Anticoagulation part 1. Non valvular Atrial Fibrillation (NVAF) briefing

The updated National Institute for Health and Care Excellence (NICE) guidance [NG196] recommends anticoagulation with a DOAC (apixaban, dabigatran, rivaroxaban or edoxaban) for stroke prevention in Non valvular Atrial Fibrillation (NVAF), unless contraindicated or not tolerated. NICE does not indicate the use of any particular DOAC.¹ Savings made through DOAC medicines optimisation projects would allow more patients with AF and other cardiovascular diseases to be diagnosed and treated.²

Key recommendations

- When considering starting, or reviewing people already taking anticoagulation, for atrial fibrillation (AF), use the:
- » CHA, DS, -VASc score to assess stroke risk.
- » ORBIT bleeding risk score (or HAS-BLED, if ORBIT risk scores are not yet embedded in clinical pathways) to assess bleeding risk.
- Ensure careful monitoring of bleeding risk and support to modify risk factors.
- There must be an informed discussion and shared decision making between the prescriber and the person about the relative risks and benefits of each agent. Document discussion in the patients notes using SNOMED code: 815691000000107 (shared decision making).
- Ensure that DOAC dosages are adjusted according to CrCl which have been calculated using the Cockcroft-Gault equation.
- Review at least annually, or more frequently in renal impairment, if clinically relevant events occur affecting anticoagulation or there is a change in bleeding risk. Refer to attachment 1 and attachment 8.

- DOACs are not recommended in patients with antiphospholipid syndrome; warfarin should be offered to these patients instead.
- Avoid the use of DOACs in patients with a prosthetic mechanical heart valve as they are contraindicated (dabigatran) or not recommended (apixaban, edoxaban, rivaroxaban) in these patients.
- For suitable people already stable on a vitamin K antagonist (VKA, e.g. warfarin) discuss switching to a DOAC at their next routine appointment, taking into account time in therapeutic range (TTR).
- Prescribe DOACs generically to ensure that generic savings are made when generic versions become available.
- In England, consider edoxaban as a preferred option in line with the NHS National DOAC Framework Agreement. Consider alternative DOACs in the following order: rivaroxaban, apixaban, dabigatran.

Costs and savings

In England, Wales and Scotland £845 million is spent annually on DOACs, warfarin and phenindione (excluding monitoring) (NHSBSA Dec21-Feb22, and Public Health Scotland Nov21-Jan22). DOACs account for 99% of this spend and 77% of these items in England and Wales (NHSBSA Dec21-Feb22). In Scotland, DOACs account for 98% of this spend and 71% of these items (Public Health Scotland Nov21-Jan22).

A 10% reduction in the spend on DOACs could release annual savings of £76.8million in England and Wales and £6.8million in Scotland (NHSBSA Dec21-Feb22, and Public Health Scotland Nov21-Jan22) In England and Wales, this equates to £118,484 per 100,000 population. In Scotland, this equates to £116,529 per 100,000 population.

In England if 50% of patients were switched to edoxaban from another DOAC in line with the DOAC national commissioning framework, (using NHS list price), this could release annual savings of £157.5 million in England (NHSBSA Dec 21-Feb 22). This equates to £257,796 per 100,000 population in England.

References

- 1. NICE. Atrial fibrillation: diagnosis and management. National guideline [NG196]. Published 27 April 2021, last updated 30 June 2021. https://www.nice.org.uk/guidance/ng196/
- 2. NHS England. Operational note: Commissioning recommendations for national procurement for DOACs. January 2022, Version 1 https://www.england.nhs.uk/wp-content/uploads/2022/01/B1279-national-procurement-for-DOACs-commissioning-recommendations-v1.pdf

		Briefing	
	Additional		https://www.prescqipp.info/our-resources/bulletins/bulletin-282-anticoagulation/
	available	Implementation tools	
		Data pack	https://data.prescqipp.info/views/B282_Anticoagulation/ FrontPage?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y

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