Choice of Direct Oral Anticoagulant (DOAC) for prevention of stroke and systemic embolism in adults with non-valvular AF (NVAF)

Barnsley Area Prescribing Committee Position Statement

Rivaroxaban (generic) and Apixaban (generic) are the First Line DOACs for NVAF

Where a DOAC is considered to be the most appropriate anticoagulant, generic rivaroxaban or generic apixaban are to be used first line for patients commencing treatment for NVAF unless there is a specific clinical reason not to do so.

Background:

- NICE NG196 AF: diagnosis and management, states that: *"apixaban, dabigatran, edoxaban and rivaroxaban are all recommended as options for the treatment of atrial fibrillation, when used in line with the criteria specified in the relevant NICE technology appraisal guidance."*[1]
- NICE NG196 AF: diagnosis and management, states that: *"if DOACs are contraindicated, not tolerated or not suitable in people with atrial fibrillation, then offer a vitamin K antagonist"*.[1]
- Due to the NHSE National Procurement for DOACs scheme, the DOACs with the lowest acquisition cost are currently generic rivaroxaban and generic apixaban (joint best value).[2] Rivaroxaban is a once a day treatment. Apixaban is a twice a day treatment. *
- In the absence of a specific clinical reason to select a particular DOAC (see the Barnsley Anticoagulation for Stroke Prevention in NVAF: Joint primary and secondary care guideline for further details,[3] the relevant NICE technology appraisal guidance and SPC), the Barnsley Area Prescribing Committee recommends the DOAC with the lowest acquisition cost (generic rivaroxaban or generic apixaban) as the first line DOAC for patients commencing treatment for non-valvular AF.
- If generic rivaroxaban (best value once a day treatment) and generic apixaban (best value twice a day treatment) are contraindicated or not clinically appropriate for the specific patient then, in line with NHS England commissioning recommendations, clinicians should then consider edoxaban (Lixiana®) first, then branded rivaroxaban (Xarelto®), then dabigatran (Pradaxa®), then branded apixaban (Eliquis®).[2]
- Patients who have previously been switched to edoxaban (Lixiana®) should remain on edoxaban unless there is a specific clinical reason to switch.

**The SPC for apixaban states that the recommended dose for 'Prevention of stroke and systemic embolism in patients with NVAF' is 5 mg twice daily (usual dose).*

A dose reduction to 2.5 mg twice daily is recommended in:

- *Patients with **at least two** of the following characteristics: age ≥ 80 years, body weight ≤ 60 kg, or serum creatinine ≥ 1.5 mg/dL (133 micromole/L)*
  OR
- *In patients with severe renal impairment (creatinine clearance 15-29 mL/min).*

For further information please consult the SPC. Please note that prescribing a lower dose of apixaban than recommended leads to inappropriate stroke prevention with similar bleeding risk.

References:

1. NICE NG196 AF: diagnosis and management. April 2021 (Updated June 2021). Available at: Overview | Atrial fibrillation: diagnosis and management | Guidance | NICE Accessed <29.01.25>
2. Operational note: Commissioning recommendations for national procurement for DOACs January 2024 (Updated September 2024). Available at: NHS England » Operational note: Commissioning recommendations for national procurement for direct-acting oral anticoagulant(s) (DOACs) Accessed <29.01.25>
3. Barnsley Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation: Joint primary and secondary care guidance. Available at: Anticoagulation for SPAF Barnsley Guidelines.pdf (barnsleyccg.nhs.uk) Accessed <29.01.25>

Development process *This guideline was endorsed by the Barnsley Area Prescribing Committee on 12th March 2025.*