 3 apixaban users in Sweden with probable off-label use, two with NVAF and one with other surgery (not elective THA/TKA). The distribution of on-label, off-label, and unclassified indications was similar in 2013 and 2014. There were no patients with a record of DVT/PE identified in 2013, which was prior to the approval of the DVT/PE indication. In 2014, patients with a record of DVT/PE were found in 2014.

Among the 428 patients with off-label AF, none started apixaban for AF before or on the date of the indication's approval. All of the patients who had off-label AF indications received apixaban for AF but had a possible diagnosis of valvular disorders that excluded them from an on-label classification. Among these user with a possible diagnosis of a valvular disorder, 37 had a diagnosis of mitral stenosis and 8 had mechanical prosthetic heart valves surgeries.

Among the 108 patients with off-label VTE, 43% (n=46) were persons with a diagnosis of DVT/PE, who started apixaban before the approval of the indication. The remaining 57% (n=62) had VTE where apixaban is not indicated, e.g. diagnoses of superficial phlebitis or thrombophlebitis, or other venous thromboembolism, e.g. portal vein thrombosis.

In total 235 patients had off-label use with other surgeries within 30 days prior to the apixaban index date (Appendix 1), dominated by procedures for heart and major thoracic vessels (27.8%, n=77). Surgeries affecting 10 patients or more were: intraoperative total cardiopulmonary by-pass, aorto-coronary venous bypass, connection to coronary artery from internal mammary artery, implantation or replacement of permanent trans venous cardiac pacemaker, and replacement of aortic valve. In this analysis, each person could have more than one possible off-label indication.

In total 575 patients had off-label use with other pre-specified diagnoses before the apixaban index date. The most frequent diagnoses among these possible off-label indications were chronic ischemic heart disease (48.2%, n=277), angina pectoris (43.5%, n = 250), cerebral infarction (41.2%, n=237), acute myocardial infarction (29.7%, n=171). The remaining pre-specified diagnoses all occurred in less than 5% of the apixaban user.

Table 4. On-label and off-label apixaban utilization by year and indication				
Year	Indication	All patients		
2012	Total	3 (100.0%)		

	No listed indication (unclassified)	
	Any indication	3 (100.0%)
	On-label indications	
	THA/TKA	
	NVAF ¹	
	Off-label indications	3 (100.0%)
	<18 years of age	
	>=18 years of age non-elective	
	THA/TKA ²	
	>=18 years of age off-label AF ³	2 (66.67%)
	>=18 years of age VTE ⁴	1 (33.33%)
	>=18 years of age Other surgery	
	>=18 years of age Other diseases	
2013	Total	2 073 (100.0%)
	No listed indication (unclassified)	129 (6.22%)
	Any indication	1 944 (93.78%)
	On-label indications	1 768 (85.29%)
	THA/TKA	300 (14.47%)
	NVAF ¹	1 468 (70.82%)
	Off-label indications	176 (8.49%)
	<18 years of age	2 (0.10%)
	>=18 years of age non-elective	3 (0.14%)
	THA/TKA ¹	
	>=18 years of age off-label AF ³	61 (2.94%)
	>=18 years of age off-label VTE ⁴	18 (0.87%)
	>=18 years of age Other surgery	33 (1.59%)
	>=18 years of age Other diseases	59 (2.85%)
2014	Total	15 516 (100.0%)
	No listed indication (unclassified)	901 (5.81%)
	Any indication	14 615 (94.19%)
	On-label indications	13 436 (86.59%)
	THA/TKA	2 336 (15.06%)
	NVAF ¹	10 683 (68.85%)
	DVT/PE ¹	417 (2.69%)
	Off-label indications	1 179 (7.60%)
	<18 years of age	
	>=18 years of age non-elective	7 (0.05%)
	THA/TKA ²	, (0.0570)
	>=18 years of age off-label AF ³	365 (2.35%)
	>=18 years of age off-label VTE ⁴	89 (0.57%)
	>=18 years of age Other surgery	202 (1.30%)
	>=18 years of age Other diseases	516 (3.33%)
2012-2014	Total	17 592 (100.0%)
	No listed indication (unclassified)	1 030 (5.85%)
	Any indication	16 562 (94.15%)
	On-label indications	15 204 (86.43%)
	ТНА/ТКА	2 636 (14 98%)
	NVAF ¹	12 151 (69 07%)
<u> </u>	DVT/PE ¹	417 (2 37%)
	Off-label indications	1 358 (7 72%)
	<18 years of age	2 (0 01%)

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>=18 years of age non-elective THA/TKA ²	10 (0.06%)
>=18 years of age off-label AF ³	428 (2.43%)
>=18 years of age off-label VTE ⁴	108 (0.61%)
>=18 years of age Other surgery	235 (1.34%)
>=18 years of age Other diseases	575 (3.27%)

1 The use in NVAF or DVT/PE patients was considered on-label after the date of approval of such indication and off-label on or prior to its approval date

2 Non-elective THA/TKA

3 NVAF before or on November 19, 2012 or AF

4 DVT/PE before or on July 28, 2014 or other or non-specific VTE

Objective 2: We investigated comedications dispensed to 25% or more of the apixaban users within 30 days of index date (before and/or after). Frequently prescribed drugs included anti-thrombotics, CYP3A4 and P-gp inhibitors, selective beta blocking agents, HMG CoA reductase inhibitors, osmotically acting laxatives, natural opium alkaloids and anilides (Appendix 1).

Dispensings of antithrombotics were between 9 and 25 percent more common before the index date than after the index for all groups of users except on-label elective THA/TKA, which decreased only 2 percent. All categories of apixaban users, except on-label elective THA/TKA, were dispensed more CYP3A4 and P-gp inhibitors after the index date than before, an increase of between 9 and 17 percent. All categories of apixaban users, except on-label elective THA/TKA, were dispensed more selective beta blocking agents after the index date than before, an increase between 6 and 16 percent. There were small differences in the dispensing of HMG CoA reductase inhibitors; an increase of 2 percent for on-label THA/TKA and an increase of 5 percent for on-label NVAF. Osmotically acting laxatives shows an increase of 31 percent for onlabel THA/TKA, other groups show changes of between 1 percent decrease and 4 percent increase after the index date. For on-label elective THA/TKA and off-label other surgeries, dispensing of natural opium alkaloids increased by 70 and 10 percent respectively after the index date, with only small differences in the other groups (1 to 3 percent increase). For on-label elective THA/TKA and off-label other surgery dispensing of anilide analgesics increased by 62 and 13 percent respectively, but there were only small differences in other groups (1 percent decrease to 3 percent increase). In apixaban users with on-label NVAF, the dispensing of diuretics and drugs affecting the renin-angiotensin system increased by 5 and 4 percent after the index date.

Patients with unclassified indications had used apixaban for a longer duration (93% with >38 days) than patients with an identified proxy for the indication (82% with >38 days). The majority (86.4%) of patients with an indication of THA/TKA used apixaban for 10-14 or 15-31 days, though 13% had duration >38 days. For NVAF and DVT/PE 95.5% and 92.6% of patients had duration >38 days. Also patients with other diagnoses had duration >38 days for about 95% of the patients. Patients with other surgeries had duration >38 days for 76.2% of the patients. A treatment dose of 10 mg was used in 56.3% of the patients with any classification. For patients with on-label NVAF and DVT/PE a dose of 10 mg was more commonly used (67.7% and 67.4%) than among patients with on-label THA/TKA (0.8%) (Table 5). Prior to the apixaban dispensation, renal disease had occurred in 3.2% (n=561) of patients and liver disorders had occurred in 0.4% (n=66) of patients (Appendix 1).

			On-la	bel indicat	tions	Off-label Indications*				
	Any classifi- cation N (%)	Unclassified N (%)	THA/TKA N (%)	NVAF N (%)	DVT/PE N (%)	Non- elective THA/TKA* N (%)	AF* N (%)	VTE* N (%)	Other surgery N (%)	Other diagnosis N (%)
Total	16 562 (100.0)	1 030 (100.0)	2 636 (100.0)	12 151 (100.0)	417 (100.0)	10 (100.0)	428 (100.0)	108 (100.0)	235 (100.0)	575 (100.0)
	Treatment Duration									
<10 days	78 (0.5)	12 (1.2)		66 (0.5)	4 (1.0)			2 (1.9)	2 (0.9)	4 (0.7)
10-14 days	1 081 (6.5)	6 (0.6)	955 (36.2)	83 (0.7)	5 (1.2)		4 (0.9)	5 (4.6)	26 (11.1)	3 (0.5)
15-31 days	1 771 (10.7)	44 (4.3)	1 324 (50.2)	357 (2.9)	20 (4.8)	9 (90.0)	10 (2.3)	5 (4.6)	27 (11.5)	18 (3.1)
32-38 days	30 (0.2)	4 (0.4)		26 (0.2)	1 (0.2)		2 (0.5)		1 (0.4)	
>38 days	13 583 (82.0)	963 (93.5)	357 (13.5)	11 605 (95.5)	386 (92.6)	1 (10.0)	410 (95.8)	95 (88.0)	179 (76.2)	549 (95.5)
Mean (SD)	180.6 (149.1)	202.8 (148.0)	27.0 (31.6)	214.9 (145.1)	94.0 (44.3)	31.0 (3.2)	213.2 (149.7)	236.1 (155.1)	146.9 (146.5)	206.3 (134.5)
Median (IQR)	148.0 (60.0-268.0)	168.0 (84.0-288.0)	30.0 (10.0-30.0)	175.0 (90.0- 307.2)	84.0 (67.0- 112.0)	30.0 (30.0-30.0)	168.0 (84.0- 300.0)	231.0 (107.0- 336.0	84.0 (50.0- 200.0)	174.0 (84.0- 288.0)
Treatment dose**										
5 mg	7 233 (43.7)	273 (26.5)	2 614 (99.2)	3 926 (32.3)	136 (32.6)	10 (100.0)	167 (39.0)	48 (44.4)	114 (48.5)	216 (37.6)
10 mg	9 329 (56.3)	757 (73.5)	22 (0.8)	8 225 (67.7)	281 (67.4)		261 (61.0)	60 (55.6)	121 (51.5)	359 (62.4)

Table 5 Treatment dose and duration among apixaban-treated patients, by on-label, off-label or unclassified indications

*non-elective THA/TKA; includes NVAF before November 20, 2012 or VAF; includes DVT/PE before July 28, 2014 or VTE ** means daily dose, i.e. 5 mg = 2.5 mg twice daily and 10 mg = 5 mg twice daily

Two patients were < 18 years and are not shown above

10.5. Other analyses

Sensitivity analyses were carried out to investigate the impact of the lack of primary care data. We compared the main hospital results to the VEGA database from Gothenburg County $(n = 5 \ 157)$ with and without the addition of primary care data.

The addition of primary care VEGA data did not change the estimated distribution of on-label use (88.7%, 4572 / 5157), off-label (8.9%, 457 / 5157n = 4 572 with VEGA versus 87.9%, n = 4 532 without VEGA), but allowed for the identification of 129 indications who were unclassified based on the hospital data alone.

10.6. Adverse events / adverse reactions

This study uses de-identified patient-level electronic health related databases (e-HRD), in which it is not possible to link (i.e. identify a potential association between) a particular product and medical event for any individual. Furthermore, while the identifiable patient criterion may be met, the identifiable reporter criterion (a particular individual with first-hand knowledge of the

identifiable patient) will not. Thus, the minimum criteria for reporting an adverse event (i.e., identifiable patient, identifiable reporter, a suspect product, and event) are not available and adverse events are not reportable as individual AE reports.

11. DISCUSSION

11.1. Key results

The overall objective of this study was to describe the utilization patterns of apixaban in Sweden. The current study reports final results on 17 592 apixaban users in Sweden from January 1, 2012 to 31 December 2014, who purchased apixaban at least once at a community pharmacy. The National Board of Health and Welfare reports 3, 2 075, and 17 138 apixaban users in 2012, 2013, 2014 respectively (5).

Objective 1: The estimated proportion of patients using apixaban for an on-label indication was 86.4% (CI: 85.9%-86.9%). The proportion of those using apixaban for an off-label indication use was 13.6% (CI: 13.1%-14.1%) including the 5.9% (CI: 5.5% - 6.2%) of patients for whom the indication was unclassified. Among patients where an indication was assigned, we found that 91.8% (CI: 91.4%-92.2%) of the users received the drug for an on-label indication and that 8.2% (CI: 7.8% - 8.6%) of the users received the drug for an off-label use.

The majority of users received apixaban on-label and NVAF was the most common indication, assigned to 79.9% (n=12 151) of users followed by THA/TKA in 17.3% (n=2 636) and finally DVT/PE in 2.7% (n=417).

Also, among the 1 358 users classified as off-label users with a recorded proxy for the indication, 31.5% (n=428) had a diagnosis of atrial fibrillation and flutter before the index date.

The addition of primary care data from the *Västra Götaland* County increased the proportion of known indications from 95.0% to 97.5% but did not alter the distribution between on- and off-label use. If the Gothenburg area sample is representative for all apixaban users the effect would be the same if we could add primary care data for the whole cohort. For Stockholm county council, Forslund et al. (5) have shown that 12% of the atrial fibrillation and flutter diagnoses are captured exclusively by primary care during the period 2006-2010, i.e. 88% of the diagnoses were captured by NPR. In our study, the use of primary care data did not change the frequency of NVAF as on-label indication for apixaban, but there was a somewhat higher capture of off-label AF.

Objective 2: The second aim was to describe the characteristics of the patients who are prescribed apixaban for on-label and off-label indications. Common comedications that were dispensed within 30 days of the apixaban dispensation were other antithrombotics, CYP3A4 and Pgp inhibitors, selective beta blocking agents, HMG CoA reductase inhibitors, osmotically acting laxatives, natural opium alkaloids and anilides. Apixaban for NVAF was associated with longest duration of use (median = 175 days) compared to patients receiving apixaban for THA/TKA (median = 30 days), DVT/PE (median = 84 days). A daily dose of 10 mg was most commonly prescribed. A history of renal disease and/or liver disorders occurred in less than 4% (n=616) of patients.

Studies investigating off-label use of medicines in general have often found high rates, particularly in children. Knopf et al. found an off-label drug use in children of 40% (8) with 67% for the group of cardiovascular system drugs. Using IMS data, a study performed in the US found fre-

quent 21% off-label use, 46% for cardiovascular drugs (9). The frequency of off-label use depends both on the drug group in question, the indications, the treated population and the health care system. The results of this PASS should therefore be compared to other studies focusing on off-label use of NOACs.

An Irish study from 2012 (10) investigated the use of dabigatran etexilate, at the time of the study indicated for VTE prevention after THA/TKA with a limited treatment duration. Using a prescription database it was found that 42% of patients had used it for longer than the licensed maximum duration. In a smaller cohort of 510 users, 64.5% had received the drug for more than 35 days, and 32.5% of the patients with a duration of more than 90 days also received concurrent rate/rhythm control therapy, indicating that it may had been prescribed for stroke prevention in AF. In a small cohort study from the US (n=174), where the indication for dabigatran was NVAF, it was found that 20% of users had off-label use (history of valve disease or no diagnosis of atrial fibrillation (11).

A substantial off-label use of dabigatran in the US has been reported (12) based on a decreasing percentage of atrial fibrillation visits among visits where dabigatran was recorded. These results, however, were based on diagnostic and prescribing information from a physician survey. In other studies, the frequency of off-label use has been relatively low. In a study on the prescribing of different NOACs (13), 90% of prescriptions were found to adhere to FDA-approved indications, with cardiologists significantly more likely to prescribe on label than doctors from other types of clinics (97 vs. 84%). In a German study comprising 425 rivaroxaban users identified in a health insurance database (14) a labelled indication could be identified for 82% of 440 treatment periods. However, treatment durations exceeded recommendations in 95% of episodes after knee replacement and in 56% after elective hip surgery. Another study found that only 3.6% of patients used rivaroxaban on an off-label indication (15).

The current study has shown results comparable to the more recent studies above that report onlabel use of NOACs among 80%-90% of patients. However, off-label use of NOACs is of particular concern in patients with mechanical heart valves, where a higher risk of thrombotic complications has been found compared to warfarin (16). The evidence of effect of NOACs in patients with other heart valve disorders is also limited. We only identified 8 apixaban users with mechanical prosthetic heart valves, but 428 patients with AF and markers of valve disorders in general. Thus, despite the overall high percentage of on-label use, the off-label use in a small patient group with heart valve disorders should be noted.

11.2. Limitations

The major strength of the study is the size of the cohort, the complete nationwide coverage and the high quality of the data from the Swedish national health registers.

As we have information on drugs dispensed (purchased) at the pharmacy, misclassification of actual use is a possibility because of non-adherence. Similarly, for duration of use we do not know the date on which apixaban has actually been discontinued and have based our assessment on the amount of apixaban dispensed. Thus, duration might have been overestimated.

We did not have access to the indication stated by the prescriber, so we used the first apixaban purchase for each patient and searched for hospital diagnoses and procedures (in- and outpatient) within pre-defined time-windows prior to that purchase. This approach yields only indirect evidence on the indication for apixaban use. On- and off-label indications were assigned to apixaban using a hierarchical and sequential algorithm. In the first part of the hierarchy, each user was only assigned one indication. This applies to on-label THA/TKA, NVAF and DVT/PE, as well as the off-label indications non-elective THA/TKA, valvular AF and off-label VTE. In the last steps of the algorithm, i.e. other surgery and other possible off-label indications one user could be assigned multiple diagnoses. The strength of the hierarchical approach is that it is transparent and reproducible. A limitation is that the classification of the indication. For surgical procedures, including THA/KHA we used only those most recently recorded, within 30 days before the index date. For NVAF, DVT/PE and other pre-specified diagnoses we used a longer look-back period.

Another limitation is that the diagnoses were only retrieved from hospital care, even though it included both in- and outpatient contacts, i.e. we lack diagnoses given in primary care. For a sub-sample of about 29% of the patients primary care diagnoses were also available. When applying these additional data, we found only small changes in the distribution of on- and off-label indications compared to using hospital diagnoses alone.

We could also only assess apixaban use in an outpatient setting since the PDR holds only community pharmacy dispensing, meaning that patients administered apixaban only in hospital will not be captured. However, patients initiating treatment while in hospital, and continuing on medication dispensed by the community pharmacy, were included.

Two estimates of the proportions of on- and off-label use were provided. One included the apixaban users with unknown indication among off-label users, the other excluded the unclassified group before calculating the proportions. The latter is equivalent to assuming that the distribution of on- and off-label use is similar among those with an indication assigned and those with an unclassified indication. As we did not have access to individual patient's health records it was not possible to validate the register-based estimates.

In the definition of NVAF, the list of diagnoses considered as markers of valvular disorders was broader than the definition (section 9.4.3). Thus, off-label use for those with NVAF may have been overestimated. On the other hand, the severity of these disorders are not reflected in the diagnosis codes, and we cannot exclude the possibility that some patients classified as having NVAF did not exhibit the risk factors also required for the indication (Table 1). While it could be considered to search for these risk factors in the health registers, some (age >=75 years, previous stroke or TIA) could be identified with reasonable certainty, other information (hypertension, diabetes, heart failure with NYHA classification) would not be accessible without primary care register data or detailed electronic health records. Other limitations when defining NVAF could be that diagnostic codes may not indicate "valvular AF" with sufficient precision. For example, the type of valve used in the case of a valve replacement may indicate on or off- label (e.g., prosthetic vs. bioprosthetic valve), but this level of detail was not always available.

11.3. Interpretation

Overall, the results of this study indicate that apixaban was mainly (86%) used for on-label indications, with the majority of patients using apixaban for NVAF. Comorbidity and comedication patterns reflected both the age of the user populations and the indications. Thus, an increase in use of analgesics (opioids and anilides) as well as laxatives were seen among the users with THA/TKA and other surgery procedures. The use of HMG CoA reductase inhibitors, beta-

blockers, diuretics and ACE inhibitors would be expected in a population with AF. There were few patients with procedure codes indicating mechanical prosthetic heart valves. A history of renal disorders were uncommon and liver disorders rare.

11.4. Generalisability

We investigated apixaban use in the entire Swedish population. The results might be generalizable to other populations with similar health care systems, age distributions and prescriber behaviour. However, reimbursement rules, national or regional guidelines and recommendations may affect prescribing patterns.

12. OTHER INFORMATION

None

13. CONCLUSION

The majority of apixaban users (86%) received the drug for an on-label indication. We were not able to infer an indication for 6% of patients who may have received apixaban in the primary care setting. The inclusion of primary care data for a subset of patients did not change the distribution of on-label and off-label indications substantially. When excluding those with an unclassified indication, the on-label use constitutes 92%. Comorbidities and comedications reflected the age of apixaban users and the indications for use.

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Appendices

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Appendix 1: Core tables, figures and data summaries

Appendix 2: Data derivation details

Appendix 3: Data source details

Annex 1: list of stand-alone documents

Protocol Amendment 3

Annex 2: Additional information

None

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Appendix 1: Core tables, figures, and data summaries

Post-Approval Safety Study (PASS) of the Utilization Pattern of Apixaban in Sweden

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1 LIST OF CORE TABLES, FIGURES, AND DATA SUMMARIES



Figure 1.1 Patient selection. The date of the first observed dispensing is the study index date

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* = NVAF and DVT/PE are considered on-label starting from the day after the date of approval + = non-elective THA/TKA, valvular AF or NVAF before approval, other and non-specific VTE or DVT/PE before approval



Figure 1.2 Outpatient dispensing of apixaban in 2012-2014 by month and indication
Year	Indication	All patients	Sub-group with prim bl	ary care data availa- le
		_	All data	Only hospital data
2012	Total	3 (100.0%)		
	No listed indication (unclassified)			
	Any indication	3 (100.0%)		
	On-label indications			
	NVAF.	2 (100 00/)		
	Off-label indications	3 (100.0%)		
	<18 years of age			
	>=18 years of age non-elective			
	THA/TKA ²			
	>=18 years of age AF or NVAF ³	2 (66.67%)		
	>=18 years of age VTE or DVT/PE ⁴	1 (33.33%)		
	>=18 years of age Other surgery			
2012	>=18 years of age Other diseases	2.072 (100.00/)	5(5(100.00/)	5(5(100,00/)
2013		2 0/3 (100.0%)	565 (100.0%)	365 (100.0%)
	No instea indication (unclassified)	129 (0.22%)	1/(3.01%)	28 (4.90%)
	Any indication	1 944 (93./8%)	548 (96.99%)	537 (95.04%)
		1 /68 (85.29%)	483 (85.49%)	488 (86.3/%)
		300 (14.47%)	110(20.33%)	110 (20.55%)
	NVAF Official indications	1 468 (70.82%)	50/ (04.90%)	3/2 (05.84%)
		1/6 (8.49%)	05 (11.50%)	49 (8.6/%)
	<18 years of age	2(0.10%)	2 (0.35%)	2 (0.35%)
	>=18 years of age non-elective	3 (0.14%)	1 (0.18%)	1 (0.18%)
	~ -18 years of age AE or NVAE ³	61 (2.04%)	31 (5 40%)	14 (2 48%)
	>=18 years of age V/TE or DVT/PE ⁴	18 (0.87%)	5 (0 88%)	4(0.71%)
	>=18 years of age Other surgery	10(0.8770) 33(150%)	11 (1.05%)	4(0.7170) 12(212%)
	>=18 years of age Other diseases	50 (2 85%)	11 (1.9570)	12(2.1270) 16(2.83%)
2014	Total	15 516 (100 0%)	4 592 (100 0%)	4 592 (100 0%)
2014	No listed indication (unclassified)	901 (5 81%)	111 (2 42%)	229 (4 99%)
	Any indication	14 615 (94 19%)	4 481 (97 58%)	4 363 (95 01%)
	On-label indications	13 436 (86 59%)	4 089 (89 05%)	4 044 (88 07%)
	ТНА/ТКА	2 336 (15.06%)	814 (17.73%)	814 (17.73%)
	NVAF ¹	10 683 (68.85%)	3 198 (69.64%)	3 160 (68.82%)
	DVT/PE ¹	417 (2.69%)	77 (1.68%)	70 (1.52%)
	Off-label indications	1 179 (7.60%)	392 (8.54%)	319 (6.95%)
	<18 years of age			
	>=18 years of age non-elective	7 (0.05%)	4 (0.09%)	3 (0.07%)
	THA/TKA ²			. ,
	>=18 years of age AF or NVAF ³	365 (2.35%)	207 (4.51%)	100 (2.18%)
	>=18 years of age VTE or DVT/PE ⁴	89 (0.57%)	26 (0.57%)	23 (0.50%)
	>=18 years of age Other surgery	202 (1.30%)	45 (0.98%)	52 (1.13%)
	>=18 years of age Other diseases	516 (3.33%)	110 (2.40%)	141 (3.07%)
2012-	Total	17 592 (100.0%)	5 157 (100.0%)	5 157 (100.0%)
2014	No listed indication (unclassified)	1 030 (5.85%)	128 (2.48%)	257 (4.98%)
	Any indication	16 562 (94.15%)	5 029 (97.52%)	4 900 (95.02%)
	On-label indications ^A	15 204 (86.43%)	4 572 (88.66%)	4 532 (87.88%)
	THA/TKA ^B	2 636 (14.98%)	930 (18.03%)	930 (18.03%)
	NVAF ^{1B}	12 151 (69.07%)	3 565 (69.13%)	3 532 (68.49%)
	DVT/PE ^{1B}	417 (2.37%)	77 (1.49%)	70 (1.36%)
	Off-label indications ^A	1 358 (7.72%)	457 (8.86%)	368 (7.14%)
	<18 years of age ^C	2 (0.01%)	2 (0.04%)	2 (0.04%)
	>=18 years of age non-elective	10 (0.06%)	5 (0.10%)	4 (0.08%)
	THA/TKA ^{2C}			
	>=18 years of age AF or NVAF ^{3C}	428 (2.43%)	238 (4.62%)	114 (2.21%)
	>=18 years of age VTE or DVT/PE ^{4C}	108 (0.61%)	31 (0.60%)	27 (0.52%)
	>=18 years of age Other surgery	235 (1.34%)	56 (1.09%)	64 (1.24%)
L	>=18 years of age Other diseases ^C	575 (3.27%)	125 (2.42%)	157 (3.04%)

