

## **NCL Position Statement UPDATE December 2025**

### **Choice of Direct Oral Anticoagulant (DOAC)**

This updated NCL position statement on choice of DOAC supersedes both the following NCL JFC documents:

1. Choice of Direct Oral Anticoagulant (DOAC) for the treatment of venous thromboembolism (VTE) and secondary prevention of VTE recurrence
2. 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:**

- 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.
- This position statement is not intended to replace local Trust or NCL guidance, which should be referred to for further information.
- A DOAC Prescribing Support document is available to outline referral pathways and support prescribing decisions [https://nclhealthandcare.org.uk/wp-content/uploads/2025/10/9\\_DOAC\\_prescribing\\_support.pdf](https://nclhealthandcare.org.uk/wp-content/uploads/2025/10/9_DOAC_prescribing_support.pdf)

Reminder of the following MHRA drug safety updates: -

- [Dosing and restrictions to the use of DOACs by renal function](#)<sup>13</sup>
  - Renal function in adults should be assessed by calculating creatinine clearance (CrCl) using the Cockcroft-Gault formula
  - Patients with renal impairment should be reviewed regularly to ensure ongoing efficacy and safety, with dosing adjusted as required.
- [Bleeding risk and availability of reversal agents](#)<sup>14</sup>

## 1. Patients to be newly initiated on a DOAC

DOACs are recommended as treatment options by NICE <sup>(1-11)</sup> for venous thromboembolic disease and the prevention of stroke or thrombotic embolism in non-valvular atrial fibrillation.

**Generic rivaroxaban and generic apixaban should be considered as the first line treatment option across NCL where clinically appropriate for the patient as these are considered the best value DOACs<sup>12</sup>.**

Treatment choice should be based on patient characteristics and the indication for DOAC treatment.

## 2. Patients established on DOACs

**NCL is implementing planned NCL system-wide programmes to support the active switching of agreed patient cohorts, such as patients with non-valvular atrial fibrillation, to generic rivaroxaban or generic apixaban where clinically appropriate.**

While patients currently prescribed edoxaban or dabigatran may continue their existing treatment if suitable, clinicians may wish to review existing DOAC patients to ensure they are on the most clinically appropriate, cost-effective and best value DOAC in view of their co-morbidities and risk factors.

Clinicians should continue to review all patients prescribed DOACs on a regular basis (every 12 months or earlier if clinically indicated) to ensure that therapy remains clinically appropriate, taking into account individual co-morbidities, renal function, drug interactions, and other relevant risk factors.

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 or for advice/support, local haematology/anticoagulation teams can be contacted as follows: -

Haematology/Anticoagulation Team	Contact email
UCLH	<a href="mailto:uclh.referrals.anticoag@nhs.net">uclh.referrals.anticoag@nhs.net</a>
Royal Free (RFL)	<a href="mailto:rf-tr.acc@nhs.net">rf-tr.acc@nhs.net</a>
Barnet	<a href="mailto:RF-TR.BH-anticoagulationFAX@nhs.net">RF-TR.BH-anticoagulationFAX@nhs.net</a>
North Middlesex University Hospital (NMUH)	<a href="mailto:northmid.anticoag1@nhs.net">northmid.anticoag1@nhs.net</a>
Whittington Health	<a href="mailto:whh-tr.anticoagulation@nhs.net">whh-tr.anticoagulation@nhs.net</a>

#### 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. NICE NG158. Venous thromboembolic diseases: diagnosis, management and thrombophilia testing (March 2020, last updated August 2023) <https://www.nice.org.uk/guidance/ng158>
7. NICE TA261: Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism; [www.nice.org.uk/guidance/ta261](http://www.nice.org.uk/guidance/ta261)
8. NICE TA287: Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism; [www.nice.org.uk/guidance/ta287](http://www.nice.org.uk/guidance/ta287)
9. NICE TA341: Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism; [www.nice.org.uk/guidance/ta341](http://www.nice.org.uk/guidance/ta341)
10. NICE TA354: Edoxaban for treating and preventing deep vein thrombosis and pulmonary embolism (August 2015); [www.nice.org.uk/guidance/ta354](http://www.nice.org.uk/guidance/ta354)
11. NICE TA327: Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism; [www.nice.org.uk/guidance/ta327](http://www.nice.org.uk/guidance/ta327)
12. NHSE. Operational note: Commissioning recommendations for national procurement for Direct-acting Oral Anticoagulant(s) (DOACs), January 2024, updated September 2024 <https://www.england.nhs.uk/long-read/commissioning-recommendations-for-national-procurement-for-doacs/>
13. MHRA Drug Safety Update May 2023: Direct-acting oral anticoagulants (DOACs): paediatric formulations; reminder of dose adjustments in patients with renal impairment <https://www.gov.uk/drug-safety-update/direct-acting-oral-anticoagulants-doacs-paediatric-formulations-reminder-of-dose-adjustments-in-patients-with-renal-impairment>
14. MHRA Drug Safety Update June 2020: Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents <https://www.gov.uk/drug-safety-update/direct-acting-oral-anticoagulants-doacs-reminder-of-bleeding-risk-including-availability-of-reversal-agents>

Groups / Individuals who have overseen the development of this position statement:	Carolyn Gates (Thrombosis & Anticoagulation Pharmacist, UCLH) Miriam Sajeed (Anticoagulation & Haemophilia Pharmacist, RFL) Ian Man (Lead Anticoagulation Pharmacist, Whittington Health) E.Y. Cheung (Head of Medicines Quality & Improvement, NCL ICB Medicines Optimisation Team)
NCL Groups / clinicians consulted:	NCL Haematology Consultants NCL Cardiovascular Disease & Stroke Network Anticoagulation Clinical Nurse Specialists and Pharmacists NCL GP Federations NCL GP and PCN pharmacy teams
Equality impact assessment:	EQIA initial screening completed, EQIA assessment not required
Version number:	Updated document v.2.0
Available on:	<a href="https://nclhealthandcare.org.uk/our-working-areas/medicines-optimisation/medicine-pathways-guidelines-position-statements/">https://nclhealthandcare.org.uk/our-working-areas/medicines-optimisation/medicine-pathways-guidelines-position-statements/</a>