

Bedfordshire and Luton Joint Prescribing Committee

December 2015
Updated: April 2018,
February / March 2019
Review: February 2022

Bulletin 224: Choice of Non-Vitamin K Antagonist Oral Anticoagulant (NOAC) for Anticoagulation in Atrial Fibrillation

Further to clarification from NICE, the nomenclature used throughout this bulletin has been change to refer to this class of drugs as “Non-vitamin K antagonist Oral Anticoagulants (NOACs) instead of the previous nomenclature of DOACs (Direct Acting Anticoagulants).

JPC Recommendation

- Where more than one Non-Vitamin K antagonist Oral Anticoagulant (NOAC) is clinically suitable for a patient, the drug with the least acquisition cost in primary care should be initiated. Currently, the drug with the lowest acquisition cost in primary care is Edoxaban followed by Dabigatran, Rivaroxaban and Apixaban.

March 2019 Update

A clinical decision aid has been produced by East of England Priorities Advisory Committee (EoE PAC) (Updated March 2019) and this may be used to assist in the choice of NOAC.

(N.B. This has been developed to support the use of NOACs principally for the AF indication).

This clinical decision aid is available for downloading via the GP Ref website –listed on the the atrial fibrillation resource page (link is under JPC Advice and Guidance section).

Choice of Non-Vitamin K Antagonist Oral Anticoagulants (NOACs) for Anticoagulation in Atrial Fibrillation

There are four licensed Non-Vitamin K antagonist Oral Anticoagulants (NOACs) for use on the UK market – Apixaban, Dabigatran, Edoxaban and Rivaroxaban.

All have been subject to NICE technology appraisal guidance relating to their licensed indications and approved as treatment options. This means that NICE has judged the products to be clinically and cost-effective for these indications.

When NICE recommends a treatment 'as an option', the NHS must make sure it is available within 3 months (unless otherwise specified) of its date of publication. This means that, if a patient has a disease or condition and the doctor responsible for their care thinks that the technology is the right treatment, it should be available for use, in line with NICE's recommendations. As a result of this, all NOACs are available for use (included in primary and secondary care formularies) within the local Health Economy.

While all of the NOACs are considered (by NICE) to be cost-effective treatments, they have different acquisition costs. In a market where the use of these drugs is increasing year on year, the choice of NOAC can make a large financial impact on drug budgets, particularly in primary care. The JPC was therefore asked to consider whether it is appropriate to recommend the use of a particular NOAC to the Health Economy (initiation of new patients and/or switching of existing patients) in situations where more than one NOAC is clinically suitable for a patient.

Where NICE has issued a multiple technology appraisal guidance, many of the guidance include a statement that if all treatments are suitable for a patient, treatment should normally be initiated with the least expensive drug.