Table 1.1 Indications for apixaban use, number and proportions

1 use in NVAF or DVT/PE patients is considered on-label after the date of approval and off-label on or prior to its approval date, 2 Non-elective THA/TKA, 3 NVAF before or on November 20, 2012 or valvular AF (VAF), 4 DVT/PE before or on July 28, 2014 or other or non-specific VTE A: denominator = 'any indication', B: denominator = 'on-label indications', C: denominator = 'off-label indications',

	Proxy for i	ndication	On-label		Off-label						
Characteristic	Any	Unclassified	THA/TKA	NVAF	DVT/PE	<18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagnosis
				A	All patients						
Total	16 562 (100.0)	1 030 (100.0)	2 636 (100.0)	12 151 (100.0)	417 (100.0)	2 (100.0)	10 (100.0)	428 (100.0)	108 (100.0)	235 (100.0)	575 (100.0)
Gender	· · · · · ·										
Male	8 663 (52.3)	563 (54.7)	1 067 (40.5)	6 603 (54.3)	186 (44.6)	1 (50.0)	2 (20.0)	266 (62.1)	47 (43.5)	133 (56.6)	358 (62.3)
Female	7 899 (47.7)	467 (45.3)	1 569 (59.5)	5 548 (45.7)	231 (55.4)	1 (50.0)	8 (80.0)	162 (37.9)	61 (56.5)	102 (43.4)	217 (37.7)
Age at index date	· · · · · · ·										
<18	2 (0.0)					2 (100.0)					
18-44	226 (1.4)	27 (2.6)	66 (2.5)	84 (0.7)	39 (9.4)			4 (0.9)	6 (5.6)	18 (7.7)	9 (1.6)
45-64	2 986 (18.0)	151 (14.7)	853 (32.4)	1 821 (15.0)	113 (27.1)		3 (30.0)	63 (14.7)	20 (18.5)	44 (18.7)	69 (12.0)
65-84	10 713 (64.7)	681 (66.1)	1 626 (61.7)	8 004 (65.9)	209 (50.1)		5 (50.0)	298 (69.6)	64 (59.3)	143 (60.9)	364 (63.3)
85+	2 635 (15.9)	171 (16.6)	91 (3.5)	2 242 (18.5)	56 (13.4)		2 (20.0)	63 (14.7)	18 (16.7)	30 (12.8)	133 (23.1)
Mean (SD)	73.6 (11.2)	73.7 (11.5)	68.1 (10.5)	74.9 (10.6)	68.0 (16.3)	16.0 (0.2)	73.0 (13.0)	74.7 (10.0)	71.6 (15.1)	70.8 (15.8)	76.0 (11.3)
Median (IQR)	74.2 (67.0-81.9)	74.2 (67.5-81.8)	69.0 (61.5-75.6)	75.3 (68.2-83.0)	71.6 (57.3-80.3)	16.0 (15.8-16.2)	76.3 (57.8-79.8)	76.0 (68.5-82.0)	73.0 (65.4-81.9)	74.0 (64.3-81.3)	77.7 (70.0-84.6)
Database history before	index		(1.1.1.1)	(111-111)	(*******	()	((()	(* * * * *)	(
<1 year	1 (0.0)			1 (0.0)							
1-4 years	59 (0.4)	2 (0.2)	5 (0.2)	49 (0.4)	1 (0.2)			1 (0.2)		1 (0.4)	2 (0.3)
5-9 years	16 502 (99.6)	1 028 (99.8)	2 631 (99.8)	12 101 (99.6)	416 (99.8)	2 (100.0)	10 (100.0)	427 (99.8)	108 (100.0)	234 (99.6)	573 (99.7)
10+ years											
Mean (SD)	9.0 (0.5)	9.0 (0.5)	8.9 (0.4)	9.0 (0.5)	9.3 (0.3)	8.5 (0.0)	8.8 (0.4)	8.9 (0.5)	8.8 (0.4)	8.9 (0.7)	9.0 (0.5)
Median (IQR)	9.0 (8.7-9.3)	9.1 (8.8-9.3)	8.9 (8.7-9.3)	9.0 (8.7-9.3)	9.4 (9.3-9.4)	8.5 (8.4-8.5)	8.8 (8.4-9.1)	9.1 (8.7-9.3)	8.9 (8.7-9.0)	9.1 (8.7-9.3)	9.1 (8.8-9.3)
Database follow-up afte	r index			(((*****)		(******)	()	()	()
<6 months	8 878 (53.6)	622 (60.4)	996 (37.8)	6 716 (55.3)	417 (100.0)		3 (30.0)	245 (57.2)	34 (31.5)	137 (58.3)	330 (57.4)
6-11 months	5 829 (35.2)	282 (27.4)	1 340 (50.8)	4 053 (33.4)			4 (40.0)	122 (28.5)	55 (50.9)	68 (28.9)	187 (32.5)
12+ months	1 855 (11.2)	126 (12.2)	300 (11.4)	1 382 (11.4)		2 (100.0)	3 (30.0)	61 (14.3)	19 (17.6)	30 (12.8)	58 (10.1)
Mean (SD)	6.0 (4.4)	5.6 (4.5)	7.0 (4.1)	6.0 (4.4)	1.7 (1.1)	12.4 (0.5)	8.3 (4.7)	6.1 (5.0)	7.7 (4.6)	5.8 (4.5)	5.7 (4.2)
Median (IQR)	5.4 (2.2-9.2)	4.1 (1.9-8.5)	7.6 (3.0-10.2)	5.3 (2.2-9.0)	1.6 (0.9-2.5)	12.4 (12.0-12.7)	8.2 (4.3-12.8)	5.0 (2.1-9.0)	7.5 (5.3-9.6)	4.1 (1.8-9.4)	5.1 (2.1-8.5)

Table 1.2 General characteristics of apixaban-treated patients, number and proportions

	Proxy for i	ndication	On-label		Off-label						
Characteristic	Any	Unclassified	THA/TKA	NVAF	DVT/PE	<18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagnosis
Department Specialty							<u> </u>				
Orthopaedic	2 698 (16.3)	9 (0.9)	2 605 (98.8)	29 (0.2)		2 (100.0)	9 (90.0)		3 (2.8)	48 (20.4)	2 (0.3)
Surgery	225 (1.4)	7 (0.7)	1 (0.0)	187 (1.5)	8 (1.9)			9 (2.1)	2 (1.9)	14 (6.0)	4 (0.7)
GP	2 102 (12.7)	503 (48.8)	6 (0.2)	1 724 (14.2)	74 (17.7)		1 (10.0)	52 (12.1)	32 (29.6)	36 (15.3)	177 (30.8)
Internal medicine	7 922 (47.8)	329 (31.9)	12 (0.5)	7 074 (58.2)	225 (54.0)			245 (57.2)	46 (42.6)	82 (34.9)	238 (41.4)
Cardiology	2 090 (12.6)	113 (11.0)	3 (0.1)	1 875 (15.4)	20 (4.8)			76 (17.8)	6 (5.6)	40 (17.0)	70 (12.2)
Other medicine	849 (5.1)	14 (1.4)	1 (0.0)	727 (6.0)	21 (5.0)			29 (6.8)	6 (5.6)	5 (2.1)	60 (10.4)
Haematology	35 (0.2)	1 (0.1)		13 (0.1)	19 (4.6)				2 (1.9)		1 (0.2)
Other	639 (3.9)	54 (5.2)	8 (0.3)	520 (4.3)	50 (12.0)			17 (4.0)	11 (10.2)	10 (4.3)	23 (4.0)
			Pa	tients with primar	y care data ava	ilable – all data					
Total	5 029 (100.0)	128 (100.0)	930 (100.0)	3 565 (100.0)	77 (100.0)	2 (100.0)	5 (100.0)	238 (100.0)	31 (100.0)	56 (100.0)	125 (100.0)
Gender	•						1				
Male	2 560 (50.9)	61 (47.7)	377 (40.5)	1 911 (53.6)	37 (48.1)	1 (50.0)	2 (40.0)	125 (52.5)	12 (38.7)	29 (51.8)	66 (52.8)
Female	2 469 (49.1)	67 (52.3)	553 (59.5)	1 654 (46.4)	40 (51.9)	1 (50.0)	3 (60.0)	113 (47.5)	19 (61.3)	27 (48.2)	59 (47.2)
Age at index date	•						1				
<18	2 (0.0)					2 (100.0)					
18-44	85 (1.7)	7 (5.5)	38 (4.1)	29 (0.8)	5 (6.5)			2 (0.8)	1 (3.2)	9 (16.1)	1 (0.8)
45-64	889 (17.7)	27 (21.1)	314 (33.8)	493 (13.8)	20 (26.0)		2 (40.0)	26 (10.9)	4 (12.9)	12 (21.4)	18 (14.4)
65-84	3 116 (62.0)	77 (60.2)	551 (59.2)	2 257 (63.3)	36 (46.8)		3 (60.0)	149 (62.6)	16 (51.6)	30 (53.6)	74 (59.2)
85+	937 (18.6)	17 (13.3)	27 (2.9)	786 (22.0)	16 (20.8)			61 (25.6)	10 (32.3)	5 (8.9)	32 (25.6)
Mean (SD)	74.0 (11.8)	70.8 (13.5)	67.2 (11.1)	75.8 (10.9)	70.0 (15.9)	16.0 (0.2)	68.8 (10.7)	77.2 (10.3)	75.1 (13.7)	64.9 (19.8)	76.5 (11.6)
Median (IQR)	74.8	71.4	68.5	76.3	71.6	16.0	72.7	78.5	77.0	70.3	78.0
Database history before	(67.1-82.9)	(64.7-79.5)	(60.4-/5.2)	(68.6-84.1)	(59.4-82.4)	(15.8-16.2)	(57.8-76.9)	(69.9-85.1)	(67.4-86.8)	(59.1-77.7)	(69.6-85.1)
<1 year											
1-4 years	21 (0 4)		1 (0 1)	19 (0.5)						1 (1.8)	
5-9 years	5 008 (00 6)	128 (100 0)	020 (00 0)	3 546 (00 5)	77 (100.0)	2 (100.0)	5 (100.0)	238 (100.0)	31 (100.0)	55 (08 2)	125 (100.0)
10+ years	5 008 (39.0)	120 (100.0)	929 (99.9)	5 540 (99.5)	//(100.0)	2 (100.0)	5 (100.0)	238 (100.0)	51 (100.0)	55 (90.2)	123 (100.0)
Mean (SD)	80(05)	9.0 (0.4)	8 0 (0 4)	9.0.0.6	0.3(0.2)	85(0.0)	9.0 (0.4)	80(04)	88(02)	87(12)	80(02)
Median (IOR)	0.9 (0.3) 9 0	9.0 (0.4)	8.9 (0.4)	9.0 (0.0)	9.3 (0.3)	8.5	9.0 (0.4)	8.9 (0.4)	0.0 (U.S) 8 9	8.7 (1.2)	8.9
	(8.7-9.3)	(8.7-9.3)	(8.6-9.2)	(8.8-9.3)	(9.3-9.4)	(8.4-8.5)	(8.9-9.1)	(8.7-9.2)	(8.7-9.0)	(8.5-9.2)	(8.7-9.2)

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	Proxy for i	ndication	On-label		Off-label						
Characteristic	Any	Unclassified	THA/TKA	NVAF	DVT/PE	<18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagnosis
Database follow-up after	er index						1				1
<6 months	2 601 (51.7)	68 (53.1)	345 (37.1)	1 968 (55.2)	77 (100.0)		3 (60.0)	112 (47.1)	8 (25.8)	25 (44.6)	63 (50.4)
6-11 months	1 914 (38.1)	43 (33.6)	469 (50.4)	1 258 (35.3)			1 (20.0)	98 (41.2)	18 (58.1)	21 (37.5)	49 (39.2)
12+ months	514 (10.2)	17 (13.3)	116 (12.5)	339 (9.5)		2 (100.0)	1 (20.0)	28 (11.8)	5 (16.1)	10 (17.9)	13 (10.4)
Mean (SD)	6.1 (4.2)	6.2 (4.3)	7.1 (4.1)	5.8 (4.2)	1.8 (1.1)	12.4 (0.5)	6.4 (4.4)	6.6 (4.2)	7.3 (4.0)	7.1 (4.4)	6.3 (4.0)
Median (IQR)	5.7 (2.3-9.2)	5.7 (2.5-9.4)	7.8 (3.0-10.4)	5.3 (2.2-8.7)	1.6 (1.0-2.9)	12.4 (12.0-12.7)	4.4 (4.3-6.9)	6.4 (3.0-9.5)	7.3 (5.7-9.0)	7.7 (2.9-10.1)	5.9 (3.0-9.4)
Department Specialty		· · · · · · ·	· · · · · · ·								
Orthopaedic	959 (19.1)	2 (1.6)	920 (98.9)	10 (0.3)		2 (100.0)	4 (80.0)			23 (41.1)	
Surgery	31 (0.6)	3 (2.3)		29 (0.8)					1 (3.2)	1 (1.8)	
GP	791 (15.7)	38 (29.7)	2 (0.2)	701 (19.7)	22 (28.6)			43 (18.1)	6 (19.4)	3 (5.4)	14 (11.2)
Internal medicine	2 298 (45.7)	43 (33.6)	4 (0.4)	2 004 (56.2)	36 (46.8)			140 (58.8)	16 (51.6)	18 (32.1)	80 (64.0)
Cardiology	564 (11.2)	31 (24.2)	1 (0.1)	502 (14.1)	3 (3.9)			33 (13.9)	3 (9.7)	9 (16.1)	13 (10.4)
Other medicine	253 (5.0)	6 (4.7)		214 (6.0)	3 (3.9)		1 (20.0)	17 (7.1)	4 (12.9)	1 (1.8)	13 (10.4)
Haematology	3 (0.1)			2 (0.1)	1 (1.3)						
Other	130 (2.6)	5 (3.9)	3 (0.3)	103 (2.9)	12 (15.6)			5 (2.1)	1 (3.2)	1 (1.8)	5 (4.0)
			Patient	s with primary car	e data available	e – only hospital	l data				
Total	4 900 (100.0)	257 (100.0)	930 (100.0)	3 532 (100.0)	70 (100.0)	2 (100.0)	4 (100.0)	114 (100.0)	27 (100.0)	64 (100.0)	157 (100.0)
Gender											
Male	2 502 (51.1)	119 (46.3)	377 (40.5)	1 897 (53.7)	35 (50.0)	1 (50.0)	1 (25.0)	61 (53.5)	11 (40.7)	32 (50.0)	87 (55.4)
Female	2 398 (48.9)	138 (53.7)	553 (59.5)	1 635 (46.3)	35 (50.0)	1 (50.0)	3 (75.0)	53 (46.5)	16 (59.3)	32 (50.0)	70 (44.6)
Age at index date											
<18	2 (0.0)					2 (100.0)					
18-44	84 (1.7)	8 (3.1)	38 (4.1)	29 (0.8)	5 (7.1)				1 (3.7)	9 (14.1)	2 (1.3)
45-64	887 (18.1)	29 (11.3)	314 (33.8)	495 (14.0)	20 (28.6)		2 (50.0)	19 (16.7)	4 (14.8)	12 (18.8)	21 (13.4)
65-84	3 020 (61.6)	173 (67.3)	551 (59.2)	2 216 (62.7)	33 (47.1)		2 (50.0)	78 (68.4)	13 (48.1)	36 (56.3)	91 (58.0)
85+	907 (18.5)	47 (18.3)	27 (2.9)	792 (22.4)	12 (17.1)			17 (14.9)	9 (33.3)	7 (10.9)	43 (27.4)
Mean (SD)	73.9 (11.8)	74.5 (12.1)	67.2 (11.1)	75.8 (10.9)	69.0 (16.2)	16.0 (0.2)	67.9 (12.1)	74.3 (9.9)	74.9 (14.6)	66.6 (19.2)	77.0 (11.3)
Median (IQR)	74.7 (67.0-82.8)	75.2 (68.2-82.6)	68.5 (60.4-75.2)	76.4 (68.6-84.2)	71.0 (57.4-82.2)	16.0 (15.8-16.2)	67.3 (57.4-78.3)	76.1 (66.5-82.0)	79.0 (67.2-87.1)	71.4 (61.8-78.4)	78.4 (71.1-85.6)

	Proxy for i	indication	On-label			Off-label					
Characteristic	Any	Unclassified	THA/TKA	NVAF	DVT/PE	<18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagnosis
Database history before	index										
<1 year											
1-4 years	21 (0.4)		1 (0.1)	19 (0.5)						1 (1.6)	
5-9 years	4 879 (99.6)	257 (100.0)	929 (99.9)	3 513 (99.5)	70 (100.0)	2 (100.0)	4 (100.0)	114 (100.0)	27 (100.0)	63 (98.4)	157 (100.0)
10+ years											
Mean (SD)	8.9 (0.6)	9.0 (0.4)	8.9 (0.4)	9.0 (0.6)	9.3 (0.1)	8.5 (0.0)	8.9 (0.4)	8.9 (0.4)	8.9 (0.3)	8.7 (1.1)	9.0 (0.3)
Median (IQR)	9.0 (8.7-9.3)	9.1 (8.8-9.3)	8.9 (8.6-9.2)	9.0 (8.8-9.3)	9.4 (9.3-9.4)	8.5 (8.4-8.5)	9.0 (8.6-9.2)	8.9 (8.7-9.2)	8.9 (8.7-9.0)	8.8 (8.5-9.2)	9.0 (8.7-9.2)
Database follow-up after	er index										
<6 months	2 519 (51.4)	150 (58.4)	345 (37.1)	1 927 (54.6)	70 (100.0)		2 (50.0)	56 (49.1)	7 (25.9)	28 (43.8)	84 (53.5)
6-11 months	1 877 (38.3)	80 (31.1)	469 (50.4)	1 262 (35.7)			1 (25.0)	46 (40.4)	16 (59.3)	25 (39.1)	58 (36.9)
12+ months	504 (10.3)	27 (10.5)	116 (12.5)	343 (9.7)		2 (100.0)	1 (25.0)	12 (10.5)	4 (14.8)	11 (17.2)	15 (9.6)
Mean (SD)	6.1 (4.2)	5.6 (4.1)	7.1 (4.1)	5.9 (4.2)	1.9 (1.1)	12.4 (0.5)	6.9 (4.9)	6.4 (4.2)	7.1 (4.0)	7.0 (4.4)	6.0 (3.9)
Median (IQR)	5.8 (2.3-9.2)	4.6 (2.2-8.7)	7.8 (3.0-10.4)	5.4 (2.3-8.7)	1.7 (1.1-3.0)	12.4 (12.0-12.7)	5.6 (3.4-10.3)	6.3 (2.5-9.2)	7.3 (5.4-9.0)	7.7 (2.9-10.0)	5.7 (2.8-8.6)
Department Specialty											
Orthopaedic	959 (19.6)	2 (0.8)	920 (98.9)	10 (0.3)		2 (100.0)	4 (100.0)			23 (35.9)	
Surgery	31 (0.6)	3 (1.2)		29 (0.8)					1 (3.7)	1 (1.6)	
GP	691 (14.1)	138 (53.7)	2 (0.2)	597 (16.9)	22 (31.4)			16 (14.0)	7 (25.9)	7 (10.9)	40 (25.5)
Internal medicine	2 278 (46.5)	63 (24.5)	4 (0.4)	2 057 (58.2)	30 (42.9)			68 (59.6)	13 (48.1)	21 (32.8)	85 (54.1)
Cardiology	558 (11.4)	37 (14.4)	1 (0.1)	508 (14.4)	3 (4.3)			23 (20.2)	2 (7.4)	9 (14.1)	12 (7.6)
Other medicine	252 (5.1)	7 (2.7)		226 (6.4)	3 (4.3)			6 (5.3)	2 (7.4)	2 (3.1)	13 (8.3)
Haematology	3 (0.1)			2 (0.1)	1 (1.4)						
Other	128 (2.6)	7 (2.7)	3 (0.3)	103 (2.9)	11 (15.7)			1 (0.9)	2 (7.4)	1 (1.6)	7 (4.5)

*=includes NVAF before November 20, 2012 or AF; includes DVT/PE before July 28, 2014 or VTE

			Sub-group with primar	v care data available
NCSP chapter	Text	All Patients	All data	Only hospital data
		N=235	N=64	N=56
Α	Nervous system	1 (0.36%)	0 (0.00%)	0 (0.00%)
В	Endocrine system	0 (0.00%)	0 (0.00%)	0 (0.00%)
С	Eye and adjacent structures	19 (6.86%)	2 (2.70%)	2 (3.08%)
D	Ear, nose and larynx	1 (0.36%)	0 (0.00%)	0 (0.00%)
Е	Teeth, jaws, mouth and pharynx	1 (0.36%)	0 (0.00%)	0 (0.00%)
F	Heart and major thoracic vessels	77 (27.80%)	18 (24.32%)	17 (26.15%)
FCA	Repair of ascending aorta	1 (0.27%)	0 (0.00%)	0 (0.00%)
FFC	Closure of isolated atrial septal defect	1 (0.27%)	0 (0.00%)	0 (0.00%)
FGE	Prosthetic replacement of tricuspid valve	0 (0.00%)	0 (0.00%)	0 (0.00%)
FJA	Biopsy of right ventricle	1 (0.27%)	1 (1.19%)	1 (1.33%)
FJF	Prosthetic replacement of pulmonary valve	0 (0.00%)	0 (0.00%)	0 (0.00%)
FKA	Repair of mitral valve for stenosis	0 (0.00%)	0 (0.00%)	0 (0.00%)
FKB	Annuloplasty of mitral valve for insufficiency	2 (0.54%)	0 (0.00%)	0 (0.00%)
FKC	Repair of mitral valve for insufficiency	2 (0.54%)	0 (0.00%)	0 (0.00%)
FKD	Prosthetic replacement of mitral valve	0 (0.00%)	0 (0.00%)	0 (0.00%)
FMD	Replacement of aortic valve	10 (2.70%)	1 (1.19%)	1 (1.33%)
FNA	Connection to coronary artery from internal mammary artery	32 (8.65%)	3 (3.57%)	3 (4.00%)
FNC	Aorto-coronary venous bypass	33 (8.92%)	4 (4.76%)	4 (5.33%)
FNE	Coronary bypass using free arterial graft	1 (0.27%)	1 (1.19%)	1 (1.33%)
FNG	Expansion and recanalization of coronary artery	9 (2.43%)	3 (3.57%)	2 (2.67%)
FPB	Excision or ablation of aberrant pathway or focus of heart	7 (1.89%)	3 (3.57%)	3 (4.00%)
FPE	Implantation or replacement of permanent trans venous cardiac pacemaker	21 (5.68%)	7 (8.33%)	7 (9.33%)
FPG	Implantation of permanent cardioverter-defibrillator	1 (0.27%)	0 (0.00%)	0 (0.00%)
FPH	Removal of permanent cardiac pacemaker or cardioverter-defibrillator	1 (0.27%)	0 (0.00%)	0 (0.00%)
FPJ	Revision of pacemaker pulse generator or electrode	1 (0.27%)	0 (0.00%)	0 (0.00%)
FWC	Reoperation for deep infection in surgery of heart and major thoracic vessels	1 (0.27%)	0 (0.00%)	0 (0.00%)
FXA	Intraoperative total cardiopulmonary bypass	42 (11.35%)	4 (4.76%)	4 (5.33%)
FXG	Use of Intra-aortic balloon pump	1 (0.27%)	0 (0.00%)	0 (0.00%)
FXH	Removal of Intra-aortic balloon pump	1 (0.27%)	0 (0.00%)	0 (0.00%)
FXN	Procedures using total artificial heart	0 (0.00%)	0 (0.00%)	0 (0.00%)
G	Chest wall, pleura, mediastinum, diaphragm, trachea, bronchus and lung	4 (1.44%)	1 (1.35%)	1 (1.54%)
Н	Mammary gland	0 (0.00%)	0 (0.00%)	0 (0.00%)
J	Digestive system and spleen	9 (3.25%)	2 (2.70%)	2 (3.08%)
K	Urinary system, male genital organs and retroperitoneal space	2 (0.72%)	2 (2.70%)	2 (3.08%)
L	Female genital organs	2 (0.72%)	0 (0.00%)	0 (0.00%)
М	Obstetric procedures	0 (0.00%)	0 (0.00%)	0 (0.00%)
N	Musculoskeletal system	52 (18.77%)	24 (32.43%)	23 (35.38%)
NFJ,NGJ	Knee or hip fracture surgery	7 (1.89%)	1 (1.19%)	1 (1.33%)

Table 1.3 Off-label apixaban users classified as other surgery (select surgical procedures other than THA or TKA within 30 days of apixaban dispensing), number and proportions

			Sub-group with primar	y care data available
NCSP chapter	Text	All Patients	All data	Only hospital data
		N=235	N=64	N=56
N except NFJ,NGJ	Other orthopedic surgery	47 (12.70%)	24 (28.57%)	23 (30.67%)
Р	Peripheral vessels and lymphatic system	10 (3.61%)	4 (5.41%)	3 (4.62%)
Q	Skin	16 (5.78%)	2 (2.70%)	1 (1.54%)
Т	Minor surgical procedures	38 (13.72%)	8 (10.81%)	6 (9.23%)
U	Transluminal endoscopy	26 (9.39%)	7 (9.46%)	4 (6.15%)
Х	Investigative procedures connected with surgery	19 (6.86%)	4 (5.41%)	4 (6.15%)
Total other surgery		277 (100.0%)	74 (100.0%)	65 (100.0%)

* Patients with procedures FGE00, FGE96, FKA96, FKD00, FKD96, FJF00, FJF96, FMD00 or FMD96 are offlabel even if they also have a record of NVAF.

