

Milton Keynes Prescribing Advisory Group, MKPAG

Recommendation for use of Newer Oral AntiCoagulants – NOACs (July 2014)

There are currently three NOACs on the UK market:

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

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)

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

NOACs are recommended to be used only where warfarin not appropriate as per agreed Milton Keynes criteria – details will be available in MKPAG Prescribing Matters bulletins www.formularymk.nhs.uk

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. NICE advised that Apixaban is the most cost-effective of the three NOACs because it has a slightly lower bleeding risk. 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.

For further information, refer to the MKPAG bulletins available at www.formularymk.nhs.uk.

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