

Prescribing Clinical Network

Policy Statement	Novel oral anticoagulants (dabigatran, rivaroxaban and apixaban) for stroke prevention in atrial fibrillation (review)
Policy No:	PCN 89-2014
Date of Issue	February 2014
Review Date:	February 2016 <i>(Unless new published evidence becomes available before this date OR there is new published national guidance e.g. NICE)</i>
<p>Recommendations: The committee noted the recommendations made in previous policy statements in relation to NOACs for SPAF (PCN 20-2012 & PCN 52-2013) and recommended the following:</p> <ol style="list-style-type: none"> 1. The focus of AF management should be to identify patients with AF and undertake stroke risk assessment using the CHA₂DS₂-VASc risk assessment tool. Patients with a CHA₂DS₂-VASc score ≥ 2 or CHA₂DS₂-VASc score 1 and considered high risk should be initiated on an anticoagulant 2. Warfarin is the first line choice for the prevention of stroke and systemic embolism in AF. Patients currently stable on warfarin therapy should not be considered for a switch to a NOAC 3. Warfarin anticoagulant services should be reviewed to ensure they deliver a high quality standard of care and meet the needs of patients who have difficulty complying with the specific monitoring requirements of warfarin therapy 4. NOACs should be considered as an alternative to warfarin for stroke prevention in AF (following risk assessment) in patients who: <ul style="list-style-type: none"> • have a warfarin allergy, are unable to tolerate warfarin or have an absolute contraindication to warfarin • have an ischaemic stroke whilst stable on warfarin and other treatment options including increasing the INR target range or adding in antiplatelets have been considered • are intrinsically unstable on warfarin after an adequate trial (usually at least 3 months) despite: <ul style="list-style-type: none"> ○ being adherent to prescribed therapy AND ○ attempts have been made to optimise warfarin treatment and address lifestyle factors including diet and alcohol e.g. patients with co-morbidities requiring frequently co-prescribed medications that interact with warfarin 5. NOACs have a GREEN status on the Traffic Light System. An information sheet has been produced to support this which details the responsibilities of the initiating prescriber in ensuring that the patient meets the defined criteria for use. 6. Rivaroxaban or dabigatran are considered the NOACs of choice with apixiban recommended for patients where rivaroxaban or dabigatran are not suitable treatment options eg: <ul style="list-style-type: none"> • Patients with severe renal impairment (creatinine clearance of 15-29ml/min) • Co-administration with dronedarone 	

7. Aspirin (with or without clopidogrel) is not a suitable alternative to warfarin or NOACs in patients with atrial fibrillation and a CHA₂DS₂-VASc score ≥ 2 , as it offers significantly less protection against stroke. Aspirin (with or without clopidogrel) should only be considered for such patients where warfarin and NOACs cannot be used due to allergy or contraindications

Key Considerations:

- The safety concerns with the NOACs noting that rivaroxaban and apixaban are black triangle drugs and that none of the NOACs currently have an antidote
- The evidence for the NOACs and NICE TA249 / TA256 / TA275
- The anticoagulant services currently available
- The financial implications for the local health economy
- The evidence available to support the use of the three licensed NOACs noting that there is currently no comparative data available
- The acquisition cost of the NOACs within the local health economy noting that based on these currently rivaroxaban and dabigatran present a more cost effective use of NHS resources.
- Rivaroxaban or dabigatran will not be a suitable treatment option for all patients, in these circumstances apixaban should be considered as a treatment option.

Date taken to Prescribing Clinical Network	5 th February 2014
Agreed by PCN members	March 2014

Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath CCG), North East Hampshire & Farnham CCG, Crawley CCG and Horsham & Mid-Sussex CCG