

**South East London Integrated Medicines Optimisation Committee
Position Statement**

Reference:	PS-029
Intervention:	Choice of direct-acting oral anticoagulant (DOAC) for: (i) Stroke prevention in non-valvular atrial fibrillation (NVAf) and (ii) Management of venous thromboembolism (VTE)
Date of Decision:	August 2024
Date of Issue:	August 2024
Recommendation:	<p>Generic apixaban (twice daily) and rivaroxaban (once daily) are the preferred DOAC agents for initiation of anticoagulation in South-East London (SEL) for stroke prevention in NVAf and management of VTE. These are currently the most cost-effective DOACs.</p> <p>Prescribing arrangements for DOACs in these indications are available in the SEL Joint Medicines Formulary (JMF):</p> <ul style="list-style-type: none"> • Amber 2 for NVAf - Initiation and first month's prescription from the specialist team/via primary care commissioned service/competent healthcare professional for stroke prevention in NVAf • Amber 2 for VTE - Initiation, three months' prescription and a follow up from the specialist team for VTE treatment <p>Exception: patients requiring compliance aids who will have prescribing responsibility transferred to primary care at discharge from hospital with one week of supply of DOAC.</p>
Further Information:	<ul style="list-style-type: none"> • Prescribers should note that dosing and monitoring requirements differ between DOACs and consult the appropriate Summary of Product Characteristics (SmPC): <ul style="list-style-type: none"> ○ Apixaban SmPCs ○ Rivaroxaban SmPCs • For rivaroxaban, the patient must be able to reliably take this medication with food to ensure its efficacy. • In line with recommendations made within technology appraisals (TAs) from the National Institute for Health and Care Excellence (NICE) ¹⁻⁹ all anticoagulant options remain available if clinically appropriate and following a shared decision with the patient. • This position statement does not endorse routine switching to best value DOACs - patients should only be considered for switching between DOACs where there are clinical concerns (safety or effectiveness) or tolerability issues.

Background:	Apixaban and rivaroxaban have recently become available generically and at much lower costs than other DOAC options. In South East London it is recommended that the DOAC with the lowest acquisition cost is used, wherever clinically appropriate.
Cost Impact for Agreed patient group	Substantial savings are expected in 24/25 from prescribing of generic DOACs based on current prescribing trends.
Usage Monitoring & Impact Assessment	Acute Trusts and primary care anticoagulation services: <ul style="list-style-type: none"> • Auditing of prescribing and report back to cardiovascular medicines sub-group and other forums as necessary within 6 months of implementation
	SEL Borough Medicines Optimisation Teams: <ul style="list-style-type: none"> • Monitor prescribing data (e.g. ePACT2) report to cardiovascular medicines sub-group and other forums as necessary every 6 months
Evidence reviewed:	<ol style="list-style-type: none"> 1. Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation; NICE TA355; 2015 https://www.nice.org.uk/guidance/ta355 Accessed 9/7/24 2. Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation; NICE TA256; 2012 https://www.nice.org.uk/Guidance/TA256 Accessed 9/7/24 3. 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 4. Apixaban for preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation; NICE TA275; 2013 https://www.nice.org.uk/Guidance/TA275 Accessed 9/7/24 5. 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 Accessed 9/7/24 6. Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism (June 2013) NICE TA287; https://www.nice.org.uk/guidance/ta287 Accessed 9/7/24 7. Edoxaban for treating and preventing deep vein thrombosis and pulmonary embolism (August 2015); NICE TA354; https://www.nice.org.uk/guidance/ta354 Accessed 9/7/24 8. 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 Accessed 9/7/24 9. 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 Accessed 9/7/24 10. Apixaban: Summary of Product Characteristics. Accessed 20/08/2024 11. Rivaroxaban: Summary of Product Characteristics. Accessed 20/08/2024

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.**