Table 1.4 a, b, c: Off-label apixaban users classified as other diagnoses, VAF and VTE:

a) Other diagnoses (select diagnoses, ever before index date),

b) VAF (select diagnoses, ever before index date),

ICD-10 code	Text	Other diagnoses
А	All patients, hospital data	N=575
120	Angina pectoris	250 (43.48%)
I21	Acute myocardial infarction	171 (29.74%)
I22	Subsequent myocardial infarction	2 (0.35%)
I23	Certain current complications following acute myocardial infarction	2 (0.35%)
I24	Other acute ischemic heart diseases	7 (1.22%)
I25	Chronic ischemic heart disease	277 (48.17%)
I63	Cerebral infarction	237 (41.22%)
I64	Stroke, not specified as haemorrhage or infarction	21 (3.65%)
I74	Arterial embolism and thrombosis	12 (2.09%)
	Any other, not classified above	572 (99.48%)
Α	Subgroup with primary care data available, all data	N=125
I20	Angina pectoris	38 (30.40%)
I21	Acute myocardial infarction	32 (25.60%)
I22	Subsequent myocardial infarction	
I23	Certain current complications following acute myocardial infarction	
I24	Other acute ischemic heart diseases	1 (0.80%)
I25	Chronic ischemic heart disease	60 (48.00%)
I63	Cerebral infarction	64 (51.20%)
I64	Stroke, not specified as haemorrhage or infarction	14 (11.20%)
I74	Arterial embolism and thrombosis	2 (1.60%)
	Any other, not classified above	125 (100.0%)
Α	Subgroup with primary care data available, only hospital data	N=157
I20	Angina pectoris	54 (34.39%)
I21	Acute myocardial infarction	38 (24.20%)
I22	Subsequent myocardial infarction	1 (0.64%)
I23	Certain current complications following acute myocardial infarction	
I24	Other acute ischemic heart diseases	4 (2.55%)

ICD-10 code	Text	Other diagnoses
I25	Chronic ischemic heart disease	71 (45.22%)
I63	Cerebral infarction	83 (52.87%)
I64	Stroke, not specified as haemorrhage or infarction	3 (1.91%)
I74	Arterial embolism and thrombosis	4 (2.55%)
	Any other, not classified above	157 (100.0%)

ICD-10 code	Text	AF
В	All patients, hospital data	N=428
	NVAF before approval	
FGE00	Replacement of tricuspid valve using mechanical prosthesis	
FGE96	Other prosthetic replacement of tricuspid valve	
FJF00	Replacement of pulmonary valve using mechanical prosthesis	
FJF96	Other replacement of pulmonary valve	
FKA96	Other repair of mitral valve for stenosis	
FKD00	Replacement of mitral valve using mechanical prosthesis	1 (0.23%)
FKD96	Other replacement of mitral valve	
FMD00	Replacement of aortic valve using mechanical prosthesis	5 (1.17%)
FMD96	Other prosthetic replacement of aortic valve	2 (0.47%)
1050	Rheumatic mitral stenosis	22 (5.14%)
1052	Rheumatic mitral stenosis with insufficiency	5 (1.17%)
1058	Other rheumatic mitral valve diseases	1 (0.23%)
1059	Rheumatic mitral valve disease, unspecified	3 (0.70%)
1080	Rheumatic disorders of both mitral and aortic valves	1 (0.23%)
I081	Rheumatic disorders of both mitral and tricuspid valves	1 (0.23%)
1083	Combined rheumatic disorders of mitral, aortic and tricuspid valves	2 (0.47%)
1088	Other rheumatic multiple valve diseases	
1089	Rheumatic multiple valve disease, unspecified	
1091	Rheumatic diseases of endocardium, valve unspecified	
1098	Other specified rheumatic heart disease	
1099	Rheumatic heart disease, unspecified	1 (0.23%)
I342	Non-rheumatic mitral (valve) stenosis	18 (4.21%)
I348	Other non-rheumatic mitral valve disorders	8 (1.87%)
I349	Non-rheumatic mitral valve disorder, unspecified	6 (1.40%)
I38	Endocarditis, valve unspecified	25 (5.84%)
1390	Mitral valve disorders in diseases classified elsewhere	
I394	Multiple valve disorders in diseases classified elsewhere	1 (0.23%)
1398	Endocarditis, valve unspecified, in diseases classified elsewhere	
Q232	Congenital mitral stenosis	1 (0.23%)
Q238	Other congenital malformations of aortic and mitral valves	
Q239	Congenital malformation of aortic and mitral valves, unspecified	
Q248	Other specified congenital malformations of heart	2 (0.47%)
Q249	Congenital malformation of heart, unspecified	5 (1.17%)
T820	Mechanical complication of heart valve prosthesis	1 (0.23%)
T825	Mechanical complication of other cardiac and vascular devices and implants	12 (2.80%)

ICD-10 code	Text	AF
T826	Infection and inflammatory reaction due to cardiac valve prosthesis	8 (1.87%)
T827	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and	34 (7.94%)
T828	Other specified complications of cardiac and vascular prosthetic devices, implants and grafts	28 (6.54%)
T829	Unspecified complication of cardiac and vascular prosthetic device, implant and graft	4 (0.93%)
Z952	Presence of prosthetic heart valve	88 (20.56%)
Z954	Presence of other heart-valve replacement	80 (18.69%)
Z958	Presence of other cardiac and vascular implants and grafts	138 (32.24%)
Z959	Presence of cardiac and vascular implant and graft, unspecified	44 (10.28%)
1050, 1052, 1342, Q232	Total mitral stenosis	37 (8.64%)
FGE, FJF, FKA, FKD, FMD	Total mechanical prosthetic heart valves surgeries	8 (1.87%)
	Any other, not classified above	428 (100.0%)
В	Subgroup with primary care data available, all data	N=238
	NVAF before approval	
FGE00	Replacement of tricuspid valve using mechanical prosthesis	
FGE96	Other prosthetic replacement of tricuspid valve	
FJF00	Replacement of pulmonary valve using mechanical prosthesis	
FJF96	Other replacement of pulmonary valve	
FKA96	Other repair of mitral valve for stenosis	
FKD00	Replacement of mitral valve using mechanical prosthesis	
FKD96	Other replacement of mitral valve	
FMD00	Replacement of aortic valve using mechanical prosthesis	
FMD96	Other prosthetic replacement of aortic valve	
1050	Rheumatic mitral stenosis	10 (4.20%)
1052	Rheumatic mitral stenosis with insufficiency	2 (0.84%)
1058	Other rheumatic mitral valve diseases	
1059	Rheumatic mitral valve disease, unspecified	5 (2.10%)
1080	Rheumatic disorders of both mitral and aortic valves	
I081	Rheumatic disorders of both mitral and tricuspid valves	
1083	Combined rheumatic disorders of mitral, aortic and tricuspid valves	3 (1.26%)
1088	Other rheumatic multiple valve diseases	
1089	Rheumatic multiple valve disease, unspecified	3 (1.26%)
I091	Rheumatic diseases of endocardium, valve unspecified	1 (0.42%)
1098	Other specified rheumatic heart disease	
1099	Rheumatic heart disease, unspecified	1 (0.42%)
I342	Non-rheumatic mitral (valve) stenosis	8 (3.36%)
I348	Other non-rheumatic mitral valve disorders	3 (1.26%)
1349	Non-rheumatic mitral valve disorder, unspecified	7 (2.94%)
138	Endocarditis, valve unspecified	149 (62.61%)
1390	Mitral valve disorders in diseases classified elsewhere	1 (0.42%)
1394	Multiple valve disorders in diseases classified elsewhere	1 (0.42%)
1398	Endocarditis, valve unspecified, in diseases classified elsewhere	
Q232	Congenital mitral stenosis	
Q238	Other congenital malformations of aortic and mitral valves	
Q239	Congenital malformation of aortic and mitral valves, unspecified	

ICD-10 code	Text	AF
Q248	Other specified congenital malformations of heart	2 (0.84%)
Q249	Congenital malformation of heart, unspecified	1 (0.42%)
T820	Mechanical complication of heart valve prosthesis	
T825	Mechanical complication of other cardiac and vascular devices and implants	2 (0.84%)
T826	Infection and inflammatory reaction due to cardiac valve prosthesis	1 (0.42%)
T827	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and	8 (3.36%)
T828	Other specified complications of cardiac and vascular prosthetic devices, implants and grafts	6 (2.52%)
T829	Unspecified complication of cardiac and vascular prosthetic device, implant and graft	2 (0.84%)
Z952	Presence of prosthetic heart valve	27 (11.34%)
Z954	Presence of other heart-valve replacement	22 (9.24%)
Z958	Presence of other cardiac and vascular implants and grafts	31 (13.03%)
Z959	Presence of cardiac and vascular implant and graft, unspecified	12 (5.04%)
I050, I052, I342, Q232	Total mitral stenosis	14 (5.88%)
FGE, FJF, FKA, FKD, FMD	Total mechanical prosthetic heart valves surgeries	
	Any other, not classified above	238 (100.0%)
В	Subgroup with primary care data available, only hospital data	N=114
	NVAF before approval	
FGE00	Replacement of tricuspid valve using mechanical prosthesis	
FGE96	Other prosthetic replacement of tricuspid valve	
FJF00	Replacement of pulmonary valve using mechanical prosthesis	
FJF96	Other replacement of pulmonary valve	
FKA96	Other repair of mitral valve for stenosis	
FKD00	Replacement of mitral valve using mechanical prosthesis	
FKD96	Other replacement of mitral valve	
FMD00	Replacement of aortic valve using mechanical prosthesis	
FMD96	Other prosthetic replacement of aortic valve	
1050	Rheumatic mitral stenosis	10 (8.77%)
1052	Rheumatic mitral stenosis with insufficiency	2 (1.75%)
1058	Other rheumatic mitral valve diseases	
1059	Rheumatic mitral valve disease, unspecified	1 (0.88%)
1080	Rheumatic disorders of both mitral and aortic valves	
I081	Rheumatic disorders of both mitral and tricuspid valves	
1083	Combined rheumatic disorders of mitral, aortic and tricuspid valves	1 (0.88%)
1088	Other rheumatic multiple valve diseases	
1089	Rheumatic multiple valve disease, unspecified	
1091	Rheumatic diseases of endocardium, valve unspecified	
1098	Other specified rheumatic heart disease	
1099	Rheumatic heart disease, unspecified	1 (0.88%)
I342	Non-rheumatic mitral (valve) stenosis	8 (7.02%)
I348	Other non-rheumatic mitral valve disorders	3 (2.63%)
1349	Non-rheumatic mitral valve disorder, unspecified	4 (3.51%)
138	Endocarditis, valve unspecified	7 (6.14%)
1390	Mitral valve disorders in diseases classified elsewhere	
1394	Multiple valve disorders in diseases classified elsewhere	1 (0.88%)

ICD-10 code	Text	AF
1398	Endocarditis, valve unspecified, in diseases classified elsewhere	
Q232	Congenital mitral stenosis	
Q238	Other congenital malformations of aortic and mitral valves	
Q239	Congenital malformation of aortic and mitral valves, unspecified	
Q248	Other specified congenital malformations of heart	2 (1.75%)
Q249	Congenital malformation of heart, unspecified	1 (0.88%)
T820	Mechanical complication of heart valve prosthesis	
T825	Mechanical complication of other cardiac and vascular devices and implants	2 (1.75%)
T826	Infection and inflammatory reaction due to cardiac valve prosthesis	1 (0.88%)
Т827	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and	8 (7.02%)
T828	Other specified complications of cardiac and vascular prosthetic devices, implants and grafts	6 (5.26%)
Т829	Unspecified complication of cardiac and vascular prosthetic device, implant and graft	2 (1.75%)
Z952	Presence of prosthetic heart valve	25 (21.93%)
Z954	Presence of other heart-valve replacement	22 (19.30%)
Z958	Presence of other cardiac and vascular implants and grafts	30 (26.32%)
Z959	Presence of cardiac and vascular implant and graft, unspecified	10 (8.77%)
1050, 1052, 1342, Q232	Total mitral stenosis	14 (12.28%)
FGE, FJF, FKA, FKD, FMD	Total mechanical prosthetic heart valves surgeries	
	Any other, not classified above	114 (100.0%)

ICD-10 code	Text	VTE
С	All patients, hospital data	N=108
	DVT/PE before approval	46 (42.59%)
-	Total VTE	62 (57.41%)
I676	Nonpyogenic thrombosis of intracranial venous system	4 (3.70%)
I677	Cerebral arteritis, not elsewhere classified	
1800	Phlebitis and thrombophlebitis of superficial vessels of lower extremities	16 (14.81%)
I808	Phlebitis and thrombophlebitis of other sites	5 (4.63%)
I809	Phlebitis and thrombophlebitis of unspecified site	10 (9.26%)
I81	Portal vein thrombosis	4 (3.70%)
I820	Budd-Chiari syndrome	
I821	Thrombophlebitis migrans	1 (0.93%)
I823	Embolism and thrombosis of renal vein	
K645	Perianal venous thrombosis	
N4881	Thrombosis of superficial vein of penis	
O225	Cerebral venous thrombosis in pregnancy	
O882	Obstetric thromboembolism	
Z867A	Personal history of pulmonary embolism	17 (15.74%)
Z867B	Personal history of deep venous thrombosis	21 (19.44%)
-	Any other, not classified above	108 (100.0%)
С	Subgroup with primary care data available, all data	N=31
	DVT/PE before approval	12 (38.71%)
	Total VTE	19 (61.29%)
I676	Nonpyogenic thrombosis of intracranial venous system	2 (6.45%)

ICD-10 code	Text	VTE
I677	Cerebral arteritis, not elsewhere classified	
1800	Phlebitis and thrombophlebitis of superficial vessels of lower extremities	7 (22.58%)
1808	Phlebitis and thrombophlebitis of other sites	1 (3.23%)
1809	Phlebitis and thrombophlebitis of unspecified site	8 (25.81%)
I81	Portal vein thrombosis	
I820	Budd-Chiari syndrome	
I821	Thrombophlebitis migrans	
1823	Embolism and thrombosis of renal vein	
K645	Perianal venous thrombosis	
N4881	Thrombosis of superficial vein of penis	
O225	Cerebral venous thrombosis in pregnancy	
O882	Obstetric thromboembolism	
Z867A	Personal history of pulmonary embolism	4 (12.90%)
Z867B	Personal history of deep venous thrombosis	6 (19.35%)
	Any other, not classified above	31 (100.0%)
С	Subgroup with primary care data available, only hospital data	N=27
	DVT/PE before approval	13 (48.15%)
	Total VTE	14 (51.85%)
I676	Nonpyogenic thrombosis of intracranial venous system	2 (7.41%)
I677	Cerebral arteritis, not elsewhere classified	
1800	Phlebitis and thrombophlebitis of superficial vessels of lower extremities	2 (7.41%)
1808	Phlebitis and thrombophlebitis of other sites	1 (3.70%)
1809	Phlebitis and thrombophlebitis of unspecified site	3 (11.11%)
I81	Portal vein thrombosis	1 (3.70%)
I820	Budd-Chiari syndrome	
I821	Thrombophlebitis migrans	
I823	Embolism and thrombosis of renal vein	
K645	Perianal venous thrombosis	
N4881	Thrombosis of superficial vein of penis	
O225	Cerebral venous thrombosis in pregnancy	
O882	Obstetric thromboembolism	
Z867A	Personal history of pulmonary embolism	4 (14.81%)
Z867B	Personal history of deep venous thrombosis	6 (22.22%)
	Any other, not classified above	27 (100.0%)

				On-label indicat	ions		,	Off-lab	el indications		
	Any classifica- tion	Unclassified	THA/TKA	NVAF	DVT/PE	Age <18 years	Non-elective THA/TKA*	AF*	VTE*	Other surgery	Other diagnosis
					All patien	its					
Total	16 562 (100.0)	1 030 (100.0)	2 636 (100.0)	12 151 (100.0)	417 (100.0)	2 (100.0)	10 (100.0)	428 (100.0)	108 (100.0)	235 (100.0)	575 (100.0)
Treatment of	luration										
<10 days	78 (0.5)	12 (1.2)		66 (0.5)	4 (1.0)				2 (1.9)	2 (0.9)	4 (0.7)
10-14	1 081 (6.5)	6 (0.6)	955 (36.2)	83 (0.7)	5 (1.2)			4 (0.9)	5 (4.6)	26 (11.1)	3 (0.5)
15-31	1 771 (10.7)	44 (4.3)	1 324 (50.2)	357 (2.9)	20 (4.8)	1 (50.0)	9 (90.0)	10 (2.3)	5 (4.6)	27 (11.5)	18 (3.1)
32-38	30 (0.2)	4 (0.4)		26 (0.2)	1 (0.2)			2 (0.5)		1 (0.4)	
>38 days	13 583 (82.0)	963 (93.5)	357 (13.5)	11 605 (95.5)	386 (92.6)	1 (50.0)	1 (10.0)	410 (95.8)	95 (88.0)	179 (76.2)	549 (95.5)
Mean	180.6 (149.1)	202.8 (148.0)	27.0 (31.6)	214.9 (145.1)	94.0 (44.3)	50.0	31.0 (3.2)	213.2 (149.7)	236.1 (155.1)	146.9 (146.5)	206.3
Median (IQR)	148.0 (60.0-268.0)	168.0 (84.0-288.0)	30.0 (10.0-30.0)	175.0 (90.0-307.2)	84.0 (67.0-112.0)	50.0 (30.0-	30.0 (30.0-30.0)	168.0 (84.0-300.0)	231.0 (107.0-336.0	84.0 (50.0-200.0)	174.0 (84.0-
Treatment of	Treatment dose*										
5 mg	7 233 (43.7)	273 (26.5)	2 614 (99.2)	3 926 (32.3)	136 (32.6)	2 (100.0)	10 (100.0)	167 (39.0)	48 (44.4)	114 (48.5)	216 (37.6)
10 mg	9 329 (56.3)	757 (73.5)	22 (0.8)	8 225 (67.7)	281 (67.4)			261 (61.0)	60 (55.6)	121 (51.5)	359 (62.4)
				Sub-gro	up with primary care d	lata available	e – all data	•	•		
Total	5 029 (100.0)	128 (100.0)	930 (100.0)	3 565 (100.0)	77 (100.0)	2 (100.0)	5 (100.0)	238 (100.0)	31 (100.0)	56 (100.0)	125 (100.0)
Treatment of	luration			•	•	-	·	•	•		
<10 days	12 (0.2)	1 (0.8)		10 (0.3)					1 (3.2)	1 (1.8)	
10-14	348 (6.9)		315 (33.9)	15 (0.4)	2 (2.6)			1 (0.4)	1 (3.2)	12 (21.4)	2 (1.6)
15-31	707 (14.1)	8 (6.3)	566 (60.9)	117 (3.3)	2 (2.6)	1 (50.0)	4 (80.0)	5 (2.1)	1 (3.2)	9 (16.1)	2 (1.6)
32-38	12 (0.2)			10 (0.3)	1 (1.3)			1 (0.4)			
>38 days	3 944 (78.4)	119 (93.0)	49 (5.3)	3 408 (95.6)	72 (93.5)	1 (50.0)	1 (20.0)	230 (96.6)	28 (90.3)	34 (60.7)	121 (96.8)
Mean (SD)	176.7 (145.3)	223.1 (151.7)	26.5 (26.1)	212.8 (139.3)	97.2 (43.7)	50.0	57.6 (61.7)	229.1 (141.4)	240.9 (151.1)	120.7 (122.6)	230.2
Median (IQR)	144.0 (50.0-268.0)	171.0 (84.0-336.0)	30.0 (10.0-30.0)	180.0 (90.0-302.0)	84.0 (84.0-114.0)	50.0 (30.0-	30.0 (30.0-30.0)	201.5 (100.0-334.0	258.0 (92.0-318.0)	84.0 (30.0-166.0)	241.0 (100.0-

Table 1.5 Treatment dose and duration among apixaban-treated patients, by classification, number and proportions

