# Direct Oral Anticoagulant (DOAC) Referral Pathway for Venous Thromboembolism (VTE) Management: Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) Patients In South East London (Secondary to Primary Care)

**Developed by the Cardiovascular sub-group of the SEL Integrated Medicines Optimisation Committee (formerly the Area Prescribing Committee).**

This pathway outlines the changes to the transfer of care and documentation for DOAC patients in SEL following a VTE diagnosis. The pathway is also defined for patients with medication compliance aids and/or who are housebound at the point of discharge from secondary to primary care.

This pathway should be referred to alongside the Guidance Concerning Anticoagulant (AC) Choice For Venous Thromboembolism (VTE) Treatment, DOAC initiation and monitoring guidance, Renal monitoring guidance for DOACs and FAQs for DOACs in primary care documentation.

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# Direct Acting Oral Anticoagulant (DOAC) Referral Pathway for Venous Thromboembolism (VTE): DVT or PE Patients In South East London (Secondary to Primary Care)

**Secondary care pathway and/or from Outpatient clinics:**
**A shared decision** is made with the patient to start anticoagulation with a DOAC: For the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) the preferred DOAC agent for newly initiated patients is rivaroxaban (link: *DOAC initiation and monitoring guidance* and *Initiation of AC in VTE*).

**Hospital discharge letter or outpatient clinic 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 together with monitoring requirements (*if all the above information is included*, *this replaces initiation and transfer of care TOC forms*). For blister pack patients (*see below*). Duration of treatment will be decided at the patient's follow up appointment in most cases.

**Patient is counselled** on DOAC medication including indication, side effects, precautions and an anticoagulation (AC) alert card is given with written information. Refer patient to community pharmacy (CP) for new medicines service (NMS) or discharge medicines service if further support is required (*See: counselling checklist: DOAC initiation/monitoring*).

**Medication supply:** For blister pack patients/housebound see below (*local policies vary from 1 to 2 weeks supply*). For all other patients, the first 3 months of treatment will be supplied by the hospital.

**For all patients (except blister pack patients), the hospital will supply a total of 3 months treatment** (at discharge and continued at the follow up appointment with the thrombosis clinic). **Primary care/GP to ensure continuation of DOAC supply** according to the information provided by secondary care if treatment is to be continued beyond 3 months and/or if VTE prophylaxis is required.

**In hospital most* patients are referred to thrombosis clinic for follow up**

**Patients will be reviewed within 3 months of treatment by the thrombosis/haematology clinic** (telephone appointment is available as appropriate). **Provoked DVTs are not followed up in all SEL acute Trusts. Some PEs may be followed up by respiratory teams.*

**Duration of treatment and the need for further review** will be decided at this appointment. Any dose changes or longer term/ travel VTE prophylaxis will be communicated via clinic letters following thrombosis review/prescription.

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

**Blister pack medicines or housebound**

**Supply blister pack** according to hospital policy and/or liaise with **community pharmacist** for follow up. Contact community support teams/interface team if available locally.

**Ensure GP has received a detailed discharge letter as above: The GP will then continue the prescription post discharge from hospital/clinic into a compliance aid if requested** (*usually after 1 week*).

Follow up within 3 months of diagnosis with thrombosis or haematology clinic (telephone appointment is available if appropriate).

**Transfer to primary care and community pharmacy for medicines counselling if long term treatment or prophylaxis is required**

**Primary Care:**
General practitioner (GP) or practice-based pharmacist **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 (*Link: DOAC initiation/monitoring guidance).*

**For blister pack patients**, please be aware of the risk of overdosage and patient safety risks- ensure communication is clear and prescriptions are updated, without any delay to anticoagulation therapy or duplication of therapy.

See **renal and biochemical monitoring** guidance for the frequency of renal function checks dictated by baseline CrCl: Link

**AC clinic or haematology advice** and guidance is available (also for bridging queries): *link: DOAC FAQs document*