

Prescribing Clinical Network

Policy Statement	Oral anticoagulants (warfarin, dabigatran, rivaroxaban, apixaban and edoxaban) for stroke prevention in atrial fibrillation (update)
Policy No:	PCN 269-2017 (replaces PCN 176-2015)
Date of Issue	August 2017
Review Date:	August 2020 <i>(Unless new published evidence becomes available before this date OR there is new national guidance e.g. NICE)</i>
<p>Recommendations:</p> <p>Anticoagulation should be initiated for patients with AF in accordance to NICE clinical guideline Atrial fibrillation: the management of atrial fibrillation - CG 180, and as described in the NICE Clinical Knowledge Summaries Anticoagulation – oral. Please check the website for the latest guidance.</p> <p>The prescribing clinical network recommends that the anticoagulation selection tool agreed at the PCN meeting in August 2017 is adopted for use in the PCN collaborative organisations.</p> <p>Edoxaban has been selected as the preferred DOAC after careful consideration of the available evidence and the cost to the health economy.</p>	
<p>Key Considerations:</p> <ul style="list-style-type: none"> • The PCN accepted that in the absence of head-to-head trials between the direct oral anticoagulants (DOACs), the differences between the trials with respect to patient selection, concurrent medication, warfarin arm time in therapeutic range (TTR), and relative duration of treatments, invalidates claimed benefits for one DOAC over another. • On this basis, the PCN agreed that, as originally indicated by NICE, all oral anticoagulants should continue to be considered equal and that selection of treatment should be based on patient choice between warfarin and a DOAC. • On current evidence, should the other DOACs reduce their cost to the health economy sufficiently to be similar or better than that for edoxaban, they would be considered for addition to the selection tool. • Audits find that the TTR for warfarin in the PCN collaborative is much higher than that in the DOAC trials, and therefore conclusions that DOACs are safer than warfarin under these circumstances has not been demonstrated. Warfarin should continue to be a treatment option in the local health economy. Patients who are well controlled on warfarin should not be switched to a DOAC unless the prescriber and patient have a full discussion of benefits and risks of the alternative treatment. • When carefully considering the lack of good evidence describing differences 	

between benefits and risks of DOACs due to the lack of head-to-head trials between these treatments, it is important to consider the cost to the health economy.

- Due to a rebate, the cost of edoxaban is significantly lower to the health economy than the other competitor agents and therefore should be the preferred choice of DOAC.

Date taken to Prescribing Clinical Network	2 nd August 2017
Agreed by PCN members	14 th August 2017

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

FUTURE