NHS
Tees Valley
Clinical Commissioning Group

Tees Valley CCG Advice Note on DOAC related Impact & Investment fund indicators 22/23

The recent decrease in the I&IF indicator threshold linked to Edoxaban – highlighted below - reflects the clinical position that patients already prescribed an alternate DOAC for AF **should not be switched wholescale to Edoxaban**

Prescribers are advised to exercise **extreme caution** if considering switching DOACs in individual patients

Two new Investment and Impact Fund (I&IF) indicators focused on AF diagnosis and DOAC prescribing have been introduced in 2022/23 General Practice contract regarding

- Percentage of patients on the QOF Atrial Fibrillation register and with a CHA2DS2-VASc score of 2 or more who were prescribed a direct-acting oral anticoagulant (DOAC), or, where a DOAC was declined or clinically unsuitable, a Vitamin K antagonist
- Number of patients who are currently prescribed Edoxaban, as a percentage of patients on the QOF Atrial Fibrillation register with a CHA2DS2- VASc score of 2 or more

The second indicator has now been updated, and the thresholds lowered considerably

CVD-06	Number of patients who are currently prescribed Edoxaban, as a percentage of patients on the QOF Atrial Fibrillation register with a CHA_2DS_2-VASc score of 2 or more (1 or more for patients that are not female) and who are currently prescribed a direct-acting oral anticoagulant (DOAC)	Of the denominator, the number who are currently prescribed Edoxaban	Number of patients on the QOF Atrial Fibrillation register with a CHA_2DS_2-VASc score of 2 or more (1 or more for patients that are not female) and who are currently prescribed a direct-acting oral anticoagulant (DOAC)	Indicator denominator	Standard Quantitative; 66; Upwards; 25% (LT) / 35% (UT); GPES

National guidance now favours Edoxaban as the most cost-effective DOAC choice to treat AF; and newly diagnosed AF patients should ideally be commenced on Edoxaban therapy, provided it is safe to do so.

The decrease in this indicator threshold reflects the clinical position that patients already prescribed an alternate DOAC **should not be switched wholescale to Edoxaban**

Any switch from an established anticoagulant/VKA treatment to Edoxaban should be done only when it is clinically safe to do so and when the patient has consented and been involved in the shared decision-making process.

Switching between DOACs

Caution needs to be exercised if prescribers were considering a switch to Edoxaban from another DOAC

Cautions to consider when prescribing Edoxaban

- Standard dose of Edoxaban is 60mg od
- Dose reduction - 30mg od if 1 or more of the following present: body weight 60kg or less, CrCl 15- 50ml/min or concomitant use of ciclosporin, dronedarone, erythromycin or ketoconazole
- Renal impairment - Do not use if CrCl less than 15ml/min
- Hepatic impairment - Not recommended in severe hepatic impairment as requires hepatic metabolism. Contraindicated in hepatic disease associated with coagulopathy
- **Ensure only one DOAC is prescribed to the patient** – check if any outstanding batches of any other DOAC have been prescribed via Electronic Repeat Dispensing and ensure to cancel
- Contraindications.
  Hypersensitivity
  A lesion or condition, if considered a significant risk factor for major bleeding
  Active clinically significant bleeding
  Hepatic disease associated with coagulopathy and clinically relevant bleeding risk
  Prosthetic heart valves
  Pregnancy and breast feeding

Please note

Current CrCl calculators embedded within GP IT systems do not give a reliable estimate of CrCl for the adjustment of DOAC doses and should not be used.

Please ensure CRCL is calculated using the Cockcroft and Gault formula using ACTUAL body weight. The CrCL equation on SystemOne defaults to using IDEAL body weight – and the height of the patient must be deleted to ensure the equation is calculated using ACTUAL body weight.

More information on the difference in CRCL equations can be found here (SPS-DOAC in renal impairment- practice guide to dosing issues)

There is no specific reversal agent yet available for Edoxaban (Lixiana®)

More information will be released by NTAG (Northern Treatment Advisory Group) in June