

Medicines Optimisation Position Statement

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| Position Statement | Oral anticoagulants for stroke prevention in atrial fibrillation |
| Position Statement number | 010 (2018) |
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| Date of review: | March 2020 ((Unless new published evidence becomes available before this date OR there is new published national guidance). |

Anticoagulation should be initiated for patients with AF in accordance with NICE Clinical Guideline, CG 180; Atrial fibrillation: the management of atrial fibrillation¹ and NICE Clinical Knowledge Summaries; Anticoagulation – oral.²

There is currently no evidence demonstrating that the direct oral anticoagulants (DOACs); apixiban, dabigatran, edoxaban and rivaroxaban are superior to warfarin in the prevention of non-haemorrhagic stroke and systemic embolism in people with nonvalvular atrial fibrillation.

As indicated by NICE, all oral anticoagulants should be considered equal and that selection of treatment should be based on patients' clinical features and preferences between warfarin and a direct oral anticoagulant (DOAC). There are still situations where well controlled patients on warfarin experience equal or superior outcomes over DOACs and therefore warfarin needs to remain an option for these patients. The DOACs are NOT licensed for valvular AF and are contraindicated in patients with mechanical heart valves therefore in these patients warfarin remains the only choice for anticoagulation. Please consult the Summary of Product Characteristics for further details <https://www.medicines.org.uk/emc/>

In the absence of head to head trials demonstrating the benefits and risks between the DOACs, the most cost-effective treatment to the health economy should be considered. Edoxaban currently has the lowest acquisition cost and was trialled in the largest number of patients including a high proportion of high risk patients.³ This currently makes it the most cost-effective DOAC to the health economy.

In the absence of robust evidence favouring any one over the others, all oral anticoagulants should be considered equal and that selection of treatment should be based on patients' clinical features and preferences between warfarin and a direct oral anticoagulant (DOAC). If a DOAC is indicated then edoxaban should be the preferred choice for the prevention of stroke in nonvalvular atrial fibrillation.

References

1. NICE Clinical Guideline CG180; Atrial fibrillation: management <https://www.nice.org.uk/guidance/cg180/chapter/1-recommendation>
2. NICE CKS; Anticoagulation-oral <https://cks.nice.org.uk/anticoagulation-oral>
3. Edoxaban versus Warfarin in Patients with Atrial Fibrillation. Giuliano et al. N Engl J Med 2013;369:2093-2104

Acknowledgments

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