Unclassified 34 (26.6) 94 (73.4)	THA/TKA 924 (99.4)	NVAF	DVT/PE	Age <18 years	Non-elective THA/TKA*	AF*	VTE*	Other surgery	Other	
34 (26.6) 94 (73.4)	924 (99.4)	1 250 (25 2)				1		other surgery	diagnosis	
34 (26.6) 94 (73.4)	924 (99.4)	1 250 (25 2)				•	-			
94 (73.4)		1 239 (33.3)	32 (41.6)	2 (100.0)	4 (80.0)	102 (42.9)	13 (41.9)	30 (53.6)	48 (38.4)	
	6 (0.6)	2 306 (64.7)	45 (58.4)		1 (20.0)	136 (57.1)	18 (58.1)	26 (46.4)	77 (61.6)	
Sub-group with primary care data available – only hospital data										
257 (100.0)	930 (100.0)	3 532 (100.0)	70 (100.0)	2 (100.0)	4 (100.0)	114 (100.0)	27 (100.0)	64 (100.0)	157 (100.0)	
			·		•	•				
3 (1.2)		7 (0.2)					1 (3.7)	1 (1.6)	1 (0.6)	
1 (0.4)	315 (33.9)	15 (0.4)	2 (2.9)				1 (3.7)	12 (18.8)	2 (1.3)	
17 (6.6)	566 (60.9)	105 (3.0)	2 (2.9)	1 (50.0)	4 (100.0)	4 (3.5)	1 (3.7)	11 (17.2)	4 (2.5)	
2 (0.8)		10 (0.3)								
233 (90.7)	49 (5.3)	3 391 (96.0)	66 (94.3)	1 (50.0)		109 (95.6)	24 (88.9)	40 (62.5)	150 (95.5)	
204.2 (146.4)	26.5 (26.1)	215.1 (139.8)	98.1 (40.6)	50.0	30.0 (0.0)	217.7 (141.9)	223.2 (148.5)	131.1 (130.5)	217.4	
168.0 (84.0-309.0)	30.0 (10.0-30.0)	184.0 (91.0-302.0)	90.5 (84.0-114.0)	50.0 (30.0-	30.0 (30.0-30.0)	199.0 (84.0-318.0)	228.0 (60.0-318.0)	92.0 (30.0-168.0)	204.0 (100.0-	
			·		•	•	-			
76 (29.6)	924 (99.4)	1 265 (35.8)	29 (41.4)	2 (100.0)	4 (100.0)	41 (36.0)	13 (48.1)	32 (50.0)	62 (39.5)	
			44 (50.0)		+	=2 ((1.0)	11(51.0)	22 (22 0)		
1 (0 17 (2 (0 233 204 168 (84. 76 (.2) .4) 6.6) .8) (90.7) .2 (146.4) .0 0-309.0) 29.6)	.2) .4) 315 (33.9) 6.6) 566 (60.9) .8) (90.7) 49 (5.3) .2 (146.4) 26.5 (26.1) .0 30.0 .0-309.0) (10.0-30.0)	.2) $7 (0.2)$.4) 315 (33.9) 15 (0.4) 6.6) 566 (60.9) 105 (3.0) .8) 10 (0.3) (90.7) 49 (5.3) 3 391 (96.0) .2 (146.4) 26.5 (26.1) 215.1 (139.8) .0 30.0 184.0 .0-309.0) (10.0-30.0) (91.0-302.0)	.2) $7 (0.2)$.4) 315 (33.9) 15 (0.4) 2 (2.9) 6.6) 566 (60.9) 105 (3.0) 2 (2.9) .8) 10 (0.3) (90.7) 49 (5.3) 3 391 (96.0) 66 (94.3) .2 (146.4) 26.5 (26.1) 215.1 (139.8) 98.1 (40.6) .0 30.0 184.0 90.5 .0-309.0) (10.0-30.0) (91.0-302.0) (84.0-114.0)	.2) $7 (0.2)$.4) 315 (33.9) 15 (0.4) 2 (2.9) 6.6) 566 (60.9) 105 (3.0) 2 (2.9) .8) 10 (0.3) (90.7) 49 (5.3) 3 391 (96.0) 66 (94.3) 1 (50.0) .2 (146.4) 26.5 (26.1) 215.1 (139.8) 98.1 (40.6) 50.0 .0 30.0 184.0 90.5 50.0 .0-309.0) (10.0-30.0) (91.0-302.0) (84.0-114.0) (30.0-	2) $7 (0.2)$ $7 (0.2)$ $4)$ $315 (33.9)$ $15 (0.4)$ $2 (2.9)$ $1 (50.0)$ $4 (100.0)$ $6.6)$ $566 (60.9)$ $105 (3.0)$ $2 (2.9)$ $1 (50.0)$ $4 (100.0)$ $8)$ $10 (0.3)$ $2 (2.9)$ $1 (50.0)$ $4 (100.0)$ 20.7 $49 (5.3)$ $3 391 (96.0)$ $66 (94.3)$ $1 (50.0)$ $2 (146.4)$ $26.5 (26.1)$ $215.1 (139.8)$ $98.1 (40.6)$ 50.0 $30.0 (0.0)$ 0 30.0 184.0 90.5 50.0 30.0 $(30.0-30.0)$ (29.6) $924 (99.4)$ $1 265 (35.8)$ $29 (41.4)$ $2 (100.0)$ $4 (100.0)$	2) $7 (0.2)$ $7 (0.2)$ $4)$ $315 (33.9)$ $15 (0.4)$ $2 (2.9)$ $1 (50.0)$ $4 (100.0)$ $4 (3.5)$ $6.6)$ $566 (60.9)$ $105 (3.0)$ $2 (2.9)$ $1 (50.0)$ $4 (100.0)$ $4 (3.5)$ $8)$ $10 (0.3)$ $10 (0.3)$ $10 (9.7)$ $49 (5.3)$ $3 391 (96.0)$ $66 (94.3)$ $1 (50.0)$ $109 (95.6)$ $2 (146.4)$ $26.5 (26.1)$ $215.1 (139.8)$ $98.1 (40.6)$ 50.0 $30.0 (0.0)$ $217.7 (141.9)$ $.0$ 30.0 184.0 90.5 50.0 30.0 199.0 $(30.0-30.0)$ $(91.0-302.0)$ $(84.0-114.0)$ $2 (100.0)$ $4 (100.0)$ $41 (36.0)$ $29.6)$ $924 (99.4)$ $1 265 (35.8)$ $29 (41.4)$ $2 (100.0)$ $4 (100.0)$ $41 (36.0)$	2) $7(0.2)$ $1(5.7)$ $4)$ $315(33.9)$ $15(0.4)$ $2(2.9)$ $1(50.0)$ $4(100.0)$ $4(3.5)$ $1(3.7)$ $6.6)$ $566(60.9)$ $105(3.0)$ $2(2.9)$ $1(50.0)$ $4(100.0)$ $4(3.5)$ $1(3.7)$ $8)$ $10(0.3)$ $2(2.9)$ $1(50.0)$ $4(100.0)$ $4(3.5)$ $1(3.7)$ (90.7) $49(5.3)$ $3391(96.0)$ $66(94.3)$ $1(50.0)$ $109(95.6)$ $24(88.9)$ $2(146.4)$ $26.5(26.1)$ $215.1(139.8)$ $98.1(40.6)$ 50.0 $30.0(0.0)$ $217.7(141.9)$ $223.2(148.5)$ $.0$ 30.0 184.0 90.5 50.0 30.0 199.0 228.0 $(60.0-318.0)$ (29.6) $924(99.4)$ $1265(35.8)$ $29(41.4)$ $2(100.0)$ $4(100.0)$ $41(36.0)$ $13(48.1)$	2) $7(0.2)$ $1(1.6)$ $4)$ $315(33.9)$ $15(0.4)$ $2(2.9)$ $1(3.7)$ $12(18.8)$ $6.6)$ $566(60.9)$ $105(3.0)$ $2(2.9)$ $1(50.0)$ $4(100.0)$ $4(3.5)$ $1(3.7)$ $11(17.2)$ $8)$ $10(0.3)$ $10(0.3)$ $1(50.0)$ $109(95.6)$ $24(88.9)$ $40(62.5)$ $2(146.4)$ $26.5(26.1)$ $215.1(139.8)$ $98.1(40.6)$ 50.0 (28.2) $30.0(0.0)$ $217.7(141.9)$ $223.2(148.5)$ $131.1(130.5)$ 0.0 30.0 184.0 $(91.0-302.0)$ 90.5 $(84.0-114.0)$ 50.0 $(30.0-30.0)$ 199.0 $(30.0-30.0)$ 228.0 $(60.0-318.0)$ 92.0 $(30.0-168.0)$	

*non-elective THA/TKA; includes NVAF before November 20, 2012 or VAF; includes DVT/PE before July 28, 2014 or VTE 1 means daily dose, i.e. 5 mg = 2.5 mg twice daily

	T			On label				Of	ff label		
ATC	1 m e 1	Any	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
					All Pat	tients					
Total		16 562 (100.0%)	2 636 (100.0%)	12 151 (100.0%)	417 (100.0%)	2 (100.0%)	10 (100.0%)	428 (100.0%)	108 (100.0%)	235 (100.0%)	575 (100.0%)
	В	3 554 (21.5%)	188 (7.1%)	2 882 (23.7%)	136 (32.6%)		1 (10.0%)	107 (25.0%)	39 (36.1%)	47 (20.0%)	154 (26.8%)
Antithrombotics	А	865 (5.2%)	147 (5.6%)	574 (4.7%)	32 (7.7%)		1 (10.0%)	24 (5.6%)	8 (7.4%)	34 (14.5%)	45 (7.8%)
Vitamin K Antago-	В	914 (5.5%)	1 (0.0%)	819 (6.7%)	29 (7.0%)			26 (6.1%)	14 (13.0%)	3 (1.3%)	22 (3.8%)
nists	А	126 (0.8%)	6 (0.2%)	108 (0.9%)	3 (0.7%)			2 (0.5%)	1 (0.9%)	3 (1.3%)	3 (0.5%)
Heneric Crew	В	533 (3.2%)	14 (0.5%)	381 (3.1%)	78 (18.7%)			22 (5.1%)	11 (10.2%)	11 (4.7%)	16 (2.8%)
Heparin Group	А	131 (0.8%)	27 (1.0%)	71 (0.6%)	17 (4.1%)			4 (0.9%)	4 (3.7%)	4 (1.7%)	4 (0.7%)
Platelet Aggregation	В	1 987 (12.0%)	177 (6.7%)	1 546 (12.7%)	38 (9.1%)		1 (10.0%)	57 (13.3%)	13 (12.0%)	35 (14.9%)	120 (20.9%)
Heparin	А	605 (3.7%)	117 (4.4%)	384 (3.2%)	14 (3.4%)		1 (10.0%)	18 (4.2%)	3 (2.8%)	29 (12.3%)	39 (6.8%)
Enguinees	В										
Enzymes	А										
Direct Thrombin	В	246 (1.5%)	2 (0.1%)	230 (1.9%)	1 (0.2%)			7 (1.6%)	1 (0.9%)	1 (0.4%)	4 (0.7%)
Inhibitors	А	42 (0.3%)	1 (0.0%)	37 (0.3%)	1 (0.2%)			1 (0.2%)		2 (0.9%)	
Other Antithrombot-	В	3 (0.0%)		1 (0.0%)	1 (0.2%)						1 (0.2%)
ic Agents	А	1 (0.0%)						1 (0.2%)			
Anti-Inflammatory And Antirheumatic	В	634 (3.8%)	311 (11.8%)	274 (2.3%)	13 (3.1%)	1 (50.0%)	2 (20.0%)	8 (1.9%)	1 (0.9%)	8 (3.4%)	16 (2.8%)
Products	А	428 (2.6%)	210 (8.0%)	189 (1.6%)	5 (1.2%)			4 (0.9%)	4 (3.7%)	6 (2.6%)	10 (1.7%)
Antiinflammatory	В	634 (3.8%)	311 (11.8%)	274 (2.3%)	13 (3.1%)	1 (50.0%)	2 (20.0%)	8 (1.9%)	1 (0.9%)	8 (3.4%)	16 (2.8%)
Products, Non-	А	428 (2.6%)	210 (8.0%)	189 (1.6%)	5 (1.2%)			4 (0.9%)	4 (3.7%)	6 (2.6%)	10 (1.7%)
CYP3A4 And P-Gp	В	5 227 (31.6%)	393 (14.9%)	4 299 (35.4%)	82 (19.7%)		1 (10.0%)	171 (40.0%)	30 (27.8%)	64 (27.2%)	187 (32.5%)
Inhibitors	А	7 413 (44.8%)	342 (13.0%)	6 321 (52.0%)	111 (26.6%)		1 (10.0%)	210 (49.1%)	40 (37.0%)	101 (43.0%)	287 (49.9%)
Antimycotics For	В	23 (0.1%)	3 (0.1%)	17 (0.1%)				2 (0.5%)		1 (0.4%)	
Systemic Use	Α	37 (0.2%)	3 (0.1%)	31 (0.3%)	1 (0.2%)			2 (0.5%)			
Duotoogo Inhihita	В										
Frotease innibitors	А										

Table 1.6 Selected concomitant medication (other dispensings within 30 days before and after/including index date), number and proportions

	T			On label				Of	f label		
ATC	1 m e 1	Any	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
Selective Serotonin	В	671 (4.1%)	67 (2.5%)	512 (4.2%)	27 (6.5%)			25 (5.8%)	9 (8.3%)	8 (3.4%)	23 (4.0%)
Reuptake Inhibitors	А	747 (4.5%)	64 (2.4%)	580 (4.8%)	30 (7.2%)			19 (4.4%)	16 (14.8%)	8 (3.4%)	30 (5.2%)
Phenylalkylamine	В	70 (0.4%)		65 (0.5%)	2 (0.5%)			2 (0.5%)		1 (0.4%)	
Derivatives	А	99 (0.6%)	2 (0.1%)	92 (0.8%)	1 (0.2%)			1 (0.2%)	1 (0.9%)	1 (0.4%)	1 (0.2%)
Antiarrhythmics,	В	22 (0.1%)		20 (0.2%)				1 (0.2%)			1 (0.2%)
Class Ia	А	16 (0.1%)		16 (0.1%)							
Beta Blocking	В	3 873 (23.4%)	194 (7.4%)	3 333 (27.4%)	42 (10.1%)			123 (28.7%)	20 (18.5%)	44 (18.7%)	117 (20.3%)
Agents, Selective	А	5 911 (35.7%)	176 (6.7%)	5 227 (43.0%)	63 (15.1%)		1 (10.0%)	164 (38.3%)	23 (21.3%)	79 (33.6%)	178 (31.0%)
Benzothiazepine	В	38 (0.2%)	5 (0.2%)	33 (0.3%)							
Derivatives	А	36 (0.2%)	2 (0.1%)	32 (0.3%)				1 (0.2%)			1 (0.2%)
HMG Coa Reductase Inhibitors	В	2 015 (12.2%)	198 (7.5%)	1 557 (12.8%)	31 (7.4%)		1 (10.0%)	72 (16.8%)	14 (13.0%)	33 (14.0%)	109 (19.0%)
	А	2 670 (16.1%)	158 (6.0%)	2 150 (17.7%)	38 (9.1%)			82 (19.2%)	14 (13.0%)	51 (21.7%)	177 (30.8%)
Maanalidaa	В	12 (0.1%)	1 (0.0%)	9 (0.1%)	1 (0.2%)			1 (0.2%)			
Macrondes	А	15 (0.1%)		12 (0.1%)	1 (0.2%)			1 (0.2%)	1 (0.9%)		
Selective	В	11 (0.1%)	3 (0.1%)	7 (0.1%)						1 (0.4%)	
Immunosuppressants	А	13 (0.1%)	2 (0.1%)	8 (0.1%)				1 (0.2%)		1 (0.4%)	1 (0.2%)
CYP3A4 And P-Gp	В	620 (3.7%)	55 (2.1%)	486 (4.0%)	20 (4.8%)		1 (10.0%)	19 (4.4%)	8 (7.4%)	8 (3.4%)	23 (4.0%)
Inducers	А	698 (4.2%)	47 (1.8%)	561 (4.6%)	23 (5.5%)		2 (20.0%)	23 (5.4%)	8 (7.4%)	9 (3.8%)	25 (4.3%)
Carboxamide Deriv-	В	54 (0.3%)	5 (0.2%)	43 (0.4%)	2 (0.5%)			1 (0.2%)	2 (1.9%)		1 (0.2%)
atives	А	55 (0.3%)	3 (0.1%)	47 (0.4%)	1 (0.2%)			2 (0.5%)			2 (0.3%)
Thiozolidinadianas	В	7 (0.0%)	1 (0.0%)	6 (0.0%)							
Thiazonumediones	А	7 (0.0%)		7 (0.1%)							
Chassentiasida	В	535 (3.2%)	46 (1.7%)	419 (3.4%)	17 (4.1%)		1 (10.0%)	16 (3.7%)	6 (5.6%)	8 (3.4%)	22 (3.8%)
Glucocollicolds	А	596 (3.6%)	36 (1.4%)	478 (3.9%)	21 (5.0%)		2 (20.0%)	20 (4.7%)	7 (6.5%)	9 (3.8%)	23 (4.0%)
Short-Acting Sul-	В										
fonamides	А										
Macrolides	В	12 (0.1%)	1 (0.0%)	9 (0.1%)	1 (0.2%)			1 (0.2%)			
Macrolides	А	15 (0.1%)		12 (0.1%)	1 (0.2%)			1 (0.2%)	1 (0.9%)		

	T			On label				O	ff label		
ATC	m e 1	Any	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
Antihistics	В	2 (0.0%)		1 (0.0%)				1 (0.2%)			
Antibiotics	А	18 (0.1%)	7 (0.3%)	11 (0.1%)							
Non-Nucleoside	В	1 (0.0%)		1 (0.0%)							
tase Inhibitors	А										
Preparations Increas-	В	5 (0.0%)		5 (0.0%)							
tion	А	4 (0.0%)		4 (0.0%)							
Barbiturates And	В	4 (0.0%)	1 (0.0%)	3 (0.0%)							
Derivatives	А	4 (0.0%)	1 (0.0%)	3 (0.0%)							
Hydantoin Deriva-	В	7 (0.0%)	1 (0.0%)	5 (0.0%)	1 (0.2%)						
tives	А	6 (0.0%)		6 (0.0%)							
Succinimide Deriva-	В										
tives	А										
Piperidinedione	В										
Derivatives	А										
Commonly Dis-	В	7 048 (42.6%)	1 195 (45.3%)	5 090 (41.9%)	157 (37.6%)		6 (60.0%)	211 (49.3%)	51 (47.2%)	103 (43.8%)	235 (40.9%)
penseu Drugs	Α	9 841 (59.4%)	2 534 (96.1%)	6 343 (52.2%)	191 (45.8%)	2 (100.0%)	9 (90.0%)	258 (60.3%)	53 (49.1%)	151 (64.3%)	300 (52.2%)
Proton Pump Inhibi-	В	1 581 (9.5%)	182 (6.9%)	1 224 (10.1%)	43 (10.3%)			52 (12.1%)	14 (13.0%)	20 (8.5%)	46 (8.0%)
tors	Α	2 095 (12.6%)	365 (13.8%)	1 503 (12.4%)	48 (11.5%)		1 (10.0%)	69 (16.1%)	18 (16.7%)	32 (13.6%)	59 (10.3%)
Osmotically Acting	В	496 (3.0%)	92 (3.5%)	344 (2.8%)	19 (4.6%)			16 (3.7%)	3 (2.8%)	14 (6.0%)	8 (1.4%)
Laxatives	Α	1 575 (9.5%)	910 (34.5%)	570 (4.7%)	26 (6.2%)		2 (20.0%)	10 (2.3%)	3 (2.8%)	22 (9.4%)	32 (5.6%)
Sulfonamides Plain	В	1 563 (9.4%)	61 (2.3%)	1 313 (10.8%)	28 (6.7%)			69 (16.1%)	11 (10.2%)	19 (8.1%)	62 (10.8%)
Sunonannues, 1 iann	А	2 212 (13.4%)	55 (2.1%)	1 892 (15.6%)	46 (11.0%)		1 (10.0%)	96 (22.4%)	13 (12.0%)	29 (12.3%)	80 (13.9%)
Dihydropyridine	В	1 307 (7.9%)	224 (8.5%)	934 (7.7%)	26 (6.2%)			38 (8.9%)	8 (7.4%)	18 (7.7%)	59 (10.3%)
Derivatives	А	1 545 (9.3%)	151 (5.7%)	1 213 (10.0%)	38 (9.1%)		1 (10.0%)	34 (7.9%)	6 (5.6%)	26 (11.1%)	76 (13.2%)
ACE Inhibitors,	В	1 517 (9.2%)	137 (5.2%)	1 214 (10.0%)	26 (6.2%)			52 (12.1%)	5 (4.6%)	20 (8.5%)	63 (11.0%)
Plain	А	2 043 (12.3%)	91 (3.5%)	1 721 (14.2%)	35 (8.4%)		1 (10.0%)	66 (15.4%)	5 (4.6%)	39 (16.6%)	85 (14.8%)
Angiotensin II	В	1 109 (6.7%)	112 (4.2%)	871 (7.2%)	17 (4.1%)			45 (10.5%)	10 (9.3%)	12 (5.1%)	42 (7.3%)
Antagonists, Plain	Α	1 324 (8.0%)	83 (3.1%)	1 092 (9.0%)	26 (6.2%)			54 (12.6%)	7 (6.5%)	15 (6.4%)	47 (8.2%)

	T			On label				Ot	ff label		
ATC	1 m e 1	Any	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
Natural Opium	В	1 003 (6.1%)	361 (13.7%)	529 (4.4%)	28 (6.7%)		2 (20.0%)	30 (7.0%)	4 (3.7%)	31 (13.2%)	18 (3.1%)
Alkaloids	А	3 033 (18.3%)	2 212 (83.9%)	647 (5.3%)	39 (9.4%)	2 (100.0%)	7 (70.0%)	37 (8.6%)	7 (6.5%)	56 (23.8%)	26 (4.5%)
A '1' 1	В	2 356 (14.2%)	692 (26.3%)	1 418 (11.7%)	57 (13.7%)		3 (30.0%)	63 (14.7%)	19 (17.6%)	44 (18.7%)	60 (10.4%)
Anilides	А	4 438 (26.8%)	2 325 (88.2%)	1 800 (14.8%)	62 (14.9%)	2 (100.0%)	8 (80.0%)	77 (18.0%)	11 (10.2%)	80 (34.0%)	73 (12.7%)
Benzodiazepine	В	1 417 (8.6%)	184 (7.0%)	1 063 (8.7%)	41 (9.8%)		1 (10.0%)	44 (10.3%)	13 (12.0%)	24 (10.2%)	47 (8.2%)
Related Drugs	А	1 801 (10.9%)	269 (10.2%)	1 328 (10.9%)	49 (11.8%)		3 (30.0%)	56 (13.1%)	15 (13.9%)	22 (9.4%)	59 (10.3%)
Sub-Group With Primary Care Data Available – All Data											
Total		5 029 (100.0%)	930 (100.0%)	3 565 (100.0%)	77 (100.0%)	2 (100.0%)	5 (100.0%)	238 (100.0%)	31 (100.0%)	56 (100.0%)	125 (100.0%)
	В	1 117 (22.2%)	65 (7.0%)	911 (25.6%)	20 (26.0%)			70 (29.4%)	8 (25.8%)	12 (21.4%)	31 (24.8%)
Antithrombotics	А	300 (6.0%)	57 (6.1%)	194 (5.4%)	4 (5.2%)		1 (20.0%)	21 (8.8%)	2 (6.5%)	7 (12.5%)	14 (11.2%)
Vitamin K Antago-	В	296 (5.9%)		262 (7.3%)	6 (7.8%)			19 (8.0%)	3 (9.7%)	2 (3.6%)	4 (3.2%)
nists	А	34 (0.7%)	5 (0.5%)	27 (0.8%)				1 (0.4%)		1 (1.8%)	
	В	152 (3.0%)	3 (0.3%)	120 (3.4%)	10 (13.0%)			11 (4.6%)	1 (3.2%)	4 (7.1%)	3 (2.4%)
Heparin Group	А	48 (1.0%)	10 (1.1%)	29 (0.8%)	3 (3.9%)			2 (0.8%)	1 (3.2%)	1 (1.8%)	2 (1.6%)
Platelet Aggregation	В	656 (13.0%)	61 (6.6%)	519 (14.6%)	4 (5.2%)			38 (16.0%)	3 (9.7%)	8 (14.3%)	23 (18.4%)
Heparin	А	219 (4.4%)	44 (4.7%)	135 (3.8%)	1 (1.3%)		1 (20.0%)	19 (8.0%)	1 (3.2%)	5 (8.9%)	13 (10.4%)
	В										
Enzymes	А										
Direct Thrombin	В	47 (0.9%)	1 (0.1%)	42 (1.2%)	1 (1.3%)			2 (0.8%)	1 (3.2%)		
Inhibitors	А	11 (0.2%)		10 (0.3%)						1 (1.8%)	
Other Antithrombot-	В	2 (0.0%)		1 (0.0%)							1 (0.8%)
ic Agents	А										
Anti-Inflammatory And Antirheumatic	В	220 (4.4%)	117 (12.6%)	84 (2.4%)	2 (2.6%)	1 (50.0%)	1 (20.0%)	6 (2.5%)		4 (7.1%)	5 (4.0%)
Products	А	156 (3.1%)	78 (8.4%)	72 (2.0%)	1 (1.3%)			2 (0.8%)	1 (3.2%)		2 (1.6%)
Antiinflammatory	В	220 (4.4%)	117 (12.6%)	84 (2.4%)	2 (2.6%)	1 (50.0%)	1 (20.0%)	6 (2.5%)		4 (7.1%)	5 (4.0%)
Products, Non-	А	156 (3.1%)	78 (8.4%)	72 (2.0%)	1 (1.3%)			2 (0.8%)	1 (3.2%)		2 (1.6%)
CYP3A4 And P-Gp	В	1 584 (31.5%)	132 (14.2%)	1 266 (35.5%)	19 (24.7%)			106 (44.5%)	11 (35.5%)	8 (14.3%)	42 (33.6%)
Inhibitors	Α	2 315 (46.0%)	111 (11.9%)	1 936 (54.3%)	27 (35.1%)		2 (40.0%)	127 (53.4%)	14 (45.2%)	21 (37.5%)	77 (61.6%)

