

Milton Keynes Prescribing Advisory Group, MKPAG

Recommendation for use of Novel Oral AntiCoagulants – NOACs (August 2016)

There are currently four NOACs on the UK market:

- Apixaban (Eliquis®)
- Dabigatran (Pradaxa®)
- Rivaroxaban (Xarelto®)
- Edoxaban (Lixiana®)

Recommendation of MKPAG

Indication	NOAC option recommended by MKPAG	Message to GPs and Recommended actions to be taken to reduce the risk of bleeding
AF: to reduce risk of stroke where benefits out-weigh risks, and an anticoagulant is the appropriate treatment	Warfarin, or if not suitable, Apixaban	Advise GPs taking on prescribing that this is for use long-term in non-valvular AF; use until bleeding risks outweigh benefits. Put onto repeat prescribing. GP monitoring of renal function and bleeding risks required – suggest every 3 to 4 months. NICE advised that Apixaban is the most cost-effective NOAC in AF.
Extended VTE Prophylaxis – elective hips & knees	Dabigatran to be supplied only by the hospital	Advise GPs NOT to put on repeats as the full course for this indication will be provided by MKHFT
VTE Treatment of PE or DVT and prevention of recurrent DVT or PE in adults;	Warfarin after LMWH, or if not suitable, Rivaroxaban	Advise MKCCG GPs taking on prescribing that this treatment is to go on repeat BUT <u>not</u> usually for life-time treatment ALL Anticoagulation for VTE needs to be reviewed by the practice. Hospital to recommend when review is due. NICE anticipates this review will be at: 3months (43% of patients), 6months (43%), 12months (7%), other (7% of patients)

NOACs are recommended to be used only where warfarin not appropriate.

Key points from the rationale for these recommendations are set out below.

Warfarin remains the oral anticoagulant recommended by MKPAG for the majority of patients

Apixaban

Apixaban is the MKPAG recommended NOAC of choice **for prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation**. These patients will usually require anticoagulation long-term. Apixaban can be packed into Monitored Dosage Systems.

Dabigatran

In Orthopaedics, Dabigatran is the MKPAG recommended NOAC of choice to be used for **prevention of VTE in patients undergoing elective hip or knee replacement** for a short duration as specified in the SPC in this indication. MKPAG recommends using this drug only as an option for this indication and not for its other licensed indications. MKPAG agreed this recommendation as the hospital will provide the full course for this indication and limiting use its use in this way should help to ensure that treatments started for short-term use are not inadvertently put on GP repeat prescribing. NOTE: Dabigatran is NOT suitable for inclusion in any Monitored Dosage System.

Rivaroxaban

Rivaroxaban is the MKPAG recommended NOAC of choice for **treatment and prevention of VTE and secondary prevention of VTEs**.

Anticoagulant Therapy to be reviewed by GP at 3, 6 or 12 months as appropriate for indication.

Rivaroxaban can be packed into Monitored Dosage Systems.

These recommendations will be reviewed at intervals in the light of new evidence or national guidance

Date written: July 2014; Updated: August 2016

Novel Oral AntiCoagulants (NOACs)

(With the NOAC of choice for each indication highlighted in green)

Warfarin remains the oral anticoagulant recommended by MKPAG for the majority of patients

Indication	Apixaban	Dabigatran	Edoxaban	Rivaroxaban
Prevention of VTE : elective hip or knee replacement surgery	Red NICE TA245	Red NICE TA157 NOAC of Choice for indication within MK Healthcare		Red NICE TA170
Prevention of stroke and systemic embolism in patients with non- valvular atrial fibrillation (NVAF)	Amber 2 NICE TA275 NOAC of Choice for indication within MK Healthcare	Amber 3 NICE TA249	Amber 3 NICE TA355	Amber 3 NICE TA256
Treatment of DVT, treatment of PE and prevention of recurrent DVT and PE (VTEt)	Amber 3 NICE TA341	Amber 3 NICE TA327	Amber 3 NICE TA354	Amber 2 NICE TA287 NICE TA261 NOAC of Choice for indication within MK Healthcare

Formulary status and colour codes

Green	Medicine suitable for routine use within its licensed indication
Amber 1	Medicine suitable for prescribing in primary care after specialist recommendation
Amber 2	Medicine suitable for prescribing in line with local guidance (e.g. might be second line after treatment failure of something else)
Amber 3	Medicine suitable for prescribing within its licensed indication in primary care after specialist initiation and stabilisation
Amber 4 Shared Care Guideline	Medicine initiated by a specialist and prescribed by primary care only under a shared care guideline, once patient has been stabilised
Red	Medicine suitable for prescribing by hospital or specialist only (to allow for move of secondary care work into the community and being undertaken by GP with Special interest etc.)