

Position Statement

Choice of direct-acting oral anticoagulant (DOAC) for stroke prevention in non-valvular atrial fibrillation (AF)

Prescribing recommendation:

Where a DOAC is considered to be the most appropriate anticoagulant, edoxaban is to be used 1st line for patients with non-valvular AF unless there is a specific clinical reason not to do so.

Background

- In the absence of head-to-head trials, it is not appropriate to be definitive on which DOAC is the best, given the heterogeneity of the different trials.
- NICE concluded that all newer oral anticoagulants appear to have comparable efficacy for the composite primary endpoint and bleeding outcomes. ¹
- In the absence of a specific clinical reason to select a particular DOAC (e.g. patients with previous stroke may benefit more from dabigatran 150mg twice daily), LMMG recommends that the DOAC with the lowest acquisition cost as the first line DOAC for patients with non-valvular AF. Currently this is edoxaban. This recommendation is in agreement with that published by the North West Coast Strategic Clinical Network.²

Please access this guidance via the LMMG website to ensure that the correct version is in use.
Please also refer via website to LMMG 'Pathway for the prevention of stroke and systemic embolism in non – valvular atrial fibrillation'

References

1. NICE TA 355. Edoxaban for preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation. 23 September 2015
2. <https://www.england.nhs.uk/north/wp-content/uploads/sites/5/2019/01/consensus-statement-on-doac-nov-2018.pdf>

Version Control

Version Number	Date	Amendments Made	Author
Version 1.0	October 2018	Initial document	Sharon Andrew
Version 1.1	December 2018	Amended to incorporate comments from LMMG	Paul Tyldesley
Version 1.2	January 2019	Amended reference in line with updated NWCSN document and added statement referring to LMMG Pathway for the prevention of stroke and systemic embolism in non – valvular atrial fibrillation	Sharon Andrew

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Midlands and Lancashire Commissioning Support Unit,
Jubilee House, Lancashire Business Park, Leyland, PR26 6TR
Tel: 01772 644 400 | www.midlandsandlancashirecsu.nhs.uk