NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

# Prescribing criteria for direct-acting oral anticoagulants (DOACs) in the treatment of venous thromboembolism (VTE) e.g. deep vein thrombosis (DVT) & pulmonary embolism (PE) and prevention of recurrent DVT and PE in adults.

## Rivaroxaban or apixaban are the preferred formulary choices for DVT or PE.

Edoxaban should not be used as a first line treatment for VTE. Edoxaban differs from other DOACs because it requires 5 days of Low Molecular Weight Heparin (LMWH) to precede the edoxaban treatment for VTE. This complicates the treatment pathway and means **edoxaban is not one of the BSW formulary's first choices for DVT or PE.** National recommendation to use edoxaban as first choice DOAC is ONLY for Non-Valvular Atrial Fibrillation as per local guidance for DOACS in AF here

Local hospital treatment pathways found via links below advise primary care how to deal with suspected VTE according to which hospital trust the patient is to be sent to for further investigation. The treatment pathways should be used in conjunction with our other DOAC documents found on BSW formulary/MedsOp website. Also see generic contact emails for queries.

**Royal United Hospital RUH Bath** ruh-tr.AnticoagulationTeam@nhs.net

- BEMS DVT service - Referral criteria and pathway BEMS - DVT - Referral criteria
- http://nww.ruh-bath.nhs.uk/For_Clinicians/clinical_guidelines/documents/medicine/ACUTE-086_Deep_Vein_Thrombosis_and_Pulmonary_Embolism.pdf

**Salisbury Foundation Trust (SFT) Wiltshire** sft.anticoagulation.service@nhs.net

- Anticoagulation: Oral Anticoagulation - drugs not needing active monitoring (microguide.global)
- Suspected DVT pathway: Suspected DVT (microguide.global)
- Superficial vein thrombosis: Ultrasound proven superficial vein thrombosis of lower limb (microguide.global)

**Great Western Hospital (GWH) Swindon** gwh.anticoag.clinic@nhs.net

- Microguide full section on anticoagulation Anticoagulation (microguide.global)
- Microguide Medicines guidance for DVT Deep Vein Thrombosis (microguide.global)
- Microguide Medicines guide for PE Pulmonary Embolism (microguide.global)

NICE recommends all of the DOACs as possible treatments for adults with PE and to prevent further DVT or PE as follows:

- Rivaroxaban (2013): http://www.nice.org.uk/guidance/ta287
- Dabigatran (2014): http://www.nice.org.uk/guidance/ta327
- Apixaban (2015): https://www.nice.org.uk/guidance/ta341
- Edoxaban 2015: https://www.nice.org.uk/guidance/ta354

And see individual medicine SPC for dosage details:

- Rivaroxaban (Xarelto®): https://www.medicines.org.uk/emc/search?q=rivaroxaban
- Dabigatran (Pradaxa®): https://www.medicines.org.uk/emc/search?q=dabigatran
- Apixaban (Eliquis®/generic): https://www.medicines.org.uk/emc/search?q=apixaban
- Edoxaban (Lixiana®): https://www.medicines.org.uk/emc/search?q=edoxaban

Direct Oral Anticoagulants (DOACs) for DVT and PE in adults:
Local pathways and prescribing criteria

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## Considerations when choosing the right anticoagulant to use

**Refer to your local acute trust's diagnostic work up guidelines to ensure the correct samples are done before initiating anticoagulation. Ensure baseline U&Es & FBC are done.**

## Should I admit or not?

- Do you have reason to suspect serious renal failure? *Patient not suitable for ambulatory treatment, refer for hospital assessment*
- Do you suspect serious (pelvic) DVT or PE? *Medical assessment in hospital required +/- consideration of catheter directed thrombolysis etc.*
- Does the patient have ongoing bleeding or serious anaemia? *Seek specialist advice*

## Will a DOAC be okay for this patient?

- Is the patient already on DOACs/LMWHs or warfarin for other conditions and a new VTE is suspected? *Contact specialist team for advice*.
- Is there a chance the patient is pregnant? Or is the patient breastfeeding? *DOAC not suitable. Use LMWH &/or seek specialist advice.*
- Do you suspect the patient has active cancer? *Use a LMWH until the situation is clear.*
- Does the patient have significant mucosal bleeding? (eg. Heavy periods, frequent rectal bleeding / haematuria*) Apixaban preferred.*
- Does the patient already suffer with dizziness / hypotension / troublesome headaches? *Apixaban preferred.*
- Is the patient on any medications which might alter DOAC effectiveness (eg. Anti-epileptics, dronedarone)? *Commence LMWH and seek specialist advice.*
- Consider history of allergies and previous adverse reactions. *See SPCs &/or seek specialist advice*.

## Once diagnosis is confirmed:

- Dose of DOAC – See BNF or SPC
- Duration of treatment for confirmed DVT varies depending on clinical presentation. A shorter duration of therapy (at least 3 months) should be based on transient risk factors (e.g. recent surgery, trauma, immobilisation) and longer durations should be based on permanent risk factors or idiopathic DVT or PE. If unprovoked, review at 3 months and consider lifelong anticoagulation.
- All patients who need to be considered for lifelong anticoagulation should be referred to / discussed with a haematologist.

**Ensure patient knows to ask their community pharmacist for an anticoagulant patient alert card**