

14 July 2015

**Re: Preferred Drugs Initiative – Oral anticoagulants (Warfarin and NOACs)**

Dear Colleagues,

The Medicines Management Programme (MMP) has completed a review of oral anticoagulants for stroke prevention in non-valvular atrial fibrillation. With an emphasis on safe, effective and cost-effective prescribing we re-affirm that **WARFARIN** is the preferred oral anticoagulant and **APIXABAN** is the preferred NOAC for second line therapy when WARFARIN is deemed inappropriate (e.g. due to drug allergy or labile INRs).

The oral anticoagulants considered in this review included the vitamin K antagonist, warfarin, and the reimbursed non-vitamin K anticoagulants (NOACs) apixaban, dabigatran and rivaroxaban. In the last number of years there has been a steady increase in the number of prescriptions for NOACs with a subsequent drop in numbers of patients on warfarin therapy.

Between October 2013 and October 2014 the number of patients receiving NOAC therapy each month has increased from approximately 10,000 to over 16,000 patients with a reduction in numbers dispensed warfarin from approximately 33,500 to 30,600. In October 2014 16,272 patients were dispensed a NOAC under the HSE schemes at a cost of €1.5 million, while the cost of treatment for 30,620 patients on warfarin was €0.4million.

We completed a comprehensive review of the literature and a consultation period during which we received valuable submissions from a variety of stakeholders. Factors which impacted on our recommendation of WARFARIN as oral anticoagulant of choice and the choice of APIXABAN as the preferred NOAC included clinical efficacy and safety data, international clinical guidelines, patient-related factors such as dosing and administration, cost and reversibility.

The Medicines Management Programme recommends that where possible when initiating anticoagulant therapy for stroke prevention in non-valvular atrial fibrillation that WARFARIN is prescribed and in cases where warfarin is deemed unsuitable the NOAC of choice is APIXABAN.

Please ensure that any future applications for NOAC reimbursement approval are forwarded on line through <https://www.ssps.ie/portal/individualReimbursement/>. It is important that the MMP safety checks are incorporated in applications for reimbursement approval. We plan to integrate this application seamlessly through your GP application suite shortly.

I refer you to the evaluation report and the MMP NOAC prescribing tips and tools ([www.hse.ie/yourmedicines](http://www.hse.ie/yourmedicines)) for prescribing advice if a NOAC is being used and highlight the requirement for patients to be fully compliant with dosing regimens to ensure appropriate anticoagulation with NOAC therapies. Regular monitoring of renal function and a review of the NOAC dose particularly in cases of impaired renal function and increasing age are also necessary to ensure safe and appropriate use of NOAC therapies.

With best wishes,



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