Prescribing Clinical Network

Policy Statement	Non-vitamin K oral anticoagulants (dabigatran, rivaroxaban and apixaban) for stroke prevention in atrial fibrillation (review)
Policy No:	PCN 117-2014
Date of Issue	3rd September 2014
Review Date:	September 2016 *(Unless new published evidence becomes available before this date OR there is new national guidance e.g. NICE)*

Recommendations: The committee noted the recommendations made in NICE clinical guideline Atrial fibrillation: the management of atrial fibrillation - CG 180 and recommended the following:

1. The focus of Atrial Fibrillation (AF) management should be to identify patients with AF and undertake stroke risk assessment using the CHA2DS2 –VASc risk assessment tool.
2. Anticoagulation must be offered to people with a CHA2DS2-VASc score of 2 or above
3. Anticoagulation must be considered for men with a CHA2DS2-VASc score of 1
4. Stroke prevention includes those with Paroxysmal AF and Atrial flutter
5. HASBLED is recommended to assess bleeding risk remembering that for most, the benefit of anticoagulation outweighs the risks. Warfarin should not be withheld solely because the person is at risk of having a fall
6. Anticoagulation may be with a vitamin K antagonist (warfarin) or a NOAC (rivaroxaban, dabigatran etexilate, or apixaban) according to their suitability for the individual patient, licensed indications and informed patient choice using the NICE patient decision aid.
7. Do **not** offer aspirin monotherapy solely for stroke prevention to people with atrial fibrillation.
8. Warfarin anticoagulant services should be reviewed to ensure they deliver a high quality of care with the person's time in therapeutic range (TTR) being calculated at each visit.
9. Reassess anticoagulation for a person with poor anticoagulation control shown by any of the following
   - two international normalisation ratio (INR) values higher than 5 or one INR value higher than 8 in the last 6 months*
   - two INR values less than 1.5 within the past 6 months*
   - TTR less than 65%*

*excluding measurements taken during the first 6 weeks of treatment

despite:

- being adherent to prescribed therapy **AND**
- attempts have been made to optimise warfarin treatment and address lifestyle factors including diet and alcohol

10. NOACs have a GREEN status on the Traffic Light System.

11. Locally, rivaroxaban and dabigatran currently present the most affordable NOAC options. Apixiban is recommended for patients where rivaroxaban or dabigatran are not suitable treatment options, for example; in patients with co-administration of dronedarone.

Key Considerations:

- NICE guidelines 180.
- NICE Implementation Collaborative on implementation of the NICE guidance
- Warfarin remains an established and cost effective option for anticoagulation
- The benefits of NOACs over warfarin decline as the Time in Therapeutic Range (TTR) on warfarin increases
- Effective and well known antidote to warfarin, vitamin K, is available should a severe bleed occur
- Licensed indication for rivaroxaban, dabigatran etexilate, and apixaban of non-valvular AF plus at least one additional risk factor
- Warfarin is suitable for AF related to rheumatic valvular disease, prosthetic heart valves, atrial flutter or those with AF and no additional risk factors
- 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 for efficacy or safety
- The relative prescribing costs of the NOACs within the local health economy, noting that currently rivaroxaban and dabigatran are the most affordable NOAC options.
- Rivaroxaban or dabigatran will not be a suitable NOAC option for all patients, in these circumstances apixaban should be considered as a treatment option

Date taken to Prescribing Clinical Network	3rd September 2014
Agreed by PCN members	14th October 2014