	T			On label				Of	f label		
ATC	m e 1	Апу	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
Antimycotics For	В	11 (0.2%)	1 (0.1%)	9 (0.3%)						1 (1.8%)	
Systemic Use	А	15 (0.3%)	2 (0.2%)	12 (0.3%)				1 (0.4%)			
D (1111)	В										
Protease inhibitors	А										
Selective Serotonin	В	266 (5.3%)	23 (2.5%)	202 (5.7%)	6 (7.8%)			20 (8.4%)	4 (12.9%)	2 (3.6%)	9 (7.2%)
Reuptake Inhibitors	А	296 (5.9%)	23 (2.5%)	227 (6.4%)	10 (13.0%)			16 (6.7%)	6 (19.4%)	2 (3.6%)	12 (9.6%)
Phenylalkylamine	В	20 (0.4%)		19 (0.5%)							1 (0.8%)
Derivatives	А	26 (0.5%)		24 (0.7%)						1 (1.8%)	1 (0.8%)
Antiarrhythmics,	В	5 (0.1%)		4 (0.1%)				1 (0.4%)			
Class Ia	А	5 (0.1%)		5 (0.1%)							
Beta Blocking Agents, Selective	В	1 149 (22.8%)	70 (7.5%)	955 (26.8%)	10 (13.0%)			79 (33.2%)	6 (19.4%)	5 (8.9%)	24 (19.2%)
	А	1 835 (36.5%)	62 (6.7%)	1 582 (44.4%)	16 (20.8%)		1 (20.0%)	105 (44.1%)	9 (29.0%)	12 (21.4%)	48 (38.4%)
Benzothiazepine	В	7 (0.1%)	1 (0.1%)	6 (0.2%)							
Derivatives	А	9 (0.2%)	1 (0.1%)	8 (0.2%)							
HMG Coa Reductase	В	601 (12.0%)	70 (7.5%)	457 (12.8%)	6 (7.8%)			39 (16.4%)	5 (16.1%)	3 (5.4%)	21 (16.8%)
Inhibitors	А	873 (17.4%)	50 (5.4%)	709 (19.9%)	7 (9.1%)		1 (20.0%)	48 (20.2%)	4 (12.9%)	11 (19.6%)	43 (34.4%)
Manualidaa	В	5 (0.1%)	1 (0.1%)	3 (0.1%)				1 (0.4%)			
Macrondes	А	5 (0.1%)		4 (0.1%)	1 (1.3%)						
Selective	В	6 (0.1%)	2 (0.2%)	4 (0.1%)							
Immunosuppressants	А	1 (0.0%)		1 (0.0%)							
CYP3A4 And P-Gp	В	200 (4.0%)	21 (2.3%)	154 (4.3%)	2 (2.6%)			12 (5.0%)	3 (9.7%)	2 (3.6%)	6 (4.8%)
Inducers	А	221 (4.4%)	17 (1.8%)	174 (4.9%)	4 (5.2%)			18 (7.6%)	1 (3.2%)	2 (3.6%)	5 (4.0%)
Carboxamide Deriv-	В	27 (0.5%)	1 (0.1%)	23 (0.6%)				1 (0.4%)	1 (3.2%)		1 (0.8%)
atives	А	28 (0.6%)		24 (0.7%)				3 (1.3%)			1 (0.8%)
This1; dive disease	В	4 (0.1%)	1 (0.1%)	3 (0.1%)							
1 mazondinediones	Α	3 (0.1%)		3 (0.1%)							
Chucocorticoida	В	159 (3.2%)	16 (1.7%)	122 (3.4%)	2 (2.6%)			10 (4.2%)	2 (6.5%)	2 (3.6%)	5 (4.0%)
Glucocorticoids	А	178 (3.5%)	15 (1.6%)	138 (3.9%)	3 (3.9%)			15 (6.3%)	1 (3.2%)	2 (3.6%)	4 (3.2%)

	T			On label				O	ff label		
ATC	1 m e 1	Any	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
Short-Acting Sul-	В										
fonamides	А										
Magnalidas	В	5 (0.1%)	1 (0.1%)	3 (0.1%)				1 (0.4%)			
Macrondes	А	5 (0.1%)		4 (0.1%)	1 (1.3%)						
Antibiotics	В										
Antibiotics	А	5 (0.1%)	2 (0.2%)	3 (0.1%)							
Non-Nucleoside	В										
tase Inhibitors	А										
Preparations Increas-	В	3 (0.1%)		3 (0.1%)							
tion	А	2 (0.0%)		2 (0.1%)							
Barbiturates And Derivatives	В	2 (0.0%)	1 (0.1%)	1 (0.0%)							
	А	1 (0.0%)		1 (0.0%)							
Hydantoin Deriva-	В	2 (0.0%)	1 (0.1%)	1 (0.0%)							
tives	А	1 (0.0%)		1 (0.0%)							
Succinimide Deriva-	В										
tives	А										
Piperidinedione	В										
Derivatives	А										
Commonly Dis-	В	2 144 (42.6%)	411 (44.2%)	1 479 (41.5%)	37 (48.1%)		2 (40.0%)	122 (51.3%)	16 (51.6%)	23 (41.1%)	54 (43.2%)
pensed Drugs	А	3 174 (63.1%)	893 (96.0%)	1 963 (55.1%)	38 (49.4%)	2 (100.0%)	5 (100.0%)	147 (61.8%)	17 (54.8%)	37 (66.1%)	72 (57.6%)
Proton Pump Inhibi-	В	489 (9.7%)	55 (5.9%)	381 (10.7%)	12 (15.6%)			29 (12.2%)	2 (6.5%)	4 (7.1%)	6 (4.8%)
tors	А	633 (12.6%)	73 (7.8%)	484 (13.6%)	9 (11.7%)			45 (18.9%)	2 (6.5%)	6 (10.7%)	14 (11.2%)
Osmotically Acting	В	162 (3.2%)	28 (3.0%)	114 (3.2%)	4 (5.2%)			12 (5.0%)		2 (3.6%)	2 (1.6%)
Laxatives	А	360 (7.2%)	137 (14.7%)	193 (5.4%)	4 (5.2%)		1 (20.0%)	8 (3.4%)	3 (9.7%)	5 (8.9%)	9 (7.2%)
Sulfonamidas Diain	В	484 (9.6%)	16 (1.7%)	391 (11.0%)	6 (7.8%)			45 (18.9%)	4 (12.9%)	3 (5.4%)	19 (15.2%)
	А	747 (14.9%)	17 (1.8%)	617 (17.3%)	14 (18.2%)		1 (20.0%)	61 (25.6%)	6 (19.4%)	4 (7.1%)	27 (21.6%)
Dihydropyridine	В	412 (8.2%)	81 (8.7%)	287 (8.1%)	5 (6.5%)			23 (9.7%)	1 (3.2%)	2 (3.6%)	13 (10.4%)
Derivatives	A	502 (10.0%)	43 (4.6%)	397 (11.1%)	12 (15.6%)		1 (20.0%)	25 (10.5%)		4 (7.1%)	20 (16.0%)

	T			On label				01	f label		
ATC	1 m e 1	Any	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
ACE Inhibitors,	В	459 (9.1%)	56 (6.0%)	351 (9.8%)	6 (7.8%)			30 (12.6%)	2 (6.5%)	2 (3.6%)	12 (9.6%)
Plain	А	613 (12.2%)	30 (3.2%)	507 (14.2%)	6 (7.8%)		1 (20.0%)	38 (16.0%)	4 (12.9%)	9 (16.1%)	18 (14.4%)
Angiotensin II	В	309 (6.1%)	37 (4.0%)	239 (6.7%)	3 (3.9%)			18 (7.6%)	2 (6.5%)	3 (5.4%)	7 (5.6%)
Antagonists, Plain	А	410 (8.2%)	40 (4.3%)	334 (9.4%)	3 (3.9%)			21 (8.8%)	1 (3.2%)	2 (3.6%)	9 (7.2%)
Natural Opium	В	362 (7.2%)	136 (14.6%)	190 (5.3%)	7 (9.1%)		1 (20.0%)	11 (4.6%)	2 (6.5%)	8 (14.3%)	7 (5.6%)
Alkaloids	А	1 087 (21.6%)	790 (84.9%)	230 (6.5%)	8 (10.4%)	2 (100.0%)	5 (100.0%)	21 (8.8%)	4 (12.9%)	19 (33.9%)	8 (6.4%)
Amilidaa	В	753 (15.0%)	237 (25.5%)	428 (12.0%)	13 (16.9%)		1 (20.0%)	38 (16.0%)	6 (19.4%)	10 (17.9%)	20 (16.0%)
Annues	А	1 524 (30.3%)	824 (88.6%)	585 (16.4%)	13 (16.9%)	2 (100.0%)	5 (100.0%)	42 (17.6%)	7 (22.6%)	24 (42.9%)	22 (17.6%)
Benzodiazepine	В	470 (9.3%)	80 (8.6%)	326 (9.1%)	14 (18.2%)			25 (10.5%)	3 (9.7%)	7 (12.5%)	15 (12.0%)
Related Drugs	А	634 (12.6%)	118 (12.7%)	456 (12.8%)	10 (13.0%)		1 (20.0%)	25 (10.5%)	5 (16.1%)	4 (7.1%)	15 (12.0%)
				Sub-Group With	Primary Care Dat	ta Available – Or	ly Hospital Dat	a			
Total		4 900 (100.0%)	930 (100.0%)	3 532 (100.0%)	70 (100.0%)	2 (100.0%)	4 (100.0%)	114 (100.0%)	27 (100.0%)	64 (100.0%)	157 (100.0%)
Antithrombotics	В	1 089 (22.2%)	65 (7.0%)	916 (25.9%)	18 (25.7%)			27 (23.7%)	6 (22.2%)	15 (23.4%)	42 (26.8%)
Anthinomootics	А	296 (6.0%)	57 (6.1%)	196 (5.5%)	4 (5.7%)		1 (25.0%)	10 (8.8%)	2 (7.4%)	8 (12.5%)	18 (11.5%)
Vitamin K Antago-	В	282 (5.8%)		255 (7.2%)	5 (7.1%)			12 (10.5%)	3 (11.1%)	2 (3.1%)	5 (3.2%)
nists	А	33 (0.7%)	5 (0.5%)	26 (0.7%)						1 (1.6%)	1 (0.6%)
Hengrin Group	В	152 (3.1%)	3 (0.3%)	123 (3.5%)	10 (14.3%)			6 (5.3%)	1 (3.7%)	4 (6.3%)	5 (3.2%)
Treparin Oroup	Α	48 (1.0%)	10 (1.1%)	30 (0.8%)	3 (4.3%)			1 (0.9%)	1 (3.7%)	1 (1.6%)	2 (1.3%)
Platelet Aggregation	В	642 (13.1%)	61 (6.6%)	525 (14.9%)	4 (5.7%)			8 (7.0%)	1 (3.7%)	11 (17.2%)	32 (20.4%)
Heparin	Α	217 (4.4%)	44 (4.7%)	139 (3.9%)	1 (1.4%)		1 (25.0%)	9 (7.9%)	1 (3.7%)	6 (9.4%)	16 (10.2%)
Enzymes	В										
Enzymes	А										
Direct Thrombin	В	47 (1.0%)	1 (0.1%)	42 (1.2%)	1 (1.4%)			1 (0.9%)	1 (3.7%)		1 (0.6%)
Inhibitors	А	10 (0.2%)		9 (0.3%)						1 (1.6%)	
Other Antithrombot-	В	2 (0.0%)		1 (0.0%)							1 (0.6%)
ic Agents	А										
Anti-Inflammatory And Antirheumatic	В	219 (4.5%)	117 (12.6%)	85 (2.4%)	2 (2.9%)	1 (50.0%)	1 (25.0%)	3 (2.6%)		5 (7.8%)	5 (3.2%)
Products	Α	155 (3.2%)	78 (8.4%)	71 (2.0%)	1 (1.4%)					1 (1.6%)	4 (2.5%)

T On label Off label											
ATC	1 m e 1	Any	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
Antiinflammatory	В	219 (4.5%)	117 (12.6%)	85 (2.4%)	2 (2.9%)	1 (50.0%)	1 (25.0%)	3 (2.6%)		5 (7.8%)	5 (3.2%)
Products, Non-	А	155 (3.2%)	78 (8.4%)	71 (2.0%)	1 (1.4%)					1 (1.6%)	4 (2.5%)
CYP3A4 And P-Gp	В	1 539 (31.4%)	132 (14.2%)	1 266 (35.8%)	19 (27.1%)			52 (45.6%)	8 (29.6%)	11 (17.2%)	51 (32.5%)
Inhibitors	А	2 253 (46.0%)	111 (11.9%)	1 935 (54.8%)	25 (35.7%)		1 (25.0%)	57 (50.0%)	9 (33.3%)	24 (37.5%)	91 (58.0%)
Antimycotics For	В	11 (0.2%)	1 (0.1%)	9 (0.3%)						1 (1.6%)	
Systemic Use	А	15 (0.3%)	2 (0.2%)	12 (0.3%)				1 (0.9%)			
Protease Inhibitors	В										
	A										
Selective Serotonin	В	258 (5.3%)	23 (2.5%)	197 (5.6%)	7 (10.0%)			13 (11.4%)	3 (11.1%)	3 (4.7%)	12 (7.6%)
Reuptake Inhibitors	A	289 (5.9%)	23 (2.5%)	228 (6.5%)	9 (12.9%)			7 (6.1%)	5 (18.5%)	3 (4.7%)	14 (8.9%)
Phenylalkylamine	В	18 (0.4%)		18 (0.5%)							
Derivatives	Α	25 (0.5%)		23 (0.7%)						1 (1.6%)	1 (0.6%)
Antiarrhythmics,	В	5 (0.1%)		5 (0.1%)							
Class Ia	Α	5 (0.1%)		5 (0.1%)							
Beta Blocking	В	1 115 (22.8%)	70 (7.5%)	960 (27.2%)	8 (11.4%)			34 (29.8%)	4 (14.8%)	6 (9.4%)	33 (21.0%)
Agents, Selective	А	1 789 (36.5%)	62 (6.7%)	1 591 (45.0%)	13 (18.6%)		1 (25.0%)	45 (39.5%)	5 (18.5%)	15 (23.4%)	57 (36.3%)
Benzothiazepine	В	7 (0.1%)	1 (0.1%)	6 (0.2%)							
Derivatives	А	9 (0.2%)	1 (0.1%)	8 (0.2%)							
HMG Coa Reductase	В	591 (12.1%)	70 (7.5%)	462 (13.1%)	6 (8.6%)			18 (15.8%)	3 (11.1%)	5 (7.8%)	27 (17.2%)
Inhibitors	А	850 (17.3%)	50 (5.4%)	705 (20.0%)	6 (8.6%)			20 (17.5%)	3 (11.1%)	12 (18.8%)	54 (34.4%)
Magnalidas	В	5 (0.1%)	1 (0.1%)	3 (0.1%)				1 (0.9%)			
Macrondes	А	5 (0.1%)		4 (0.1%)	1 (1.4%)						
Selective	В	6 (0.1%)	2 (0.2%)	4 (0.1%)							
Immunosuppressants	А	1 (0.0%)		1 (0.0%)							
CYP3A4 And P-Gp	В	194 (4.0%)	21 (2.3%)	154 (4.4%)	1 (1.4%)			6 (5.3%)	2 (7.4%)	3 (4.7%)	7 (4.5%)
Inducers	А	216 (4.4%)	17 (1.8%)	175 (5.0%)	4 (5.7%)			9 (7.9%)		3 (4.7%)	8 (5.1%)
Carboxamide Deriv-	В	26 (0.5%)	1 (0.1%)	23 (0.7%)					1 (3.7%)		1 (0.6%)
atives	Α	27 (0.6%)		25 (0.7%)				1 (0.9%)			1 (0.6%)

	T			On label	Off label						
ATC	1 m e 1	Any	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
Thiozolidinadionas	В	4 (0.1%)	1 (0.1%)	3 (0.1%)							
Thiazondinediones	А	3 (0.1%)		3 (0.1%)							
Chassertisside	В	154 (3.1%)	16 (1.7%)	122 (3.5%)	1 (1.4%)			5 (4.4%)	1 (3.7%)	3 (4.7%)	6 (3.8%)
Glucocorticolds	А	174 (3.6%)	15 (1.6%)	138 (3.9%)	3 (4.3%)			8 (7.0%)		3 (4.7%)	7 (4.5%)
Short-Acting Sul-	В										
fonamides	А										
Magnalidas	В	5 (0.1%)	1 (0.1%)	3 (0.1%)				1 (0.9%)			
Macrondes	А	5 (0.1%)		4 (0.1%)	1 (1.4%)						
A	В										
Antibiotics	А	5 (0.1%)	2 (0.2%)	3 (0.1%)							
Non-Nucleoside	В										
tase Inhibitors	А										
Preparations Increas-	В	3 (0.1%)		3 (0.1%)							
tion	А	2 (0.0%)		2 (0.1%)							
Barbiturates And	В	2 (0.0%)	1 (0.1%)	1 (0.0%)							
Derivatives	А	1 (0.0%)		1 (0.0%)							
Hydantoin Deriva-	В	2 (0.0%)	1 (0.1%)	1 (0.0%)							
tives	А	1 (0.0%)		1 (0.0%)							
Succinimide Deriva-	В										
tives	А										
Piperidinedione	В										
Derivatives	А										
Commonly Dis-	В	2 101 (42.9%)	411 (44.2%)	1 478 (41.8%)	32 (45.7%)		2 (50.0%)	66 (57.9%)	14 (51.9%)	29 (45.3%)	69 (43.9%)
pensed Drugs'	А	3 121 (63.7%)	893 (96.0%)	1 971 (55.8%)	33 (47.1%)	2 (100.0%)	4 (100.0%)	75 (65.8%)	14 (51.9%)	39 (60.9%)	90 (57.3%)
Proton Pump Inhibi-	В	479 (9.8%)	55 (5.9%)	377 (10.7%)	9 (12.9%)			20 (17.5%)	2 (7.4%)	6 (9.4%)	10 (6.4%)
tors	А	625 (12.8%)	73 (7.8%)	492 (13.9%)	7 (10.0%)			24 (21.1%)	2 (7.4%)	7 (10.9%)	20 (12.7%)
Osmotically Acting	В	160 (3.3%)	28 (3.0%)	116 (3.3%)	4 (5.7%)			6 (5.3%)		3 (4.7%)	3 (1.9%)
Laxatives	Α	358 (7.3%)	137 (14.7%)	192 (5.4%)	4 (5.7%)		1 (25.0%)	5 (4.4%)	1 (3.7%)	6 (9.4%)	12 (7.6%)

	T			On label				Of	ff label		
ATC	m e 1	Апу	THA/TKA	NVAF	DVT/PE	Age <18 years	Non- elective THA/TKA	AF*	VTE*	Other surgery	Other diagno- sis
Sulfanamidaa Dlain	В	476 (9.7%)	16 (1.7%)	402 (11.4%)	5 (7.1%)			23 (20.2%)	4 (14.8%)	4 (6.3%)	22 (14.0%)
Suitonannues, Plain	А	736 (15.0%)	17 (1.8%)	639 (18.1%)	11 (15.7%)			30 (26.3%)	5 (18.5%)	6 (9.4%)	28 (17.8%)
Dihydropyridine	В	393 (8.0%)	81 (8.7%)	277 (7.8%)	4 (5.7%)			12 (10.5%)	1 (3.7%)	4 (6.3%)	14 (8.9%)
Derivatives	А	485 (9.9%)	43 (4.6%)	391 (11.1%)	9 (12.9%)		1 (25.0%)	12 (10.5%)		5 (7.8%)	24 (15.3%)
ACE Inhibitors,	В	451 (9.2%)	56 (6.0%)	356 (10.1%)	5 (7.1%)			15 (13.2%)	2 (7.4%)	2 (3.1%)	15 (9.6%)
Plain	А	602 (12.3%)	30 (3.2%)	512 (14.5%)	4 (5.7%)		1 (25.0%)	19 (16.7%)	3 (11.1%)	9 (14.1%)	24 (15.3%)
Angiotensin II	В	301 (6.1%)	37 (4.0%)	235 (6.7%)	2 (2.9%)			11 (9.6%)	2 (7.4%)	5 (7.8%)	9 (5.7%)
Antagonists, Plain	А	402 (8.2%)	40 (4.3%)	333 (9.4%)	2 (2.9%)			12 (10.5%)	1 (3.7%)	2 (3.1%)	12 (7.6%)
Natural Opium	В	358 (7.3%)	136 (14.6%)	191 (5.4%)	7 (10.0%)		1 (25.0%)	8 (7.0%)	1 (3.7%)	9 (14.1%)	5 (3.2%)
Alkaloids	А	1 081 (22.1%)	790 (84.9%)	231 (6.5%)	8 (11.4%)	2 (100.0%)	4 (100.0%)	16 (14.0%)	3 (11.1%)	20 (31.3%)	7 (4.5%)
A '1' 1	В	741 (15.1%)	237 (25.5%)	434 (12.3%)	12 (17.1%)		1 (25.0%)	16 (14.0%)	6 (22.2%)	12 (18.8%)	23 (14.6%)
Anilides	А	1 509 (30.8%)	824 (88.6%)	591 (16.7%)	11 (15.7%)	2 (100.0%)	4 (100.0%)	21 (18.4%)	6 (22.2%)	26 (40.6%)	24 (15.3%)
Benzodiazepine	В	462 (9.4%)	80 (8.6%)	330 (9.3%)	11 (15.7%)			13 (11.4%)	2 (7.4%)	7 (10.9%)	19 (12.1%)
Related Drugs	А	621 (12.7%)	118 (12.7%)	449 (12.7%)	8 (11.4%)		1 (25.0%)	13 (11.4%)	3 (11.1%)	5 (7.8%)	24 (15.3%)

1: Time: B=within 30 days before apixaban index date, A=within 30 days after apixaban index date

*includes NVAF before November 20, 2012; includes DVT/PE before July 28, 2014

	Proxy for in	ndication		On label				0	ff label		
Co-morbidity	Any indication	Unclassified	THA/TKA	NVAF	DVT/PE	Age <18 years	Non-elective THA/TKA	VAF*	VTE*	Other surgery	Other diag- nosis
					All patients						
Total	16 562 (100.0%)	1 030	2 636 (100.0%)	12 151 (100.0%)	417 (100.0%)	2	10 (100.0%)	428 (100.0%)	108 (100.0%)	235 (100.0%)	575
Renal disease (Acute kidney	544 (3.28%)	11 (1.07%)	16 (0.61%)	441 (3.63%)	20 (4.80%)	/ I/W/ /W/ \		37 (8.64%)	8 (7.41%)	7 (2.98%)	15 (2.61%)
End stage renal disease	10 (0.06%)			7 (0.06%)				1 (0.23%)		2 (0.85%)	
Total renal disease	550 (3.32%)	11 (1.07%)	16 (0.61%)	444 (3.65%)	20 (4.80%)			38 (8.88%)	8 (7.41%)	9 (3.83%)	15 (2.61%)
Liver disorders	66 (0.40%)		9 (0.34%)	48 (0.40%)	2 (0.48%)			1 (0.23%)	3 (2.78%)		3 (0.52%)
Renal and/or liver disease	605 (3.65%)	11 (1.07%)	24 (0.91%)	483 (3.97%)	22 (5.28%)			38 (8.88%)	11 (10.19%)	9 (3.83%)	18 (3.13%)
Coagulation defects	186 (1.12%)	3 (0.29%)	5 (0.19%)	150 (1.23%)	19 (4.56%)			3 (0.70%)	2 (1.85%)	1 (0.43%)	6 (1.04%)
Intracranial haem- orrhage	130 (0.78%)	1 (0.10%)	1 (0.04%)	113 (0.93%)	4 (0.96%)			5 (1.17%)	2 (1.85%)		5 (0.87%)
Gastric, duodenal ulcer and peptic ulcer, site unspeci-	146 (0.88%)	2 (0.19%)	5 (0.19%)	121 (1.00%)	4 (0.96%)			7 (1.64%)		5 (2.13%)	4 (0.70%)
Acute and sub- acute bacterial endocarditis	30 (0.18%)	1 (0.10%)	1 (0.04%)	10 (0.08%)	3 (0.72%)			13 (3.04%)			3 (0.52%)
Esophageal vari- ces	6 (0.04%)		3 (0.11%)	1 (0.01%)				2 (0.47%)			
Thrombocytopenia	32 (0.19%)	1 (0.10%)	4 (0.15%)	22 (0.18%)	2 (0.48%)			1 (0.23%)	1 (0.93%)		2 (0.35%)
Recent brain or spinal surgery	129 (0.78%)		18 (0.68%)	93 (0.77%)	9 (2.16%)			4 (0.93%)	1 (0.93%)		4 (0.70%)

