

Novel Anti-Coagulants (NOACs)

Recommendation

NICE have approved all 4 NOACs (apixaban, dabigatran, edoxaban and rivaroxaban).

However it has been agreed that in **East Kent apixaban** and **rivaroxaban** will usually be preferred as with these 2 drugs there is no requirement to pre-treat with low molecular weight heparin.

Patients diagnosed with a DVT or PE will be given the option of being treated with **apixaban, rivaroxaban** or **enoxaparin** followed by **warfarin**. This document contains information on the arrangements that have been agreed for prescribing.

Approved by: East Kent Prescribing Group (Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG)

Date: 17th August 2018 (Revised)

Address: c/o Canterbury and Coastal CCG, Ground Floor, Council Offices, Military Road, Canterbury, Kent, CT1 1YW

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Novel Oral Anticoagulants (NOACs) for :

1. **The Treatment of deep vein thrombosis (DVT) and preventing recurrent deep vein thrombosis and pulmonary embolism after a diagnosis of acute deep vein thrombosis in adults. (not cancer patients)**
2. **The Treatment of Pulmonary Embolism (PE) and preventing venous thromboembolism**

NICE have approved all 4 NOACs (apixaban, dabigatran, edoxaban and rivaroxaban) for these indications. However it has been agreed that in East Kent apixaban and rivaroxaban will usually be preferred as with these 2 drugs there is no requirement to pre-treat with low molecular weight heparin.

Patients diagnosed with a DVT or PE will be given the option of being treated with apixaban , rivaroxaban or enoxaparin followed by warfarin. The following arrangements have been agreed for prescribing:

Anticoagulant team responsibilities:

1. To agree the most appropriate treatment with each patient taking into account the risks & benefits of warfarin vs apixaban or rivaroxaban.
2. To provide the patient with an apixaban or rivaroxaban alert card and counsel the patient regarding the administration and side effects of the drug.
3. **For apixaban:** to dispense 5 weeks supply of medication: 1 week of 10mg twice daily followed by 4 weeks of 5mg twice daily.
4. **For rivaroxaban:** To dispense 4 weeks supply of medication as a titration pack: 3 weeks of 15mg twice a day followed by 1 week of 20mg daily or 15mg daily dependent on renal function.
5. To provide the GP and patient with written information regarding the duration of treatment – usually 3 or 6 months.

GP responsibilities:

1. To continue prescribing for the duration determined by the anticoagulant team as below (recommended to add stop date to directions):
 - Apixaban 5mg bd for up to 6 months. 2.5mg bd following completion of 6 months of treatment for DVT or PE.
 - Rivaroxaban 20mg or 15mg daily as directed by the anticoagulant team, dependent on renal function
2. To take appropriate action if there are any changes in the patient's clinical status or medication that would affect the safe prescribing of apixaban or rivaroxaban.
3. To take appropriate action if the patient reports any signs of bleeding.

The anticoagulant team will take responsibility for assessing the suitability of patients for treatment with [apixaban](#) or [rivaroxaban](#) but the following prescribing guidance should be noted (Please see Summary of Product Characteristics by clicking on the links above) or search for full information at www.medicines.org.uk.

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Dosing Guidance

Renal function – creatinine clearance	Rivaroxaban Recommended dose	Apixaban Recommended dose
> 50ml/min	15mg bd for 3 weeks, then 20mg od	<ul style="list-style-type: none"> • 10mg bd for 1 week then 5mg bd • 2.5mg bd following
30-49 mL/min	15mg bd for 3 weeks following diagnosis, then 20mg od, or 15mg od if the risk of bleeding outweighs the risk for recurrent DVT and PE.	<ul style="list-style-type: none"> • 10mg bd for 1 week then 5mg bd • 2.5mg bd following completion of 6 months of treatment for DVT or PE
15-29 mL/min	Not recommended for use in East Kent	
<15 mL/min	Contraindicated	

Potential Interactions

Ketoconazole, itraconazole, voriconazole and posaconazole / Protease inhibitors	Significantly increase rivaroxaban levels – avoid concomitant use
Rifampicin, Phenytoin, carbamazepine, phenobarbital , St. John's Wort	May reduce apixaban or rivaroxaban levels
Anticoagulants	Risk of bleeding increased. Avoid concomitant use of other anticoagulants
Antiplatelet drugs/ NSAIDs	Risk of bleeding increased.

Monitoring

In East Kent our present recommendation for any patient on long term therapy is that while on treatment renal function should be assessed at least once a year, or more frequently as needed in certain clinical situations when it is suspected that the renal function could decline or deteriorate, (such as hypovolemia, dehydration or if drugs are introduced that could impair renal function such as NSAIDs, diuretics, ACE inhibitors and angiotension 2 blockers. These recommendations have been made locally and do not form part of the present SPC for this drug.

Management of Bleeding

There is no proven antidote to rivaroxaban or apixaban, however prothrombin complex concentrate (PCC) is likely to be effective. In the event of haemorrhagic complications, treatment must be discontinued and the source of bleeding investigated. With serious bleeding hospital admission with haematologist advice is indicated. Appropriate symptomatic support should be provided as needed.

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