



South East London Area Prescribing Committee

Direct Oral Anticoagulant (DOAC) Referral Pathway for Non-Valvular Atrial Fibrillation (NVAF) Patients In South East London (Secondary to Primary Care)

Pathway developed by the Cardiovascular sub-group of the SEL Area
Prescribing Committee.

Approval Date: March 2020

Review Date: March 2022 (or sooner if indicated)

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Direct Oral Anticoagulant (DOAC) Referral Pathway for Non-Valvular Atrial Fibrillation (NVAF) Patients In South East London (Secondary to Primary Care)

Secondary care pathway and/or Outpatients:

A shared decision is made with the patient to start anticoagulation with a DOAC: For stroke prevention in NVAF the preferred agent for newly initiated patients is edoxaban (link: [Initiation of AC in NVAF pathway for SEL and DOAC initiation/monitoring guidance](#)).

Hospital discharge letter states: DOAC indication, dose and frequency, baseline blood results (serum creatinine: Cr, haemoglobin: Hb, liver function tests: LFTs), body weight and creatinine clearance (CrCL) calculation, monitoring requirements and **4 weeks' supply** is given at the point of discharge (*if all the above information is included, this replaces initiation and transfer of care TOC forms*). Exception for medicines compliance aid (MCA) patients (see below).

Patient is counselled on DOAC medication (consult pharmacy team) including indication, side effects, precautions and an anticoagulation (AC) alert card is given with written information. Refer to community pharmacy (CP) for new medicines service (NMS) (*see counselling checklist in DOAC initiation/monitoring guidance- under development*).

For outpatients (OP): Ensure all above information has been communicated to patient and primary care plus **4 weeks' supply** of medication (*an accurate letter replaces initiation and TOC forms*). For MCA patients/housebound see below.

For all patients, irrespective of the follow-up pathway, primary care/GP to ensure continuation of DOAC supply according to the information provided by secondary care

Referral to AC clinic for follow up

Criteria for referral to anticoagulation (AC) clinic:

- Weight <50kg or >120kg (*drug level monitoring requirements*)
- Complex drug interactions (*eg, antiepileptics, antiretrovirals, chemotherapy*)
- Patients also prescribed antiplatelets (*refer to cardiology/vascular for review*)
- Renal impairment: CrCl <30ml/min
- High CrCl >95ml/min (*caution for edoxaban*)
- Significant bleeding issues
- Adherence / comprehension issues
- Absorption problems
- Confirmed cancer diagnosis within last month
- Raised LFTs: AST/ALT (>2xULN), Bilirubin (>1.5xULN)
- Abnormal clotting screen, low Hb with no identifiable cause, platelets <100
- Reaction to DOAC or intolerance
- Dosing queries

Clinic letter sent to GP with monitoring and follow up guidance (*replaces initiation and TOC forms*).

Medicines compliance aid (MCA) or housebound

Supply MCA according to hospital policy and/or liaise with **community pharmacist** for follow up. Contact community support teams/interface team if available (*as per local guidance*).

Ensure GP has received a detailed discharge letter as above and continues prescription post discharge (*as agreed with hospital discharging team*).

Telephone anticoagulation clinic consultation is an option.

Refer to GP for follow up and to CP for NMS

Primary Care:

General practitioner (GP) or practice pharmacist (PP) **ensures continuation of medication supply** and plans for repeat prescriptions/ monitoring, checks for side effects/bleeding issues and adherence/understanding concerning therapy with patient at next routine appointment (*see DOAC initiation/monitoring guidance-under development*).

See **renal monitoring** guidance for frequency of renal function checks dictated by baseline CrCl:

<https://www.lambethccg.nhs.uk/news-and-publications/meeting-papers/south-east-london-area-prescribing-committee/Documents/Cardiovascular%20Disease%20Guidelines/Calculating%20renal%20function%20for%20DOACs%20Sept%202019%20FINAL.pdf>

For all patients at least an **annual DOAC review** (*see DOAC initiation/monitoring guidance- under development*). AC clinic advice and guidance is an option.