Table 1.7 Selected diagnoses and co-morbidity, number and proportions - within 1 year prior to index date

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	Proxy for i	ndication		On label				0	ff label		
Co-morbidity	Any indication	Unclassified	THA/TKA	NVAF	DVT/PE	Age <18 years	Non-elective THA/TKA	VAF*	VTE*	Other surgery	Other diag- nosis
				Subgroup with pr	imary care data :	available – all	data				
Total	5 029 (100.0%)	128 (100.0%)	930 (100.0%)	3 565 (100.0%)	77 (100.0%)	2	5 (100.0%)	238 (100.0%)	31 (100.0%)	56 (100.0%)	125
Renal disease (Acute kidney	186 (3.70%)	2 (1.56%)	7 (0.75%)	153 (4.29%)	5 (6.49%)			14 (5.88%)	3 (9.68%)	1 (1.79%)	3 (2.40%)
End stage renal disease	2 (0.04%)			2 (0.06%)							
Total renal disease	186 (3.70%)	2 (1.56%)	7 (0.75%)	153 (4.29%)	5 (6.49%)			14 (5.88%)	3 (9.68%)	1 (1.79%)	3 (2.40%)
Liver disorders	29 (0.58%)		5 (0.54%)	19 (0.53%)	1 (1.30%)			1 (0.42%)			3 (2.40%)
Renal and/or liver disease	211 (4.20%)	2 (1.56%)	12 (1.29%)	169 (4.74%)	6 (7.79%)			14 (5.88%)	3 (9.68%)	1 (1.79%)	6 (4.80%)
Coagulation defects	45 (0.89%)		3 (0.32%)	34 (0.95%)	8 (10.39%)						
Intracranial haem- orrhage	52 (1.03%)			45 (1.26%)	2 (2.60%)			4 (1.68%)	1 (3.23%)		
Gastric, duodenal ulcer and peptic ulcer, site unspeci-	52 (1.03%)	1 (0.78%)	1 (0.11%)	41 (1.15%)	2 (2.60%)			6 (2.52%)			2 (1.60%)
Acute and sub- acute bacterial endocarditis	22 (0.44%)		2 (0.22%)	2 (0.06%)	3 (3.90%)			15 (6.30%)			
Esophageal vari- ces	2 (0.04%)		1 (0.11%)	1 (0.03%)							
Thrombocytopenia	9 (0.18%)		2 (0.22%)	4 (0.11%)	1 (1.30%)			2 (0.84%)			
Recent brain or spinal surgery	38 (0.76%)		5 (0.54%)	29 (0.81%)	2 (2.60%)			2 (0.84%)			
			Sul	ogroup with primary	y care data availa	ble – only hos	spital data				
Total	4 900 (100.0%)	257 (100.0%)	930 (100.0%)	3 532 (100.0%)	70 (100.0%)	2	4 (100.0%)	114 (100.0%)	27 (100.0%)	64 (100.0%)	157
Renal disease (Acute kidney	120 (2.45%)	2 (0.78%)	5 (0.54%)	103 (2.92%)	3 (4.29%)			6 (5.26%)	2 (7.41%)	1 (1.56%)	

	Proxy for i	ndication		On label				0	ff label		
Co-morbidity	Any indication	Unclassified	THA/TKA	NVAF	DVT/PE	Age <18 years	Non-elective THA/TKA	VAF*	VTE*	Other surgery	Other diag- nosis
End stage renal disease	2 (0.04%)			2 (0.06%)							
Total renal disease	121 (2.47%)	2 (0.78%)	5 (0.54%)	104 (2.94%)	3 (4.29%)			6 (5.26%)	2 (7.41%)	1 (1.56%)	
Liver disorders	23 (0.47%)		3 (0.32%)	17 (0.48%)				1 (0.88%)			2 (1.27%)
Renal and/or liver disease	140 (2.86%)	2 (0.78%)	8 (0.86%)	118 (3.34%)	3 (4.29%)			6 (5.26%)	2 (7.41%)	1 (1.56%)	2 (1.27%)
Coagulation defects	41 (0.84%)		3 (0.32%)	32 (0.91%)	5 (7.14%)						1 (0.64%)
Intracranial haem- orrhage	45 (0.92%)			40 (1.13%)	1 (1.43%)			3 (2.63%)	1 (3.70%)		
Gastric, duodenal ulcer and peptic ulcer, site unspeci- fied	46 (0.94%)	1 (0.39%)		37 (1.05%)	2 (2.86%)			3 (2.63%)		2 (3.13%)	2 (1.27%)
Acute and sub- acute bacterial endocarditis	8 (0.16%)		1 (0.11%)	3 (0.08%)	1 (1.43%)			3 (2.63%)			
Esophageal vari- ces	1 (0.02%)		1 (0.11%)								
Thrombocytopenia	6 (0.12%)		2 (0.22%)	2 (0.06%)	1 (1.43%)			1 (0.88%)			
Recent brain or spinal surgery	38 (0.78%)		5 (0.54%)	28 (0.79%)	2 (2.86%)			2 (1.75%)			1 (0.64%)

*includes NVAF before November 20, 2012; includes DVT/PE before July 28, 2014

A1	All		Warfarin switcher	
111	L	yes	no	total
	yes	184 (14%)	1 174 (86%)	1 358 (8%)
Off-label indication	no	2 440 (16%)	12 764 (84%)	15 204 (86%)
	unclassified	85 (8%)	945 (92%)	1 030 (6%)
	total	2 709 (15%)	14 883 (85%)	17 592 (100%)
Primary care	e – all data			
i innui y cuit	unduu	yes	no	total
	yes	82 (18%)	375 (82%)	457 (9%)
Off-label indication	no	713 (16%)	3 859 (84%)	4 572 (89%)
	unclassified	8 (6%)	120 (94%)	128 (2%)
	total	803 (16%)	4 354 (84%)	5 157 (100%)
Primary care – on	ly hospital data		Warfarin switcher	
Timary cure on	ny nospital data	yes	no	total
	yes	65 (18%)	303 (82%)	368 (7%)
Off-label indication	no	706 (16%)	3 826 (84%)	4 532 (88%)
	unclassified	32 (12%)	225 (88%)	257 (5%)
	total	803 (16%)	4 354 (84%)	5 157 (100%)

Table 1.8 Number and proportions of patients with likely off-label indication and/or warfarin switchers

Table 1.9 Estimated proportions of users with 95% confidence interval

Year	Subgroup	Binary classification	Indication	Frequency	Proportion	95% exact confidence interval
2012	All users		Any	3	100.0	29.2 - 100.0
		2 classes, any/none	None	0	0.000	
			On-label	0	0.000	
		3 classes	Off-label	3	100.0	29.2 - 100.0
			Unclassified	0	0.000	
			On-label	0	0.000	
		2 classes with unclassified as off-label	Off-label	3	100.0	29.2 - 100.0
			On-label	0	0.000	
		2 classes excluding unclassified	Off-label	3	100.0	29.2 - 100.0
	Primary care –		Any			
	all data	2 classes, any/none	None			
			On-label			
		3 classes	Off-label			
			Unclassified			
		2 alagaan with upplagaified as off label	On-label			
		2 classes with unclassified as off-laber	Off-label			
		2 -1	On-label			
		2 classes excluding unclassified	Off-label			
	Primary care –	2 alagaag any/nama	Any			
	nospital data	2 classes, any/none	None			
		3 classes	On-label			

Year	Subgroup	Binary classification	Indication	Frequency	Proportion	95% exact confidence interval
			Off-label			
			Unclassified			
			On-label			
		2 classes with unclassified as off-label	Off-label			
			On-label			
		2 classes excluding unclassified	Off-label			
2013	All users		Any	1 944	93.8	92.6 - 94.8
		2 classes, any/none	None	129	6.22	5.22 - 7.35
			On-label	1 768	85.3	83.7 - 86.8
		3 classes	Off-label	176	8.49	7.33 - 9.77
			Unclassified	129	6.22	5.22 - 7.35
			On-label	1 768	85.3	83.7 - 86.8
		2 classes with unclassified as off-label	Off-label	305	14.7	13.2 - 16.3
			On-label	1 768	90.9	89.6 - 92.2
		2 classes excluding unclassified	Off-label	176	9.05	7.81 - 10.4
	Primary care –		Any	548	97.0	95.2 - 98.2
	all data	2 classes, any/none	None	17	3.01	1.76 - 4.77
			On-label	483	85.5	82.3 - 88.3
		3 classes	Off-label	65	11.5	8.99 - 14.4
			Unclassified	17	3.01	1.76 - 4.77
			On-label	483	85.5	82.3 - 88.3
		2 classes with unclassified as off-label	Off-label	82	14.5	11.7 - 17.7
			On-label	483	88.1	85.1 - 90.7
		2 classes excluding unclassified	Off-label	65	11.9	9.27 - 14.9
	Primary care –		Any	537	95.0	92.9 - 96.7
	hospital data	2 classes, any/none	None	28	4.96	3.32 - 7.08
			On-label	488	86.4	83.3 - 89.1
		3 classes	Off-label	49	8.67	6.48 - 11.3
			Unclassified	28	4.96	3.32 - 7.08
			On-label	488	86.4	83.3 - 89.1
		2 classes with unclassified as off-label	Off-label	77	13.6	10.9 - 16.7
			On-label	488	90.9	88.1 - 93.2
		2 classes excluding unclassified	Off-label	49	9.12	6.83 - 11.9
2014	All users		Any	14615	94.2	93.8 - 94.6
		2 classes, any/none	None	901	5.81	5.44 - 6.19
			On-label	13436	86.6	86.0 - 87.1
		3 classes	Off-label	1 179	7.60	7.19 - 8.03
			Unclassified	901	5.81	5.44 - 6.19
			On-label	13436	86.6	86.0 - 87.1
		2 classes with unclassified as off-label	Off-label	2 080	13.4	12.9 - 14.0
			On-label	13436	91.9	91.5 - 92.4
		2 classes excluding unclassified	Off-label	1 179	8.07	7.63 - 8.52
	Primary care –	2 classes, any/none	Any	4 481	97.6	97.1 - 98.0

Year	Subgroup	Binary classification	Indication	Frequency	Proportion	95% exact confidence interval
	all data		None	111	2.42	1.99 - 2.90
			On-label	4 089	89.0	88.1 - 89.9
		3 classes	Off-label	392	8.54	7.74 - 9.38
			Unclassified	111	2.42	1.99 - 2.90
			On-label	4 089	89.0	88.1 - 89.9
		2 classes with unclassified as off-label	Off-label	503	11.0	10.1 - 11.9
			On-label	4 089	91.3	90.4 - 92.1
		2 classes excluding unclassified	Off-label	392	8.75	7.94 - 9.61
	Primary care –		Any	4 363	95.0	94.3 - 95.6
	hospital data	2 classes, any/none	None	229	4.99	4.38 - 5.66
			On-label	4 044	88.1	87.1 - 89.0
		3 classes	Off-label	319	6.95	6.23 - 7.72
			Unclassified	229	4.99	4.38 - 5.66
			On-label	4 044	88.1	87.1 - 89.0
		2 classes with unclassified as off-label	Off-label	548	11.9	11.0 - 12.9
			On-label	4 044	92.7	91.9 - 93.4
		2 classes excluding unclassified	Off-label	319	7.31	6.56 - 8.12
2012-	All users		Any	16562	94.1	93.8 - 94.5
2014		2 classes, any/none	None	1 030	5.85	5.51 - 6.21
			On-label	15204	86.4	85.9 - 86.9
		3 classes	Off-label	1 358	7.72	7.33 - 8.12
			Unclassified	1 030	5.85	5.51 - 6.21
			On-label	15204	86.4	85.9 - 86.9
		2 classes with unclassified as off-label	Off-label	2 388	13.6	13.1 - 14.1
			On-label	15204	91.8	91.4 - 92.2
		2 classes excluding unclassified	Off-label	1 358	8.20	7.79 - 8.63
	Primary care –		Any	5 029	97.5	97.1 - 97.9
	all data	2 classes, any/none	None	128	2.48	2.07 - 2.94
			On-label	4 572	88.7	87.8 - 89.5
		3 classes	Off-label	457	8.86	8.10 - 9.67
			Unclassified	128	2.48	2.07 - 2.94
			On-label	4 572	88.7	87.8 - 89.5
		2 classes with unclassified as off-label	Off-label	585	11.3	10.5 - 12.2
			On-label	4 572	90.9	90.1 - 91.7
		2 classes excluding unclassified	Off-label	457	9.09	8.31 - 9.92
	Primary care –		Any	4 900	95.0	94.4 - 95.6
	nospital data	∠ classes, any/none	None	257	4.98	4.41 - 5.61
			On-label	4 532	87.9	87.0 - 88.8
		3 classes		368	7.14	6.45 - 7.87
			Unclassified	257	4.98	4.41 - 5.61
			On-label	4 532	87.9	87.0 - 88.8
		2 classes with unclassified as off-label	Off-label	625	12.1	11.2 - 13.0
		2 classes excluding unclassified	On-label	4 532	92.5	91.7 - 93.2

Year	Subgroup	Binary classification	Indication	Frequency	Proportion	95% exact confidence interval
			Off-label	368	7.51	6.79 - 8.28



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Figure 1.3 Distribution of on-, off-label and unclassified Apixaban users by gender and age



Figure 1.4. Apixaban use accumulated by time



Figure 1.5 Outpatient dispensing of Apixaban in 2012- December 2014 by month and on-label, off-label and unclassified indications

APPENDIX 2: DATA DERIVATION DETAILS

A1 Definition of Primary Endpoints: THA/TKA indication (NOMESCO classification of surgical procedures)

A1.1 Definition of Endpoints: On Label Knee / Hip Replacement Codes		
Category	Specific Description	Code
NFB: Primary prosthetic	Primary partial prosthetic replacement of hip joint not using cement	NFB 0y
replacement of hip joint	Primary partial prosthetic replacement of hip joint using cement	NFB 1y
	Primary total prosthetic replacement of hip joint not using cement	NFB 20
Includes: Primary replace-	Primary total prosthetic replacement of hip joint using hybrid tech-	NFB 30
ment after previous fracture	nique	
treatment or other opera-	Primary total prosthetic replacement of hip joint using cement	NFB 40
tion on joint	Primary prosthetic interposition arthroplasty of hip joint	NFB 59
	Other primary prosthetic replacement of hip joint	NFB 99
NFC: Secondary pros-	Secondary implantation of partial prosthesis in hip joint not using	NFC 0y
thetic replacement of hip	cement Excludes: Of component of total prosthesis	-
joint		
Second or later implanta-		
tion of prosthesis or part of		
prosthesis		
proventions	Secondary implantation of partial prosthesis in hip joint using cement	NFC 1v
	~·····································	
	Freludes: Of component of total prosthesis	
	Secondary implantation of total prosthesis in hin joint not using cement	NEC 2 _M
	Secondary implantation of total prostices in mp joint not using cement	NIC 2y
	Levels deep Of commence of total and other in	
	Includes: Of component of total prostnesss	NEC 2
	secondary implantation of total prostnesss in hip joint using hybrid	NFC 3y
	Component of total prostnesis	NEC 4-
	Secondary implantation of total prostnesis in hip joint using cement	NFC 4y
	Other accordance in the second and t	NFC 39
NCD Determine the disc	Driver secondary prostnetic replacement in hip joint	NFC 99
NGB: Primary prostnetic	Primary partial prostnetic replacement of knee joint not using cement	NGB Uy
replacement of knee joint		
Includes: Primary replace-		
ment after previous fracture		
treatment or other opera-		
tion on joint		NCD 1
	Primary partial prosthetic replacement of knee joint using cement	NGB ly
	Primary total prostnetic replacement of knee joint not using cement	NGB 20
	rimary total prostnetic replacement of knee joint using hybrid tech-	NGR 30
	nique Deine met a table and the second of the second secon	NCD 40
	Primary total prostnetic replacement of knee joint using cement	NGB 40
	Primary prosthetic interposition arthroplasty of knee joint	NGB 59
NCCC	Other primary prosthetic replacement of knee joint	NGB 99
NGC Secondary pros-	Secondary implantation of partial prosthesis in knee joint not using	NGC 0y
thetic replacement of	cement Excludes: Of component of total prosthesis	NCC 1
knee joint	Secondary implantation of partial prosthesis in knee joint using cement	NGC IY
Second or later implanta-	Excludes: Of component of total prosthesis	
tion of prosthesis or part of	Secondary implantation of total prosthesis in knee joint not using ce-	NGC 2y

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A1.1 Definition of Endpoints: On Label Knee / Hip Replacement Codes		
Category	Specific Description	Code
prosthesis	ment Includes: Of component of total prosthesis	
	Secondary implantation of total prosthesis in knee joint using hybrid	NGC 3y
	technique Includes: Of component of total prosthesis	
	Secondary implantation of total prosthesis in knee joint using cement	NGC 4y
	Secondary implantation of interposition prosthesis in knee joint	NGC 59
	Other secondary prosthetic replacement in knee joint	NGC 99

A1.2 Definition of Endpoints: ICD-10 for the Exclusions for On-Label THA/TKA		
Category	Specific Description	Code
Fracture of lower leg,	Fracture of patella	S82.0
including ankle (whole	Fracture of upper end of tibia	S82.1
S82)	Fracture of shaft of tibia	S82.2
	Fracture of lower end of tibia	S82.3
	Fracture of fibula alone	S82.4
	Fracture of medial malleolus	S82.5
	Fracture of lateral malleolus	S82.6
	Multiple fractures of lower leg	S82.7
	Fractures of other parts of lower leg	S82.8
	Fracture of lower leg, part unspecified	S82.9
	Postmenopausal osteoporosis with pathological fracture, G=knee	M80.0G
	Stress fracture, not elsewhere classified, G=knee	M84.3G
	Fracture of bone in neoplastic disease, G=knee	M90.7G
Fracture of femur (whole	Fracture of neck of femur	S72.0
S72)	Pertrochanteric fracture	S72.1
	Subtrochanteric fracture	S72.2
	Fracture of shaft of femur	S72.3
	Fracture of lower end of femur	S72.4
	Multiple fractures of femur	S72.7
	Fractures of other parts of femur	S72.8
	Fracture of femur, part unspecified	S72.9
	Postmenopausal osteoporosis with pathological fracture, F=hip	M80.0F
	Stress fracture, not elsewhere classified, F=hip	M84.3F
	Fracture of bone in neoplastic disease, F=hip	M90.7F

A2 Definition of Primary Endpoints: NVAF Indication

A2.1 Definition of Endpoints: ICD-10 Codes for On-Label Use			
Atrial Fibrillation and flutter	Atrial Fibrillation and flutter (no subcodes)	I48	
(no subcodes)			

A2.2 Definition of Endpoints: ICD-10 for the Exclusions for On-Label NVAF		
Category	Specific Description	Code
Rheumatic mitral valve dis-	Rheumatic mitral stenosis	105.0
eases (I05 excluding I05.1)	Rheumatic mitral stenosis with insufficiency	105.2
	Other rheumatic mitral valve diseases	105.8
	Rheumatic mitral valve disease, unspecified	105.9

A2.2 Definition of Endpoints: ICD-10 for the Exclusions for On-Label NVAF			
Category	Specific Description	Code	
Multiple valve diseases (I08	Rheumatic disorders of both mitral and aortic valves	I08.0	
excluding I08.2)	Rheumatic disorders of both mitral and tricuspid valves	I08.1	
	Combined rheumatic disorders of mitral, aortic and tricuspid	I08.3	
	valves		
	Other rheumatic multiple valve diseases	I08.8	
	Rheumatic multiple valve disease, unspecified	I08.9	
Other rheumatic heart diseases	Rheumatic diseases of endocardium, valve unspecified	I09.1	
(I09 excluding I09.0 and	Other specified rheumatic heart disease	I09.8	
I09.2)	Rheumatic heart disease, unspecified	I09.9	
Non-rheumatic mitral valve	Non-rheumatic mitral (valve) stenosis	I34.2	
disorders (I34 excluding I34.0	Other non-rheumatic mitral valve disorders	I34.8	
and I34.1)	Non-rheumatic mitral valve disorder, unspecified	I34.9	
Endocarditis, valve unspeci-	Endocarditis, valve unspecified	I38	
fied			
Endocarditis and heart valve	Mitral valve disorders in diseases classified elsewhere	I39.0	
disorders in diseases classified	Multiple valve disorders in diseases classified elsewhere	I39.4	
elsewhere (I39 excluding	Endocarditis, valve unspecified, in diseases classified else-	139.8	
I39.1, I39.2 and I39.3)	where		
Prosthetic replacement of	Replacement of tricuspid valve using mechanical prosthesis	FGE 00	
tricuspid valve	Other prosthetic replacement of tricuspid valve	FGE 96	
Repair of mitral valve for	Other repair of mitral valve for stenosis	FKA 96	
stenosis			
Prosthetic replacement of	Replacement of mitral valve using mechanical prosthesis	FKD 00	
mitral valve	Other replacement of mitral valve	FKD 96	
Prosthetic replacement of	Replacement of pulmonary valve using mechanical prosthesis	FJF 00	
pulmonary valve	Other replacement of pulmonary valve	FJF 96	
Prosthetic replacement of	Replacement of aortic valve using mechanical prosthesis	FMD 00	
aortic valve	Other prosthetic replacement of aortic valve	FMD 96	
Mechanical complication of	Mechanical complication of heart valve prosthesis	T82.0	
heart valve prosthesis	Breakdown (mechanical) of heart valve prosthesis	T82.01	
	Displacement of heart valve prosthesis	T82.02	
	Leakage of heart valve prosthesis	T82.03	
	Othe r mechanical complication of heart valve prosthesis	T82.09	
T82.5	Breakdown (mechanical) of artificial heart	T82.512	
	Breakdown (mechanical) of other cardiac and vascular devices	T82.518	
	and implants		
	Breakdown (mechanical) of unspecified cardiac and vascular	T82.519	
Machanical complication of	devices and implants		
other cardiac and vascular	Displacement of other cardiac and vascular devices and im-	T82.52	
devices and implants	plants		
devices and implants	unspecified complication of cardiac and vascular prosthetic	T82.520	
	device, implant and graft		
	Displacement of artificial heart	T82.522	
	Displacement of other cardiac and vascular devices and im-	T82.528	
	plants		
	Displacement of unspecified cardiac and vascular devices and	T82.529	
	implants		
	Leakage of other cardiac and vascular devices and implants	T82.53	
	Leakage of artificial heart	T82.532	
	Leakage of other cardiac and vascular devices and implants	T82.538	

