

# Medicines Matters

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## Best value DOAC for stroke prevention

Patients with atrial fibrillation (AF) are at an increased risk of stroke and should be encouraged to take an anticoagulant. Risks vs benefits of anticoagulation should be discussed at every opportunity with the patient and at least annually.

NICE guidance 196, Apr 21 ([Overview](#) | [Atrial fibrillation: diagnosis and management](#) | [Guidance](#) | [NICE](#)):

- where anticoagulation is being considered for patients with Non-Valvular Atrial Fibrillation (NVAF) **offer a DOAC unless there is a specific clinical reason not to do so** (offer a vitamin K antagonist e.g. warfarin, if a DOAC is contraindicated, not tolerated or is not suitable)
- all four DOACs are recommended as options for stroke prevention in AF, when used in line with the criteria specified in the relevant NICE technology appraisal guidance.

Generic versions of apixaban and rivaroxaban have been available for some time and represent best value over other DOACs for stroke prevention in AF. Although practices are not being asked to switch patients to a best value DOAC they may choose to do so as a cost-saving exercise; ensure this is done as a full anticoagulation review with the patient.

Joint best value options to consider first are:

- **Generic apixaban** (*twice daily treatment*) OR
- **Generic rivaroxaban** (*once daily treatment*)

(Edoxaban (*once a day*) is the next preferred option that can be considered IF either of the options above are not suitable).

For further information and useful resources, including from PrescQIPP, please see [Cardiovascular – Lancashire and South Cumbria Primary Care Intranet](#).

Generic apixaban *or* generic rivaroxaban should be considered in the following groups:

- For newly diagnosed NVAF patients at an increased risk of stroke
- In existing patients on no treatment. Patients may have chosen not to take an anticoagulant or may have declined due to a previously lower risk of AF-related stroke
- Where patients are prescribed warfarin who may be suitable for a switch to a DOAC (see below)
- Where consideration is being given to changing between DOACs, consider the specific risks of moving from a *once-a-day* treatment to a *twice-a-day* treatment (or vice-versa) and implement appropriate safeguards to ensure patients take the alternative drug correctly.

### Warfarin/Vitamin K antagonists

Review patients with AF who are prescribed a vitamin K antagonist to assess whether a DOAC is more appropriate, considering the person's time in therapeutic range (TTR). Note that warfarin may be the more suitable option in patients with poor concordance; there is a greater risk of thromboembolic complications with DOACs due to their shorter half-lives, which could potentially result in more time without any degree of anticoagulation where a dose is missed.