

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

Prescribing recommendation:

Where a DOAC is considered to be the most appropriate anticoagulant,
edoxaban (Lixiana)
is to be used first line for patients with NVAF 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.
- A meta-analysis showed all high dose DOACs have comparable efficacy for the composite primary and bleeding outcomes and demonstrated that major bleeding rates were significantly lower for edoxaban and apixaban than those seen with dabigatran and rivaroxaban (NICE TA 355).
- In the absence of a specific clinical reason to select a particular DOAC (see local [non-valvular atrial fibrillation guideline](#) for further details), the Nottinghamshire APC recommends the DOAC with the lowest acquisition cost as the first line DOAC for patients with non-valvular AF.
- Due to a primary care rebate scheme, the DOAC with the lowest acquisition cost is currently edoxaban.
- Local cardiologists, stroke physicians, general practitioners and clinical pharmacists have been consulted and have agreed to edoxaban becoming our local preferred choice.

References:

1. [NICE TA 355](#). Edoxaban for preventing stroke and systemic embolism in people with Non-valvular atrial fibrillation. 23 September 2015