South East London Integrated Medicines Optimisation Committee (SEL IMOC, formerly SEL APC)
Position Statement

Reference:	**PS-023**
Intervention:	**Choice of preferred direct oral anticoagulant (DOAC) for:** **(i) Stroke prevention in non-valvular atrial fibrillation (NVAF) and** **(ii) Management of venous thromboembolism (VTE)**
Date of Decision:	**February 2020 (revised July 2020)**
Date of Issue:	**March 2020, reissued September 2020**
Recommendation:	**Edoxaban and rivaroxaban are the preferred DOAC agents for South East London.** · **Amber 2 for NVAF–** Initiation and **first month's** prescription from the specialist team/via primary care commissioned service for **stroke prevention in NVAF** · **Amber 2 for VTE-** Initiation, **three months'** prescription and a follow up from the specialist team for **VTE treatment** The exceptions to this are patients requiring compliance aids who will have prescribing responsibility transferred to primary care at discharge from hospital and following 1 week of supply **For new initiations:** · **Edoxaban is preferred for stroke prevention in patients with non-valvular Atrial Fibrillation (NVAF)** · **Rivaroxaban is preferred for venous thromboembolism (VTE) management** **In line with NICE TAs [2,3,4,5] all anticoagulant options will be available if clinically appropriate.**
Further Information:	· There are four DOAC agents available for NVAF which increases complexity in prescribing and reduces familiarity with drug and dosing regimens · The National Patient Safety Agency (NPSA) recommends standardising the range of anticoagulation products used to minimize risk[1] · Currently edoxaban is the DOAC with the lowest acquisition cost, is a once daily dose, does not require dietary restrictions and has a simple dosing regimen for prescribers to follow (*link: Initiation of Anticoagulation (AC) For Stroke Prevention In Non-Valvular Atrial Fibrillation (NVAF)*)[7,8] · Rivaroxaban is the preferred agent for VTE patients (it does not require prior loading with low molecular weight heparin) but also has a low acquisition cost (patent expiry in 2023), is a once daily dose and has a simple dosing regimen for prescribers. It is a reasonable preferred agent for patients who are unsuitable for edoxaban in NVAF (special patient circumstances will be considered). It is also licensed for patients (at a lower dose) post-acute coronary syndrome (ACS) and in stable coronary artery disease (CAD) / peripheral arterial disease (PAD)[14,15] *(link: Initiation of Anticoagulation (AC) for VTE (DVT/PE))* · Having two preferred agents reduces the risk to patients' medication supplies due to drug shortages · Following a review of patient safety incidents, secondary care will now supply 4 weeks supply of DOAC at discharge for NVAF and initiation/transfer of care forms will no longer be required. Primary care will receive all relevant monitoring and prescribing information via hospital discharge letter or outpatient letter (*link: DOAC patient referral pathway for NVAF*) · Secondary care will continue to provide 3 months' supply following DOAC initiation for VTE but initiation and transfer of care forms will not be required. Patients will be followed up by thrombosis clinics and the information will be detailed in clinic letters and discharge letters. Patients will be transferred to primary care if the patient requires prolonged treatment and if the patient has a medicines compliance aid (*link: SEL VTE patient pathway*) · Switching patients between preferred DOAC agents without a clinical indication/patient preference is not supported by this position statement.

Background:	This has been discussed with stakeholders across SEL at 2 meetings and in agreement with the South London Cardiovascular Medicines Working Group (SLCVMWG) members: Cardiologists, haematologists, geriatricians, primary care pharmacists, acute medicine pharmacists, LMC, GPs, PCN pharmacists, anticoagulation pharmacists, cardiology pharmacists, anticoagulation nurses, chief CCG pharmacists, community pharmacists, interface pharmacists.
Cost Impact for agreed patient group	Currently SEL is projected to spend £9.5 million on DOAC prescribing in 2019/20. Edoxaban usage across SEL currently varies from 4% to 19% of total DOAC prescriptions. For every 10% increase in edoxaban prescribing compared to other DOACs, there is the potential to save £300,000 per year.
Usage Monitoring & Impact Assessment	**Acute Trusts** · Audit prescribing and report back to APC within 6 months of implementation.
	SEL CCG Boroughs: · Monitor ePACT2 data · Currently edoxaban and rivaroxaban prescribing is increasing in SEL and, following implementation of the preferred agent guidance, usage will be monitored through the SLCVMWG.
Evidence reviewed:	1. Anticoagulant therapy, SPS: https://www.sps.nhs.uk/wp-content/uploads/2011/08/Implementing-Patient-Safety-Alert-18-anticoagulant-therapy-resource-May-2018.pdf 2. Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation; NICE TA355; 2015 https://www.nice.org.uk/guidance/ta355 3. Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation; NICE TA256; 2012 https://www.nice.org.uk/Guidance/TA256 4. Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial and systemic embolism in atrial fibrillation; NICE TA249; 2012 https://www.nice.org.uk/Guidance/TA249 5. Apixaban for preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation; NICE TA275; 2013 https://www.nice.org.uk/Guidance/TA275 6. Anticoagulation- oral- NICE CKS; last updated June 2019 https://cks.nice.org.uk/anticoagulation-oral *7.* British National Formulary: Edoxaban https://bnf.nice.org.uk/drug/edoxaban.html *accessed 06/01/20* 8. Summary of product characteristics: Edoxaban 60mg tablets Lixiana® https://www.medicines.org.uk/emc/product/6905/smpc accessed 06/01/20 9. Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism; NICE TA261, 2012; https://www.nice.org.uk/guidance/ta261 10. Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism (June 2013) NICE TA287; https://www.nice.org.uk/guidance/ta287 11. Edoxaban for treating and preventing deep vein thrombosis and pulmonary embolism (August 2015); NICE TA354; https://www.nice.org.uk/guidance/ta354 12. Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (December 2014) NICE TA327; https://www.nice.org.uk/guidance/ta327 13. Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (June 2015) NICE TA341; https://www.nice.org.uk/guidance/ta341 14. British National Formulary: Rivaroxaban; https://bnf.nice.org.uk/drug/rivaroxaban.html last accessed 06/01/20 *15.* Summary of Product characteristics for rivaroxaban 20mg tablets; https://www.medicines.org.uk/emc/product/2793/smpc Last accessed 06/01/20 *Date last accessed for on-line references 09/10/19 unless stated* 16. Venous thromboembolic diseases: diagnosis, management and thrombophilia testing; NICE guideline [NG158] Published date: 26 March 2020 https://www.nice.org.uk/guidance/NG158 accessed 17/6/20

NOTES:

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

b) This SEL IMOC position statement has been made on the cost effectiveness, patient outcome and safety data available at the time. The position statement 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.