A2.2 Definition of Endpoints: ICD-10 for the Exclusions for On-Label NVAF			
Category	Specific Description	Code	
	Leakage of unspecified cardiac and vascular devices and im-	T82.539	
	plants		
	Other mechanical complication of other cardiac and vascular	T82.59	
	devices and implants		
	Other mechanical complication of artificial heart	T82.592	
	Other mechanical complication of other cardiac and vascular	T82.598	
	devices and implants		
	Other mechanical complication of unspecified cardiac and	T82.599	
	vascular devices and implants		
Infection and inflammatory	Infection and inflammatory reaction due to cardiac valve pros-	T82.6	
reaction due to cardiac valve	thesis		
prosthesis			
Infection and inflammatory	Infection and inflammatory reaction due to other cardiac and	T82.7	
reaction due to other cardiac	vascular devices, implants and grafts		
and vascular devices, implants			
and grafts			
T82.8 Other specified compli-	Other specified complications of cardiac and vascular pros-	T82.8	
cations of cardiac and vascular	thetic devices, implants and grafts		
prosthetic devices, implants	Embolism of cardiac and vascular prosthetic devices, implants	T82.81	
and grafts	and grafts		
	Embolism of cardiac prosthetic devices, implants and grafts	T82.817	
	Fibrosis of cardiac and vascular prosthetic devices, implants	T82.82	
	and grafts		
	Fibrosis of cardiac prosthetic devices, implants and grafts	T82.827	
	Haemorrhage of cardiac and vascular prosthetic devices, im-	T82.83	
	plants and grafts		
	Haemorrhage of cardiac prosthetic devices, implants and grafts	T82.837	
	Pain from cardiac and vascular prosthetic devices, implants and	T82.84	
	grafts		
	Pain from cardiac prosthetic devices, implants and grafts	T82.847	
	Stenosis of cardiac and vascular prosthetic devices, implants	T82.85	
	and grafts		
	Stenosis of cardiac prosthetic devices, implants and grafts	T82.857	
	Thrombosis of cardiac and vascular prosthetic devices, im-	T82.86	
	plants and grafts		
	Thrombosis of cardiac prosthetic devices, implants and grafts	T82.867	
	Other specified complication of cardiac and vascular prosthetic	T82.89	
	devices, implants and grafts		
	Other specified complication of cardiac prosthetic devices,	Т82.897	
	implants and grafts		
	Unspecified complication of cardiac and vascular prosthetic	T82.9	
	device, implant and graft		
Presence of cardiac and vascu-	Presence of prosthetic heart valve	Z95.2	
lar implants and grafts	Presence of other heart-valve replacement	Z95.4	
	Presence of other cardiac and vascular implants and grafts	Z95.8	
	Presence of other cardiac implants and grafts	Z95.81	
	Presence of heart assist device	Z95.811	
	Presence of fully implantable artificial heart	Z95.812	
	Presence of other cardiac implants and grafts	Z95.818	
	Presence of cardiac and vascular implant and graft, unspecified	Z95.9	
Congenital malformations of	Congenital mitral stenosis	Q23.2	

A2.2 Definition of Endpoints: ICD-10 for the Exclusions for On-Label NVAF		
Category	Specific Description	Code
aortic and mitral valves	Other congenital malformations of aortic and mitral valves	Q23.8
	Congenital malformation of aortic and mitral valves, unspeci-	Q23.9
	fied	
Other congenital malforma-	Other specified congenital malformations of heart	Q24.8
tions of heart	Congenital malformation of heart, unspecified	Q24.9

A3 Definition of Primary Endpoints: DVT/PE Indication

A3.1 Definition of Primary Endpoints: ICD-10 Codes for On-Label DVT/PE		
Category	Specific Description	Code
Phlebitis and thrombophlebi-	Phlebitis and thrombophlebitis of femoral vein	I80.1
tis	Phlebitis and thrombophlebitis of other deep vessels of lower	
	extremities	I80.2
	Phlebitis and thrombophlebitis of lower extremities, unspecified	I80.3
Deep Venous Thrombosis	Embolism and thrombosis of vena cava	I82.2
	Embolism and thrombosis of other specified veins	I82.8
	Embolism and thrombosis of unspecified vein	I82.9
Pulmonary embolism	Pulmonary embolism with mention of acute cor pulmonale	I26.0
	Pulmonary embolism without mention of acute cor pulmonale	I26.9

A3.2 Definition of Primary Endpoints: ICD-10 Codes for Off-Label DVT/PE		
Category	Specific Description	Code
Other cerebrovascular disease	Nonpyogenic thrombosis of intracranial venous system	I67.6
	Cerebral arteritis, not elsewhere classified	I67.7
Phlebitis and thrombophlebitis	Phlebitis and thrombophlebitis of superficial vessels of lower	
	extremities	I80.0
	Phlebitis and thrombophlebitis of other sites	I80.8
	Phlebitis and thrombophlebitis of unspecified site	I80.9
Portal vein thrombosis	Portal vein thrombosis	I81
Other venous embolism and	Budd-Chiari syndrome	I82.0
thrombosis	Thrombophlebitis migrans	I82.1
	Embolism and thrombosis of renal vein	I82.3
	Cerebral venous thrombosis in pregnancy	O22.5
	Perianal venous thrombosis	K64.5
	Thrombosis of superficial vein of penis	N48.81
	Obstetric thromboembolism	O882
	Personal history of pulmonary embolism	Z867A
	Personal history of deep venous thrombosis	Z867B

A4 Definition of Primary Endpoints: Off-Label Indication

A4.1 Off-Label Surgeries		
Surgery Category	NCSP Chapter	
Nervous system	А	
Endocrine system	В	

A4.1 Off-Label Surgeries		
Surgery Category	NCSP Chapter	
Eye and adjacent structures	С	
Ear, nose and larynx	D	
Teeth, jaws, mouth and pharynx	E	
Heart and major thoracic vessels	F	
Chest wall, pleura, mediastinum, diaphragm, trachea, bronchus and lung	G	
Mammary gland	Н	
Digestive system and spleen	J	
Urinary system, male genital organs and retroperitoneal space	K	
Female genital organs	L	
Obstetric procedures	М	
Musculoskeletal system	N	
Peripheral vessels and lymphatic system	Р	
Skin	Q	
Minor surgical procedures	Т	
Transluminal endoscopy	U	
Investigative procedures connected with surgery	X	

A4.2 Definition o	f Primary Endpoints: ICD-10 Codes for Other Diagnoses	
Category	Specific Description	Code
ischaemic heart	Dressler's syndrome	I24.1
diseases	Other forms of acute ischaemic heart disease	I24.8
	Acute ischaemic heart disease, unspecified	I24.9
Chronic ischae-	Atherosclerotic cardiovascular disease, so described	I25.0
mic heart dis-	Atherosclerotic heart disease	I25.1
ease	Old myocardial infarction	I25.2
	Aneurysm of heart	I25.3
	Coronary artery aneurysm	I25.4
	Ischaemic cardiomyopathy	I25.5
	Silent myocardial ischaemia	I25.6
	Other forms of chronic ischaemic heart disease	I25.8
	Chronic ischaemic heart disease, unspecified	I25.9
Cerebral infarc-	Cerebral infarction due to thrombosis of precerebral arteries	I63.0
tion	Cerebral infarction due to embolism of precerebral arteries	I63.1
	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	I63.2
	Cerebral infarction due to thrombosis of cerebral arteries	I63.3
	Cerebral infarction due to embolism of cerebral arteries	I63.4
	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	I63.5
	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic	I63.6
	Other cerebral infarction	I63.8
	Cerebral infarction, unspecified	I63.9
Stroke, not	No subclass	I64
specified as		
haemorrhage or		
infarction		
Arterial embo-	Embolism and thrombosis of abdominal aorta	I74.0
lism and throm-	Embolism and thrombosis of other and unspecified parts of aorta	I74.1
bosis	Embolism and thrombosis of arteries of upper extremities	I74.2
	Embolism and thrombosis of arteries of lower extremities	I74.3
	Embolism and thrombosis of arteries of extremities, unspecified	I74.4
	Embolism and thrombosis of iliac artery	I74.5
	Embolism and thrombosis of other arteries	I74.8
	Embolism and thrombosis of unspecified artery	I74.9

A5 Definition of Covariates: ATC Codes for Co-Prescribed Medications		
Category	Specific Description	Code
Vitamin K antagonists	Dicoumarol	B01AA01
	Phenindione	B01AA02
	Warfarin	B01AA03
	Phenprocoumon	B01AA04
	Acenocoumarol	B01AA07
	Ethyl biscoumacetate	B01AA08
	Clorindione	B01AA09
	Diphenadione	B01AA10
	Tioclomarol	B01AA11
	Fluindione	B01AA12
Heparin group	Heparin	B01AB01
	Antithrombin III	B01AB02
	Dalteparin	B01AB04

	Enoxaparin	B01AB05
	Nadroparin	B01AB06
	Parnaparin	B01AB07
	Reviparin	B01AB08
	Danaparoid	B01AB09
	Tinzaparin	B01AB10
	Sulodexide	B01AB11
	Bemiparin	B01AB12
	Heparin, combinations	B01AB51
Platelet aggregation inhibitors excluding	Ditazole	B01AC01
heparin	Cloricromen	B01AC02
	Picotamide	B01AC03
	Clopidogrel	B01AC04
	Ticlopidine	B01AC05
	Acetylsalicylic acid	B01AC06
	Dipyridamole	B01AC07
	Carbasalate calcium	B01AC08
	Epoprostenol	B01AC09
	Indobufen	B01AC10
	Iloprost	B01AC11
	Abciximab	B01AC13
	Aloxiprin	B01AC15
	Entifibatide	B01AC16
	Tirofiban	B01AC17
	Triflusal	B01AC18
	Beraprost	B01AC19
	Treprostinil	B01AC21
	Prasugrel	B01AC22
	Cilostazol	B01AC23
	Ticagrelor	B01AC24
	Combinations	B01AC30
	A cetylsalicylic acid and esomenrazole	B01AC56
Enzymes	Streptokinase	B01AD01
Linzymes		B01AD02
	Anistroplase	B01AD02
		B01AD03
	Libringlygin	D01AD04
	Princes	B01AD05
	Brinase	B01AD06
	Semulase	B01AD07
	Sarupiase	BUIAD08
	Ancrod	B01AD09
	Drotrecogin alfa (activated)	B01AD10
	Tenecteplase	BOIADII
	Protein C	B01AD12
Direct thrombin inhibitors	Desirudin	B01AE01
	Lepirudin	B01AE02
	Argatroban	B01AE03
	Melagatran	B01AE04
	Ximelagatran	B01AE05
	Bivalirudin	B01AE06
	Dabigatran etexilate	B01AE07
Other antithrombotic agents	Defibrotide	B01AX01

	Dermatan sulfate	B01AX04
	Fondaparinux	B01AX05
	Rivaroxaban	B01AX06
Anti-inflammatory and antirheumatic	All products under M01A	M01A
products, nonsteroids		
CYP3A4 and P-gp inhibitors	Antimycotics for systemic use	J02A
	Protease inhibitors	J05AE
	Selective serotonin reuptake inhibitors	N06AB
	Verapamil	C08DA
	Quinidine	C01BA
	Talinolol	C07AB
	Diltiazem	C08DB
	Atorvastatin	C10AA
	Erythromycine + Clarithromycine	J01FA
	Cyclosporin	L04AA
CYP3A4 and P-gp inducers	Carbamazepine	N03AF
	Troglitazone	A10BG
	Dexamethasone	H02AB
	Sulfadimidine	J01EB
	Troleandomycin	J01FA
	Rifampicin + Rifabutin	J04AB
	Nevirapine	J05AG
	Sulfinpyrazone	M04AB
	Phenobarbital + Primidone	N03AA
	Phenytoin	N03AB
	Ethosuximide	N03AD
	Glutethimide	N05CE
Commonly prescribed drugs	Proton pump inhibitors	A02BC
	Osmotically acting laxatives	A06AD
	Sulfonamides, plain	C03CA
	Dihydropyridine derivatives	C08CA
	ACE inhibitors, plain	C09AA
	Angiotensin II antagonists, plain	C09CA
	Natural opium alkaloids	N02AA
	Anilides	N02BF
	Benzodiazenine related drugs	NOSCE
	Denzoulazepille related drugs	NUJUF

A6.1 Definition of Comorbidities (ICD 10 codes)		
Category	Specific Description	Code
Renal disease	Acute kidney failure	N17
	Chronic kidney disease	N18
	Unspecified kidney failure	N19
Liver disorder	Alcoholic liver disease	K70
	Toxic liver disease	K71
	Hepatic failure, not elsewhere classified	K72
	Chronic hepatitis, not elsewhere classified	K73
	Fibrosis and cirrhosis of liver	K74
	Other inflammatory liver diseases	K75
	Other diseases of liver	K76
	Liver disorders in diseases classified elsewhere	K77

A6.1 Definition of Comorbidities (ICD 10 codes)		
Category	Specific Description	Code
	Hepatomegaly, not elsewhere classified	R16.0
	Hepatomegaly with splenomegaly, not elsewhere classi-	R16.2
	fied	
Coagulation defects	Disseminated intravascular coagulation [defibrination	D65
	syndrome]	
	Hereditary factor VIII deficiency	D66
	Hereditary factor IX deficienc	D67
	Other coagulation defects	D68
Intracranial haemorrhage	Nontraumatic subarachnoid hemorrhage	I60
	Nontraumatic intracerebral hemorrhage	I61
	Other and unspecified nontraumatic intracranial hemor-	I62
	rhage	
Gastric, duodenal ulcer and peptic ulcer,	Gastric ulcer	K25
site unspecified		
	Duodenal ulcer	K26
	Peptic ulcer, site unspecified	K27
Acute and subacute bacterial endocardi-	Acute and subacute endocarditis	I33
tis	Acute and subacute infective endocarditis	I38.9
	Acute and subacute endocarditis, unspecified	I39.8
Esophageal varices	Esophageal varices	I85
	Oesophageal varices without bleeding in diseases classi-	198.2
	fied elsewhere	
	Oesophageal varices with bleeding in diseases classified	198.3
	elsewhere	
Thrombocytopenia	Immune thrombocytopenic purpura	D69.3
	Thrombocytopenia, unspecified	D69.6
	Wiskott-Aldrich syndrome	D82.0

A6.2 Definition of Comorbidities (NOMSECO Codes)		
Category	Specific Description	Code
Diagnostic intracranial procedures;	Exploratory craniotomy	AAA 00
Therapeutic implantation of stimula- tion or injection devices, see: AAW;	Biopsy through craniotomyStereotactic intracranial biopsy, see: AAG 00	AAA 10
Removal of intracranial electrodes	Insertion of intraventricular pressure monitoring device	AAA 20
see: AEA	Insertion of epidural pressure monitoring device	AAA 25
	Insertion of intracerebral pressure monitoring device	AAA 27
	Insertion of epidural electrodes	AAA 30
	Insertion of subdural electrodes	AAA 35
	Insertion of intracerebral electrodes	AAA 40
	Intracranial endoscopy	AAA 50
	Other diagnostic intracranial procedures	AAA 99
Excision and destruction of intrac-	Extirpation of intracranial lesion	AAB 00
ranial lesion; Includes: Transcranial operation on pituitary gland. Opera- tions by cranial base approach, see: AAE	Partial excision of intracranial lesion	AAB 10
	Destruction of intracranial lesion	AAB 20
	Evacuation of spontaneous intracranial haematoma	AAB 30
	Other excision or destruction of intracranial lesion	AAB 99

A6.2 Definition of Comorbidities (NOMSECO Codes)		
Category	Specific Description	Code
Operations for intracranial aneurysm and other vascular lesions Endovas-	Ligature of intracranial aneurysm Using clips and similar devices	AAC 00
cular procedures, see: AAL	Ligature of feeding artery of intracranial aneurysm	AAC 05
	Reinforcement of intracranial aneurysm wall	AAC 10
	Trapping of intracranial aneurysm	AAC 15
	Anastomosis to intracranial vessel	AAC 20
	Intracranial occlusion of vascular fistula	AAC 30
	Extirpation of intracranial arterio-venous malformation	AAC 40
	Other operation for aneurysm or other intracranial vascular lesion	AAC 99
Operations for head injuries Partial	Evacuation of epidural haematoma	AAD 00
excision of skull cap, see: AAK 80	Evacuation of acute subdural haematoma	AAD 05
	Evacuation of chronic subdural haematoma	AAD 10
	Evacuation of traumatic intracerebral haematoma	AAD 15
	Revision of penetrating or perforating injury of skull; In- cludes: Removal of intracranial foreign body	AAD 30
	Revision of fracture of skull; Includes: Of depressed frac- ture	AAD 40
	Other operation for head injury	AAD 99
Operations by cranial base ap-	Transsphenoidal exploration	AAE 00
proach; Includes: Operations on pituitary gland	Transsphenoidal total or partial excision of intracranial lesion	AAE 10
	Transoral total or partial excision of intracranial lesion	AAE 20
	Transcervical total or partial excision of intracranial lesion	AAE 25
	Translabyrinthine total or partial excision of intracranial lesion	AAE 30
	Transtemporal total or partial excision of intracranial lesion	AAE 40
	Zygomaticotemporal total or partial excision of intracranial lesion	AAE 50
	Other operation by cranial base approach	AAE 99
Shunt operations on ventricles of	Ventriculostomy; External drainage of ventricle of brain	AAF 00
brain and intracranial cysts	Ventriculoperitoneal shunt	AAF 05
	Lumboperitoneal shunt	AAF 10
	Ventriculoatrial shunt	AAF 15
	Revision of shunt of ventricle of brain; Intraabdominal revision, see: JAL 50-51	AAF 20
	Removal of shunt of ventricle of brain	AAF 25
	Implantation of intraventricular injection device	AAF 30
	Implantation of reservoir for intraventricular therapy	AAF 35
	Shunt of intracranial cyst to peritoneum	AAF 40
	Fenestration of intracranial cyst	AAF 45
	Other shunt operation on ventricle of brain or intracranial cyst	AAF 99
Stereotactic intracranial operations	Stereotactic intracranial biopsy	AAG 00
	Stereotactic intracranial destruction of nucleus or nerve	AAG 10

A6.2 Definition of Comorbidities (NOMSECO Codes)		
Category	Specific Description	Code
	tract	
	Stereotactic intracranial implantation of electrodes; In-	AAG 20
	cludes: Of intracerebral stimulation device (deep brain	
	stimulator); Replacement of impulse generator and removal	
	Stereotactic intracranial implantation of radioactive agent	AAG 30
	Stereotactic intracranial implantation of fetal tissue	AAG 40
	Stereotactic intracranial radiotherapy	AAG 50
	Other stereotactic intracranial operation	AAG 99
Operations on cranial nerves Im-	Rhizotomy of cranial nerve	AAH 10
plantation of intracranial stimulation	Decompression of cranial nerve	AAH 20
or injection device, see: AAW 01-	Thermal destruction of cranial nerve	AAH 30
02; Reconstructive operations for	Injection into cranial nerve	AAH 40
lacial paisy, see AAI	Cranial nerve anastomosis	AAH 50
	Microvascular decompression of cranial nerve	AAH 60
	Other operation on cranial nerve	AAH 99
Operations for epilepsy; Implanta-	Hemispherectomy	AAJ 00
tion of vagus nerve stimulating	Lobectomy for epilepsy	AAJ 10
device, see: ADB 00	Hippocampectomy	AAJ 15
	Excision of epileptic focus	AAJ 20
	Transcision of nerve tracts for epilepsy	AAJ 25
	Callosotomy for epilepsy	AAJ 30
	Hemidecortication for epilepsy	AAJ 35
	Other operation for epilepsy	AAJ 99
Operations on skull and dura; For	Cranioplasty	AAK 00
injury, see: AAD 40; Additional	Repair of dura	AAK 10
code for specification of grafts and flaps, see: 77	Operations for craniosynostosis	AAK 20
	Craniofacial reconstruction in congenital malformations	AAK 30
	Closure of cerebrospinal fluid fistula	AAK 40
	Biopsy of skull	AAK 70
	Excision of lesion of skull	AAK 75
	Partial excision of skull cap; For relief of acute cerebral	AAK 80
	edema	A A 17 05
	Replantation of previously excised part of skull cap	
	Uner operation of skull of dura	
dures: Open operations for intracra-	Endovascular occlusion of intracranial aneurysm	AAL 10
nial aneurysms and vascular mal- formations, see: AAC	Intracranial endovascular infombolysis	AAL 10
	formation	AAL 20
	Endovascular occlusion of intracranial fistula	AAL 30
	Endovascular occlusion of feeding arteries of intracranial	AAL 40
	tumour	
	Other intracranial endovascular procedure	AAL 99
Operations for intracranial infection;	Puncture and evacuation of intracerebral abscess	AAM 00

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A6.2 Definition of Comorbidities (NOMSECO Codes)		
Category	Specific Description	Code
Drainage and reservoir operations	Excision of intracerebral abscess	AAM 10
on ventricles or intracranial cysts,	Evacuation of epidural or subdural empyema	AAM 30
see: AAF	Other operation for intracranial infection	AAM 99
Operations for intracranial congeni-	Excision and repair of encephalocele	AAN 00
tal malformations	Other operation for intracranial congenital malformation	AAN 99
Reconstructive operations for facial	Lacal transposition of muscle for facial palsy	AAP 00
palsy; Operation for ptosis of eye-	Cross-facial transplantation of nerve for facial palsy	AAP 10
brow only, see: CBJ 50	Microvascular transposition of muscle for facial palsy	AAP 20
	Other reconstructive operation for facial palsy	AAP 99
Removal of implants and external fixa	tion devices from skull	AAU
Removal of implant or external fixation EBU-EHU	on device from skull; From teeth, mandible and maxilla, see:	AAU 00
Other operations on skull and intrac-	Implantation of intracranial stimulation device	AAW 01
ranial structures; Replacement and	Implantation of intracranial injection device	AAW 02
removal of intracranial stimulation	Other operation on skull or intracranial structure	AAW 99
Spinal cord and nerve roots; Additions scopic approach, see: ZXC 90	al code for extraspinal procedures on nerve roots by laparo-	AB
Diagnostic operations on spinal cord	Exploratory laminectomy	ABA 00
and nerve roots	Biopsy of lesion of spinal canal	ABA 10
	Intrathecal endoscopy	ABA 20
	Epiduroscopy	ABA 30
	Other diagnostic operation on spinal cord or nerve root	ABA 99
Operations for lesions of spinal cord and nerve roots; Additional code for	Excision of lesion of spinal canal; Includes: Removal of foreign body	ABB 00
tissue destructive physical or chemi- cal agent, see: ZXC	Excision of lesion of nerve root; Includes: Total or partial excision of nerve root	ABB 02
	Desctruction of lesion of nerve root	ABB 04
	Percutaneous destruction of lesion of nerve root; Additional code for imaging technique, see: ZXM; Additional code for laparoscopic access, see: ZXC 90	ABB 06
	Resection of lesion of spinal canal	ABB 10
	Drainage of intra- or extramedullary cyst of spinal canal	ABB 20
	Destruction of lesion of spinal canal	ABB 30
	Evacuation of spontaneous haematoma of spinal canal	ABB 40
	Other operation for lesion of spinal canal	ABB 99
Decompression of spinal cord and nerve roots; Excision of bone, see: NAK, NAR. Other operations on soft tissue, see: NAM	Percutaneous endoscopic discectomy for cervical interver- tebral disc displacement	ABC 01
	Percutaneous endoscopic discectomy for thoracic interver- tebral disc displacement	ABC 04
	Percutaneous endoscopic discectomy for lumbar interverte- bral disc displacement	ABC 07
	Microsurgical excision of cervical intervertebral disc dis- placement	ABC 10
	Microsurgical excision of thoracic intervertebral disc dis-	ABC 13

A6.2 Definition of Comorbidities (NOMSECO Codes)		
Category	Specific Description	Code
	placement	
	Microsurgical excision of lumbar intervertebral disc dis- placement	ABC 16
	Open discectomy of cervical spine	ABC 20
	Anterior decompression of cervical spine with insertion of interbody fixating implant;"Cage" operation without in- tended osseous fusion. Interbody fusion, see: NAG	ABC 21
	Open discectomy of thoracic spine	ABC 23
	Open discectomy of lumbar spine	ABC 26
	Insertion of expanding implant between spinous processes; As alternative to laminectomy in spinal stenosis	ABC 28
	Decompression of cervical nerve roots	ABC 30
	Decompression of thoracic nerve roots	ABC 33
	Decompression of lumbar nerve roots	ABC 36
	Decompression of cauda equina	ABC 40
	Decompression of cervical spinal canal and nerve roots	ABC 50
	Decompression of thoracic spinal canal and nerve roots	ABC 53
	Decompression of lumbar spinal canal and nerve roots	ABC 56
	Decompression of cervical spinal cord	ABC 60
	Decompression of thoracic spinal cord	ABC 63
	Decompression of lumbar spinal cord	ABC 66
	Other decompressive operation on spinal cord or nerve root	ABC 99
Operations on spinal cord and nerve	Open cordotomy	ABD 10
roots for pain or impaired function; Replacement and removal of spinal stimulation or injection device, see:	Percutaneous cordotomy; Additional code for technique, see: ZXC	ABD 15
stimulation or injection device, see:	Myelotomy	ABD 20
ALA	Implantation of spinal stimulation device	ABD 30
	Implantation of spinal injection device	ABD 40
	Transection of spinal nerve root for pain or impaired func- tion; For lesion of dorsal root entry zone	ABD 50
	Implantation of spinal nerve electrode; Includes percutane- ous nerve evaluation PNE 1	ABD 60
	Implantation of spinal nerve stimulation device; Includes percutaneous nerve evaluation PNE 2	ABD 65
	Other operation on spinal cord or nerve for pain or impaired function	ABD 99
Operations for congenital malforma-	Excision and repair of myelocele or meningocele	ABE 10
tions of spine	Mobilisation of tethered cord or diastematomyelia	ABE 20
	Excision of dermal sinus	ABE 30
	Operation for hydromyelia	ABE 40
	Occipitocervical decompression	ABE 50
	Other operation for spinal malformation	ABE 99
Other operation on spinal cord or nerve root		ABW 99

APPENDIX 3: DATA SOURCE DETAILS

The national board of health and welfare maintain the registries. To obtain access to the data, an application is submitted to the national board of health and welfare, including permission from the Ethics Council at the Karolinska institute and a technical description used for extraction of data. Only a subset of these variables is needed to fulfil the aims of the protocol.

