

NCL JFC Position Statement

April 2024

Choice of Direct Oral Anticoagulant (DOAC) for prevention of stroke & systemic embolism in patients with non-valvular atrial fibrillation (NVAF)

Before reading this position statement, please consider the following:

This position statement on the choice of DOAC for prevention of stroke and systemic embolism in patients with NVAF supersedes previous versions.

DOACs should be used with caution in patients at higher risk of bleeding, e.g. the elderly or in patients with low body weight or renal impairment.

Anticoagulation may **NOT** be clinically appropriate for some patients with NVAF.

This position statement **does NOT apply** to DOAC use for treatment of **Venous Thromboembolism**.

This position statement is not intended to replace local Trust or NCL guidance, which should be referred to for further information.

1. Patients to be newly initiated on a DOAC for stroke prevention in NVAF

Where a DOAC is to be initiated for prevention of stroke & systemic embolism in patients with NVAF, **apixaban (generic) should be considered as the first line option across NCL** (*where clinically appropriate*); since (1) all DOACs are endorsed as treatment options by NICE; and (2) generic apixaban currently has the lowest acquisition cost.

Consider initiating once-daily **rivaroxaban** as an alternative to apixaban for NVAF in:

- patients requiring once daily dosing.
- patients in whom generic apixaban is considered unsuitable.
- where drug interactions preclude the use of apixaban.

** NICE Guidance (NG196 1.6.3 and 1.6.4 published 27 April 2021) states that "apixaban, dabigatran, edoxaban and rivaroxaban are all recommended as options for the treatment of atrial fibrillation, when used in line with the criteria specified in the relevant NICE technology appraisal guidance".*

2. Patients already established on DOACs for NVAF

There is currently no mandate within NCL to actively switch patients to apixaban.

Patients who are already taking rivaroxaban, edoxaban or dabigatran may continue on their existing treatment. However, clinicians may wish to review existing DOAC patients to ensure they are on the most clinically appropriate DOAC in view of their co-morbidities and risk factors.

Ensure all patients prescribed DOACs have had a review of treatment and dose within the past 12 months.

Where consideration is being given to changing between DOACs, take into account the specific risks of moving from a once-a-day treatment to a twice-a-day treatment (or vice-versa) and implement appropriate safeguards to ensure patients take the alternative drug correctly.

If there are concerns regarding the appropriateness of any anticoagulation regimen, please discuss with the patient's GP in the first instance. Local haematology teams can be contacted for advice/support.

References

1. NICE NG196. Atrial fibrillation: diagnosis and management (April 2021, last updated June 2021) <https://www.nice.org.uk/guidance/ng196/chapter/Recommendations>
2. NICE TA275. Apixaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation (February 2013, last updated July 2021) <https://www.nice.org.uk/guidance/ta275>
3. NICE TA256. Rivaroxaban for preventing stroke and systemic embolism in people with atrial fibrillation (May 2012, last updated July 2021) <https://www.nice.org.uk/guidance/ta256>
4. NICE TA355. Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation (September 2015, last updated July 2021) <https://www.nice.org.uk/guidance/ta355>
5. NICE TA249. Dabigatran for preventing stroke and systemic embolism in atrial fibrillation (March 2012, last updated July 2021) <https://www.nice.org.uk/guidance/ta249>
6. NHSE. Operational note: Commissioning recommendations for national procurement for DOACs (January 2022) <https://www.england.nhs.uk/wp-content/uploads/2022/01/B1279-national-procurement-for-DOACs-commissioning-recommendations-v1.pdf>
7. MHRA. Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents (June 2020) <https://www.gov.uk/drug-safety-update/direct-acting-oral-anticoagulants-doacs-reminder-of-bleeding-risk-including-availability-of-reversal-agents>
8. Summary of Product Characteristics for edoxaban 60mg tablets (April 2022) <https://www.medicines.org.uk/emc/product/6905/smpc#gref>
9. British National Formulary. Edoxaban (accessed Sept 2022) <https://bnf.nice.org.uk/drug/edoxaban.html>
10. FDA. Drug Trials Snapshot: Savaysa (edoxaban) for Prevention of Stroke in Atrial Fibrillation (September 2017) <https://www.fda.gov/drugs/drug-approvals-and-databases/drug-trials-snapshot-savaysa-edoxaban-prevention-stroke-atrial-fibrillation>
11. British National Formulary: Rivaroxaban (accessed Sept 2022) bnf.nice.org.uk/drug/rivaroxaban.html
12. Summary of Product characteristics for rivaroxaban 20mg tablets (January 2022) <https://www.medicines.org.uk/emc/product/2793/smpc#gref>
13. NHSE. Operational note: Commissioning recommendations for national procurement for Direct-acting Oral Anticoagulant(s) (DOACs). (January 2024) <https://www.england.nhs.uk/long-read/commissioning-recommendations-for-national-procurement-for-doacs/>

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