South East London Integrated Medicines Optimisation Committee
Formulary recommendation

Reference	**155**
Intervention:	**Apixaban for thromboprophylaxis and prevention of clot extension after deep venous stent insertion procedure** (Apixaban is an anticoagulant)
Date of Decision:	**November 2024, updated June 2025 following request to expand indication to cover all deep venous stenting procedures**
Date of Issue:	**December 2024. Re-issued June 2025**
Recommendation:	**Amber 2 – initiation and prescribing for a minimum period of the first 3 months from the specialist vascular team**
Further Information	• Apixaban 5mg tablets are accepted for use in SEL as a first-line anticoagulant option to reduce and prevent extension of clot burden after a deep venous stent insertion procedure i.e. - catheter directed thrombolysis (CDT) for the management of acute venous thromboembolism - stent insertion for the treatment of vascular compression syndrome and for cases of acute deep venous thromboembolism (DVT) - prior DVT with post-thrombotic syndrome where thrombolysis was not required • This approval only covers Guy's and St. Thomas' NHS Foundation Trust as the providers of this specialist service. • Anticoagulation is needed following deep venous stenting to maintain patency of the stent and prevent further symptoms following the procedure, and to reduce the risk of further thrombosis. • Patients will initially receive low molecular weight heparin as anticoagulation post procedure through the specialist vascular team. • The vascular team will switch the low molecular weight heparin to apixaban 5mg twice a day following a satisfactory Duplex scan. The vascular team will initiate and supply 3 months of apixaban. An individual patient management plan will be shared with the patient's GP practice at this point. • Warfarin is an alternative anticoagulant treatment option, particularly in patients with significant renal impairment, antiphospholipid syndrome or who are otherwise unsuitable for apixaban. • The use of apixaban in this setting is off-label. Informed consent should be gained from the patient before treatment is started. • Patients will continue to be monitored by the specialist team at 3 months, 6 months and 1 year post stent insertion, and every year thereafter for 3 – 5 years. • The majority of patients will require apixaban treatment for a minimum of 1 year – patients will be reviewed by the specialist vascular team at 12 months for continuation of treatment beyond 1 year.
Shared Care/ Transfer of care required:	N/A – individual patient management plan and clear communication to the GP
Cost Impact for agreed patient group	• The application estimates 120 patients per year will be treated of which a third will be from SEL. • This equates to an approximate cost for SEL of £28,000 per annum (or ~£1,400 per 100,000 population per year). • **June 2025:** The extension of the indication for apixaban in this setting to cover all deep venous stenting procedures is not expected to have an additional cost impact
Usage Monitoring & Impact Assessment	**Acute Trusts** • Monitor use and submit usage data and audit reports upon request to the Committee.
	SEL Borough Medicines Teams: • Monitor ePACT2 data. • Exception reports from GPs if inappropriate prescribing requests are made to primary care.

Evidence reviewed	References (from evidence evaluation)
	1. Fowkes F, Price J, Fowkes F. Incidence of diagnosed deep vein thrombosis in the general population: Systematic review. European Journal of Vascular and Endovascular Surgery 2003 25 (1) p1-5. 2. Khan S. The post thrombotic syndrome. Hematology 2016 (1) p413-418. 3. Bowden S, van Asseldonk B, Roche-Nagel G et al. Ten-year trends in iliofemoral deep vein thrombosis treatment and referral pathways. Vascular 2021 29 (5) p751-761. 4. NICE NG158: Venous thromboembolic diseases: diagnosis, management and thrombophilia testing (March 2020). 5. b. Notten P, Cate H, Cate-Hoek A et al. Postinterventional antithrombotic management after venous stenting of the iliofemoral tract in acute and chronic thrombosis: A systematic review. J Thromb Haemost. 2021 (19) p753–796 6. a. Notten P, van Laanen J, Eijgenraam P et al. Quality of anticoagulant therapy and the incidence of in-stent thrombosis after venous stenting. Research and Practice in Thrombosis and Haemostasis 2020 4 p594–603. 7. Khan S, Comerota A, Cushman M et al. The Postthrombotic Syndrome: Evidence-Based Prevention, Diagnosis, and Treatment Strategies A Scientific Statement From the American Heart Association. 8. Eliquis. Summary of Product Characterisitics. Available online at: https://www.medicines.org.uk/emc/product/4756/smpc (accessed 31/01/2023). 9. Millinis K, Thapar A, Shalhoub J et al. Antithrombotic therapy following venous stenting: International Delphi Consensus. European Journal of Endovascular Surgery 2018 55 p537-544. 10. Kelley D, Wright L, Ohman K et al. Safety and effectiveness of direct oral anticoagulants following ultrasound-assisted catheter directed thrombolysis for venous theromboembolism. Journal of Thrombosis and Thrombolysis 2018 46 p58-61. 11. Sebastian T, Hakki L, Spirk D et al Rivaroxaban or vitamin-K antagonists following early endovascular thrombus removal and stent placement for acute iliofemoral deep vein thrombosis. Thrombosis research 2018 172 p86-93. 12. Xarelto. Summary of Product Characteristics. Available online at: https://www.medicines.org.uk/emc/product/2793/smpc (accessed 02/02/2023). 13. Badesha A, Black S et al. A meta-analysis of the medium- to long-term outcomes in patients with chronic deep venous disease treated with dedicated venous stents. Journal of Vascular Surgery: Venous and Lymphatic Disorders 2024, volume 12, issue 3

NOTES:

a) SEL IMOC recommendations and minutes are available publicly via the website.

b) This SEL IMOC recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.

c) Not to be used for commercial or marketing purposes. Strictly for use within the NHS