A1 The Prescribed Drug Register and the Patient Register

Register	Contents
Swedish National Prescribed Drug Register	Information on all prescribed drugs in Sweden since 1 July 2005.
Swedish National Patient Register	Information on all completed public inpatient visits since 1987.
	Information on visits with surgical intervention since 1997.
	5
	Data on ambulatory care visits since 2001.
	Data on private health care providers since 2001.
Swedish National Patient Register	Information on all completed public inpatient visits since 1987. Information on visits with surgical intervention since 1997. Data on ambulatory care visits since 2001. Data on private health care providers since 2001.

A2 Contents of Prescribed Drug Register

Information available in PDR is listed below. Each record in PDR corresponds to one dispensing. Only a subset of these variables is needed to fulfil the aims of the protocol.

- 1. Pharmacy data
 - a. County
- 2. Patient data
 - a. personal registration number (YYYYMMDD-nnnn)
 - b. Sex (M/F)
 - c. Age
 - d. County, municipality
- 3. Prescriber data
 - a. Occupation
 - b. Education code
 - c. Residency code
- 4. Workplace data
 - a. County
 - b. Workplace code
 - c. Ownership
 - d. Form of care
 - e. Business focus
- 5. Prescription data
 - a. Date of dispensing
 - b. Date of prescription
 - c. Prescription type
 - d. Type of benefit
 - e. Issue category
 - f. Start package (Y/N)
 - g. Change allowed (Y/N)
 - h. Change code (generic/parallel import)
 - i. Product identity
 - j. Product type
 - k. Number of whole packages
 - 1. Prescription text
- 6. Cost data
 - a. Price
 - b. Total cost
 - c. Patient cost
 - d. Country council cost

- e. Value-added tax (VAT)
- f. Additional cost (difference between prescribed and generic drug cost)
- 7. Product data
 - a. ATC code
 - b. Defined daily dose per package
 - c. Package size
 - d. Drug name
 - e. Brand name (e.g. Panadol)
 - f. Brand Identity
 - g. Prescription required (Y/N)
 - h. Medical products agency's registration number
 - i. Speciality identity
 - j. Nordic product number

Unfortunately no description of PDR is available in English from the National Board of Health and Welfare. The above list has been translated from Swedish.

A3 Contents of Patients Register

Information available in NPR is listed below. Each record in NPR corresponds to one care visit. Only a subset of these variables is needed to fulfil the aims of the protocol.

- 1. Patient data
 - a. personal registration number (YYYYMMDD-nnnn)
 - b. Sex (M/F)
 - c. Age (in years at discharge)
 - d. place of residence (county, municipality)
- 2. Geographical data
 - a. county council
 - b. hospital/ clinic
 - c. Department
- 3. Administrative data
 - a. date of admission
 - b. date of discharge
 - c. length of stay
 - d. acute/planned admission (Y/N)
 - e. admitted from (hospital/special housing/home)
 - f. discharged to (hospital/special housing/home/deceased)
- 4. Medical data
 - a. main diagnosis (1 diagnosis per visit)
 - b. secondary diagnosis (0-21 diagnoses per visit)
 - c. external cause of injury and poisoning (0-7 causes per visit)
 - d. procedures (0-30 procedures per visit)

For further description of PAR, see

http://www.socialstyrelsen.se/register/halsodataregister/patientregistret/inenglish.

A4 Data That Will Be Used for Analysis From Prescribed Drug Register

The following variables will be included in the application to the national board of health and welfare:

- 1. Patient data
 - a. Anonymous PIN (serial number)
 - b. Gender (M/F)
 - c. Age
 - d. County
- 2. Prescription data
 - a. Date of dispensing
 - b. Date of prescription
 - c. Number of whole packages
- 3. Product data
 - a. ATC code
 - b. Defined daily dose per package

A5 Data That Will Be Used for Analysis From Patient Register

The following variables will be included in the application to the national board of health and welfare.

- 1. Patient data
 - a. Anonymous PIN (serial number)
 - b. Gender (M/F)
 - c. Age
 - d. County
- 2. Administrative data
 - a. Date of admission
 - b. Date of discharge
- 3. Medical data
 - a. Main diagnosis (1 diagnosis per visit)
 - b. Secondary diagnosis (0-21 diagnoses per visit)
 - c. Procedures (0-30 procedures per visit)

Bristol-Myers Squibb Pharmaceuticals Limited	





NON-INTERVENTIONAL (NI) DRUG STUDY PROTOCOL

POST-APPROVAL SAFETY STUDY (PASS) OF THE UTILIZATION PATTERN OF APIXABAN IN SWEDEN

Compound Number:

Compound Name:

Study Number:

B0661017

Apixaban

BMS-562247-01

Version and Date:

Protocol Amendment 3 19 May 2015

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1. INTRODUCTION

Off-label prescription occurs when a practitioner chooses to prescribe a drug in a manner that is inconsistent with the prescribing information approved by the governing regulatory authority. For medicinal products approved by the European Commission, the licensed indications are documented in the Summary of Product Characteristics (SmPC). Examples of off-label prescribing may include, but are not limited to the administration of the drug in doses, routes of administration or for reasons outside of labeled indications, or use in patients who do not meet age requirements, or other criteria as outlined in the label.

1.1. Background and Rationale

Apixaban is an orally administered anticoagulant that inhibits coagulation factor Xa. It is currently approved for:

- 1) Prevention of venous thromboembolic events (VTE) in adult patients who have undergone elective hip or knee replacement surgery,
- 2) Prevention of stroke and systemic embolism in adult patients with nonvalvular atrial fibrillation (NVAF) with one or more risk factors,
- 3) Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults.

These indications, referred to as knee and hip replacement, NVAF, and treatment of DVT/PE, along with the date of approval are shown in Table 1. Use of apixaban outside these indications is a regulatory and safety concern.

To address this concern, the Sponsor proposes two studies describing the utilization of the product in two countries of the European Union (EU): a drug utilization study focusing on off-label use of apixaban in Sweden, as described herein, and a second study of apixaban drug utilization in the Netherlands, which is described in a separate protocol.

The approved SmPC in Sweden will be used as the single reference safety document for this study.

	Abbreviated Indication	Indication	Date of EMA Authorisation
1.	THA/TKA	Prevention of VTE in adult patients who have undergone elective hip or knee replacement surgery	18 May 2011
2.	NVAF	Prevention of stroke and SE in adult patients with NVAF, with one or more risk factors, such as prior stroke or TIA; age ≥ 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class ≥ 11).	19 Nov 2012
3.	Treatment of DVT/PE	Treatment of DVT and PE, and prevention of recurrent DVT and PE in adults.	28 July 2014

 Table 1.
 Indications and Dates of EMA Authorisations

DVT: Deep vein thrombosis NVAF: Non-valvular atrial fibrillation NYHA: New York Heart Association PE: Pulmonary Embolism

SE: Systemic Embolism TIA: Transient Ischaemic Attack VTE: Venous Thromboembolic Events

2. STUDY OBJECTIVES AND ENDPOINTS

The overall objective of this study is to describe the utilization pattern of apixaban in Sweden.

Specifically, the study seeks to:

- 1. *Estimate* the proportion of apixaban users in the outpatient settings who receive the drug for the approved indications at the time of the study,
- 2. **Describe** the characteristics of the patients who are prescribed apixaban for on-label and off-label indications.

3. STUDY DESIGN

This will be a descriptive study using retrospectively collected data from electronic health record databases. The study will describe the utilization pattern of apixaban during the first three years after launch for the VTE prevention indication in Sweden (01 Jan 2012 through 31 Dec 2014).

4. STUDY POPULATION

4.1. Inclusion Criteria

All patients identified in the database who have received an apixaban dispensation during the study period (01 Jan 2012 through 31 Dec 2014) will be included in this study.

4.2. Exclusion Criteria

There is no exclusion criterion. All patients identified in the database who have received at least one apixaban dispensation during the study period will be included.

5. STUDY TREATMENT AND DURATION

This is a descriptive study assessing the utilization pattern of apixaban in real-world outpatient settings. There is no study mandated dosing or duration requirement.

6. STUDY PROCEDURES

6.1. Data Source

Patients using apixaban will be identified from the National Prescribed Drug Register (PDR) which contains information on all drugs prescribed in Sweden that are dispensed to patients outside hospitals, including information about patients, drugs by ATC codes, dates, settings of the dispensing, and the specialty of the prescribing physician.

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Relevant clinical history for the apixaban users identified from the PDR will be obtained from the National Patient Register (NPR). Patients in the PDR who have used apixaban will be linked to the NPR by a personal identification number (PIN) unique to all Swedish citizens. The NPR contains data from all hospital admissions in Sweden from 1987 to present. At each discharge, information is collected about the patient's demographics, primary and secondary diagnoses, procedure codes, hospitals and wards of admission, and dates of admission and discharge. Patients who have undergone knee or hip replacement surgery will be identified by applicable procedure codes and relevant ICD-10 diagnostic codes. The ICD-10 classification system was used from 1997 and onwards so data on diagnoses and procedures may extend back to 1997.

Since 2001, it is also possible to collect the same information from visits to hospital outpatient offices. Information about other diagnoses (eg, atrial fibrillation) in patients admitted to the hospitals without knee or hip replacement or visiting hospital outpatient offices will also be retrieved. The register is updated annually and data from the previous year is usually available for analyses in November each year after completion of data quality checks.

The databases cover the whole Swedish population of 9.3 million inhabitants. In 2008, about 14,500 knee and hip replacement surgeries and 4,600 hemi-hip arthroplasties were performed; 78% of the procedures were performed for primary arthrosis. The number of primary TKA was 10,600 in 2008. In addition, re-operations and revisions were also performed. Following an average hospital stay of 4 days, 25% of the patients are discharged to rehabilitation centers or nursing homes and 75% of the patients are discharged to home. The total number of hip arthroplasties increased by 10% from 2008 to 2010.

Inpatient and outpatient hospital data are available through the NPR, but the register does not include information from primary care visits. To address the missing primary care data, a sensitivity analysis will examine primary care records for apixaban users in Västra Götaland County (1.6 million, available from 2006). These regional data will supplement the nationwide data with greater detail for patients in Västra Götaland County, as well as provide an insight into the effect of missing primary care data. At this time, Västra Götaland is the only region in Sweden where primary care data are available. These records are based on patient contacts to primary care centers and collected in the health administrative databases.

The total number of persons diagnosed with atrial fibrillation and flutter in inpatient settings in 2010 was 25,672 (0.3%) according to national Swedish health statistics. The overall prevalence of atrial fibrillation has been studied in a geographically well-defined area of northern Sweden using data from a quality register of anticoagulant treatment and was found to be 2.5% in 2010 (Andersson, Londahl et al. 2012).¹

6.2. Data Compilation Procedure

Patients who received a dispensation for apixaban (identified by ambulatory prescriptions by general practitioner or specialist physician) will be identified. The personal identification numbers of these patients will be used to link to their hospital records.

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Hip and knee replacement and other surgeries will be identified via appropriate procedure codes and ICD-10 codes from hospital discharge diagnoses. The following algorithm will be used to identify the patients who have undergone the elective hip or knee replacement surgery:

- First, procedure codes will be used to identify all patients who have undergone hip or knee replacement surgery within 30 days before apixaban prescription (including total and partial replacement procedures).
- Second, hospital discharge diagnoses (both primary and secondary) will be used to see if these included hip or knee fracture diagnostic codes.
 - If yes, then the hip or knee replacement surgery will be considered non-elective and apixaban prescription off-label.

If the primary or secondary discharge diagnoses do not include hip or knee fracture, then surgery will be considered elective and apixaban prescription on-label.

NVAF and treatment of DVT/PE will be identified by ICD-10 diagnosis codes in the main or secondary discharge diagnoses as well as in hospital outpatient visits and, where available, the primary care diagnoses.

6.3. Decision Rule for Defining On- and Off-label Use

For the purpose of this study, apixaban prescriptions for the NVAF and treatment of DVT/PE indications will be considered off-label up to and including the date that apixaban received approval for those uses in the EU. Apixaban prescriptions for the NVAF and the treatment of DVT/PE indications will be classified as on-label starting on the day after regulatory approval and continuing through the end of the study.

On-label use of apixaban will be defined as a dispensation of the drug to:

- 1. An adult (ie, 18 years of age or older) and
- 2. A patient whose hospital records include:
 - a) An elective hip or knee replacement within 30 days before the apixaban prescription, or,
 - b) An apixaban prescription after 19 November 2012 and a diagnosis of NVAF before that apixaban prescription, or,
 - c) An apixaban prescription after 28 July 2014 and a diagnosis of DVT or PE before the apixaban prescription (Figure 1).





If during the study apixaban receives approval for any other condition in Sweden, the new indication will be considered on-label use following the date of approval.

6.4. Data Elements

- Patient demographics: Age and Gender.
- Information on prescription for apixaban: dispensing date, dose, amount dispensed, duration of use based on amount of drug prescribed, refill date, and repeat prescription.
- Hospital admission information: dates of hospital admission and discharges, ICD-10 diagnosis codes in discharge diagnoses, surgical procedure codes.
- Outpatient hospital office visit information: date of visit, ICD-10 diagnosis codes, department type.
- Primary care records in Västra Götaland County (see above): date of contact, contact type (visit, telephone), ICD-10 diagnosis codes.
- Other recently dispensed drugs: ATC code, dispensing date, dose, amount dispensed, use at the time of apixaban dispensing based on amount of drug prescribed.

The operational definitions and coding scheme of the variables will be described in the statistical analysis plan.

7. DATA ANALYSIS/STATISTICAL METHODS

The variables to be collected in this study will be documented in a Statistical Analysis Plan. This document may modify the plans outlined in the protocol; however, any major modifications will be reflected in a protocol amendment.

7.1. Sample Size Calculation

This is a descriptive study of drug usage without any pre-defined hypothesis to be tested. Therefore, no power calculation was performed. All individual patients identified to have received apixaban in the database in the study period will be included in the study without any sampling procedure.

Based on the Sponsor's projection of the number of patients using apixaban in 2012-2014 for prevention of VTE following a hip or knee replacement it is expected that approximately 600 patients will be included in the study. It is projected that up to 13,000 patients with atrial fibrillation (AF) may be included in the study.

As shown in the table below, 19,000 apixaban patients with any indication will provide sufficiently precise estimates of on-label use. For instance, if 25% of patients use apixaban off label, the width of the 95% CI for the off-label use percent will be 1.2 percent (Table 2).

Table 2:Precision Around the Off Label Use Proportion Estimates Assuming a Total
Sample Size of 19,000 Patients

Off label use (%)	Width of 95% CI for off label use (%)
5	0.6
15	1.0
25	1.2
35	1.4
45	1.4

7.2. Data Analyses

Descriptive analyses of patient level data will be conducted. Patients will be classified as onlabel or off-label apixaban users based on their first prescription for apixaban. The demographic and clinical characteristics of patients identified to have received an apixaban dispensation will be described. The proportion of patients receiving the drug for indications within and outside the approved label in each of the study years will be estimated and any trend over time will be described. From the hospital discharge records, the comorbidities and clinical procedures (e.g., surgeries) at the time of or within 30 days prior to the off-label use will be tabulated as the possible indications for the off-label use. If discharge records during this period do not provide possible indications, information from previous discharges will also be tabulated according to the most recent diagnosis. Furthermore, possible switching from other antithrombotic treatment will be investigated based on dispensed prescriptions during the past year. The dose and duration of prescriptions will be summarized where available.

Stratified descriptive analyses by indication will be performed as described below. As the first step, the study will estimate the proportions of all patients in Swedish databases over the 3-years post-launch period who received apixaban for:

- 1. VTE prevention following elective hip and knee replacement surgery (on-label indication).
- 2. NVAF (off-label indication before the approval, and on-label following the approval).
- 3. Treatment of DVT/PE (off-label indication before the approval, and on-label following the approval).
- 4. Any other conditions from a list of pre-defined off-label indications, including other types of surgery and history of other diseases (off-label indications). These may include but will not be limited to hip fracture surgeries, general surgeries, gynaecologic and abdominal surgeries, and diagnoses such as cancer, myocardial infarctions, other cardiac conditions, and other hypercoaguable states in which apixaban could be used off-label.

5. Patients who have no evidence of the conditions for on-label use and who cannot be assigned to the list of pre-defined off-label uses will be classified as off-label and unknown.

The only available primary data is from patients in Västra Götaland County. Primary care data may contain information on the conditions that are used to classify on-label or off-label apixaban use. A sensitivity analysis will compare the proportion of on-label users based on both primary care and hospital data to the proportion of on-label use when only the hospital data is used among those in Västra Götaland County. This assumes that the availability of GP data is not related to the ratio of on-label or off-label use and that Västra Götaland County is representative of all of Sweden.

Second, descriptive analyses will be performed in each of the indication strata to summarize:

- 1. Demographic characteristics of patients and prescriber specialty.
- 2. Estimated duration of apixaban treatment and dosages used.
- 3. Concomitant medication use, with the focus on contra-indicated medications.
- 4. History of treatment with other anticoagulants.
- 5. Select co-morbid conditions/medical history, such as renal impairment, severe hepatic impairment, congenital or acquired bleeding disorders.

For off-label indication strata, distribution of surgical procedures and diagnoses that patients had prior to receiving apixaban to infer possible indications that apixaban was used for. For instance, counts and proportions of patients who had other orthopaedic surgery (eg, hip fracture), within 30 days of apixaban prescription will be reported.

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7.3. Interim Analysis

The analysis will be conducted annually for three years. Interim reports will include all data available at the time of the analysis and may not include all the analyses that will be conducted in the final report.

8. DATA COLLECTION AND DATA MANAGEMENT

The details of data collection procedures have been described in Section 6.

8.1. Access to Data

The Sponsor will not have access to health register records at the level of the individual patient but only to tables with aggregated data. In case of an audit from a regulatory authority or Pfizer, the investigator will be able to document the data processing and statistical analysis and thus verify the reported results.

8.2. Record Retention

To enable evaluations and/or audits from regulatory authorities or Pfizer, the investigator agrees to keep records, relevant correspondence (eg, letters, meeting minutes, telephone calls reports). The records should be retained by the investigator according to local regulations, or as specified in the Clinical Study Agreement, whichever is longer.

If the investigator becomes unable for any reason to continue to retain study records for the required period (eg, retirement, relocation), Pfizer should be prospectively notified. The study records must be transferred to a designee acceptable to Pfizer, such as another investigator, another institution, or to an independent third party arranged by Pfizer. The investigator must obtain Pfizer's written permission before disposing of any records, even if retention requirements have been met.

9. ADVERSE EVENT REPORTING AND SERIOUS ADVERSE EVENT REPORTING

This study includes unstructured data (eg, narrative fields in the database) that will be converted to structured (ie, coded) data solely by a computer using automated/algorithmic methods and/or data that already exist as structured data in an electronic database. In these data sources, it is not possible to link (ie, identify a potential association between) a particular product and medical event for any individual. Thus, the minimum criteria for reporting an adverse event (ie, identifiable patient, identifiable reporter, a suspect product, and event) are not available and adverse events are not reportable as individual AE reports.

10. STRENGTHS AND LIMITATIONS

10.1. Strengths:

• The study will use an established database that routinely collects information on the variables required to fulfill the objectives. There are strong linkage systems that utilize the unique national identifier of the patients to link different data sources. This database has been used for many pharmacoepidemiologic studies, including those looking at atrial fibrillation and orthopedic surgery populations (Weiss, Stark et al. 2006; Andersson, Londahl et al. 2012).^{2,1}

- The database has coverage of all age groups.
- The database has coverage of all hospital admission and discharge diagnoses.
- By repeating the annual analysis over a three-year period after launch of apixaban, the study will provide data on changing trends, if any.

10.2. Limitations:

- The study is based on outpatient prescriptions. Therefore patients who receive apixaban only during hospital stay (either for the approved indication or for any off-label indication) and do not refill following discharge will not be included. This limitation will be addressed by the Netherlands study where inpatient medication use data are available from the inpatient pharmacy database covering a population of over 1 million patients from a representative sample of hospital pharmacies.
- Diagnoses are retrieved from hospital discharge records (nationwide), outpatient clinic contacts (nationwide) and primary care records (available for one county only, see above). Therefore, information on possible indications may in some cases be missing.
- Validation of the data in the database by reviewing individual patients' original medical records will not be possible.
- This study is based on medical records data being collected by the relevant government agencies and county health administrations in Sweden and then accessed by the investigators for analyses. As a result, any unforeseen delay in the collection and compilation of data by one or more of the agencies is beyond the control of the Sponsor and may affect the study timeline.

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11. QUALITY CONTROL AND QUALITY ASSURANCE

Investigators are responsible for following their standard institutional procedures to ensure data quality and integrity, including archiving of statistical programs, appropriate documentation of data cleaning and validity for created variables, and description of available data.

12. ETHICS

12.1. Institutional Review Board (IRB)/Independent Ethics Committee (IEC)

It is the responsibility of the investigator to have prospective approval of the study protocol, protocol amendments, and other relevant documents from the IRB/IEC. All correspondence with the IRB/IEC should be retained in the Investigator File. Copies of IRB/IEC approvals should be forwarded to Pfizer.

12.2. Ethical Conduct of the Study

The study will be conducted in accordance with legal and regulatory requirements, as well as with scientific purpose, value and rigor and follow generally accepted research practices such as Good Pharmacoepidemiology Practices (GPP) issued by the International Society for Pharmacoepidemiology (ISPE), Good Epidemiological Practice (GEP) guidelines issued by the International Epidemiological Association (IEA), International Ethical Guidelines for Epidemiological Research issued by the Council for International Organizations of Medical Sciences (CIOMS), EMA ENCePP Guide on Methodological Standards in Pharmacoepidemiology, and FDA Guidance for Industry: Good Pharmacovigilance and Pharmacoepidemiologic Assessment.

12.3. Subject Information and Consent

This is a retrospective study of de-identified data from existing databases without any direct enrollment of subjects. Therefore, no informed consent is applicable.

13. COMMUNICATION AND PUBLICATION OF STUDY RESULTS

13.1. Publications by Investigators

Pfizer has no objection to publication by Investigator of any information collected or generated by Investigator, whether or not the results are favorable to the Investigational Drug. However, to ensure against inadvertent disclosure of Confidential Information or unprotected Inventions, Investigator will provide Pfizer an opportunity to review any proposed publication or other type of disclosure before it is submitted or otherwise disclosed.

Investigator will provide manuscripts, abstracts, or the full text of any other intended disclosure (poster presentation, invited speaker or guest lecturer presentation, etc.) to Pfizer at least 30 days before they are submitted for publication or otherwise disclosed. If any patent action is required to protect intellectual property rights, Investigator agrees to delay the disclosure for a period not to exceed an additional 60 days.

Investigator will, on request, remove any previously undisclosed Confidential Information (other than the Study results themselves) before disclosure.

For all publications relating to the Study, Investigator will comply with recognized ethical standards concerning publications and authorship, including Section II - "Ethical Considerations in the Conduct and Reporting of Research" of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, <u>http://www.icmje.org/index.html#authorship</u>, established by the International Committee of Medical Journal Editors.

14. REFERENCES

- 1. Andersson, P., M. Londahl, et al. (2012). "The prevalence of atrial fibrillation in a geographically well-defined population in Northern Sweden: implications for anticoagulation prophylaxis." J Intern Med.
- 2. Weiss, R. J., A. Stark, et al. (2006). "Orthopaedic surgery of the lower limbs in 49,802 rheumatoid arthritis patients: results from the Swedish National Inpatient Registry during 1987 to 2001." <u>Ann Rheum Dis</u> **65**(3): 335-341.
