

Information on prescribing better value Direct Oral Anticoagulants (DOACs)

This leaflet explains information about your blood thinning tablets and the reasons your GP may offer a cost-effective alternative.

Why is my edoxaban being switched?

Direct oral anticoagulants (DOACs), including apixaban, dabigatran, edoxaban, and rivaroxaban, are generally safer and more convenient than traditional blood thinning medicine like warfarin. As there are no clinical trials comparing the DOACs, there is no evidence that one DOAC is superior to any other with respect to efficacy or side effects. The NHS is committed to providing the best possible medical care, treatment, and support within the constraints of available funding.

Edoxaban has been the preferred DOAC up to this point in time. However, recent patent losses for branded apixaban and rivaroxaban have significantly reduced their costs, making edoxaban approximately 90% more expensive. Consequently, switching to apixaban or rivaroxaban could help save the NHS money which can be re-invested into our healthcare systems.

Which patients are being offered the switch?

Clinically suitable adult patients being treated with edoxaban for atrial fibrillation (AF) will be reviewed with a view to switching to generic apixaban (or generic rivaroxaban tablets where apixaban is unsuitable). Those patients who have difficulty taking a medicine twice a day (the required dose of apixaban) may be considered for rivaroxaban tablets (if clinically suitable).

Patients who will not take their DOAC with a full meal or are at high risk of gastrointestinal bleeding may not be suitable for rivaroxaban.

Some patients may be unsuitable for both apixaban and rivaroxaban tablets and so will not be switched from their current edoxaban prescription.

I have already had my DOAC switched recently. What does this new switch mean for me?

If you have had a review of your edoxaban at your GP surgery in the past few weeks you may still be eligible for the switch. Your prescriber will contact you to arrange a shared decision-making conversation to determine if you are clinically suitable to change to an alternative DOAC. Information about your new medication will be provided by your GP and you can also speak to your community pharmacist about your new medication.

Who makes the decision whether to switch?

This will be a joint decision between you and your clinician.

The clinician will work together with you and provide relevant information to ensure you understand the risks and benefits to make an informed decision.

Where can I find more information?

- [Direct oral anticoagulants \(DOACs\) - how do they work? - BHF](#)
- [Atrial Fibrillation: information and resources | Stroke Association](#)
- If your question is about your health and how this switch may affect you, please talk to your GP practice.