

# Prescribing Points



Oxfordshire

Cinical Commissioning Group

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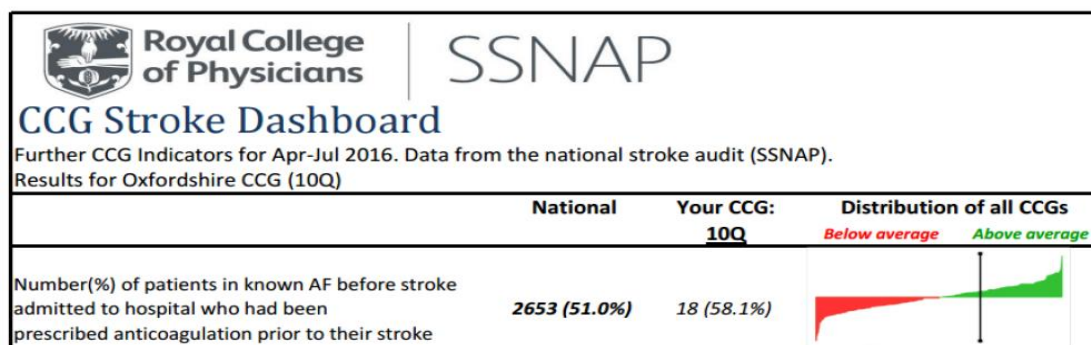
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## Anticoagulation Special Edition

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## Oxfordshire Stroke Prevention Audit Results

There has been a national drive for optimising anticoagulation in atrial fibrillation (AF). NICE [CG180](#) for Atrial fibrillation (AF) recommends that people with AF who have a [CHA<sub>2</sub>DS<sub>2</sub>VAS<sub>c</sub>](#) stroke risk score of 2 or above are offered anticoagulation. Within Oxfordshire there are further opportunities to optimise anticoagulation for patients as shown from the national stroke audit (SSNAP) data below.



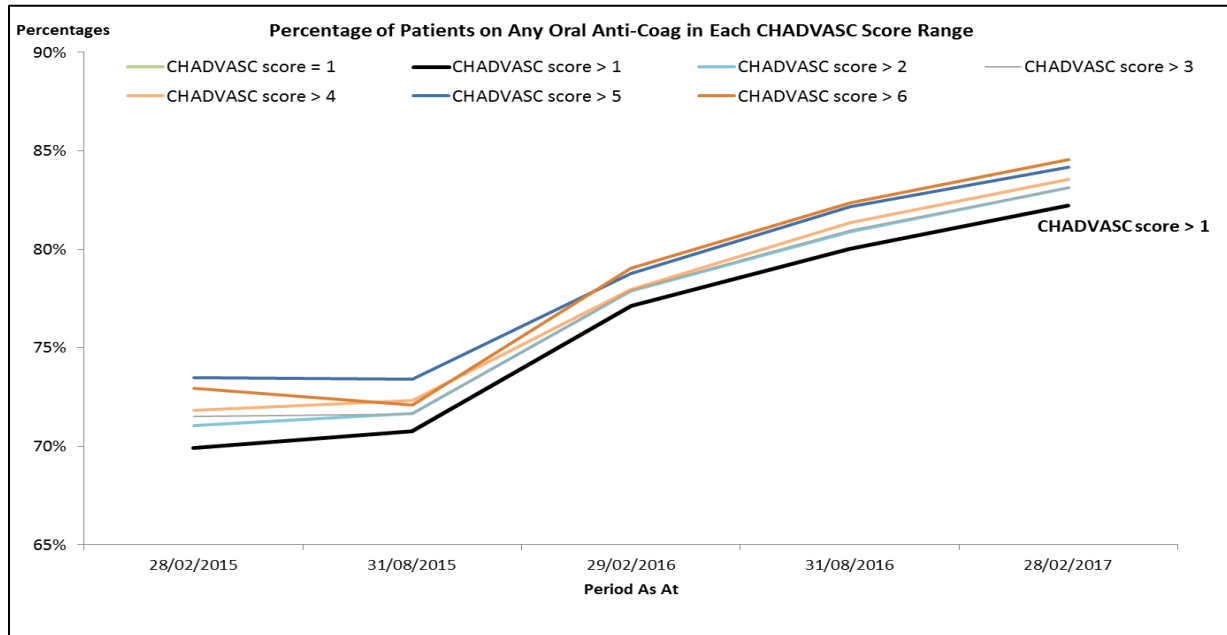
For several years GP practices in Oxfordshire have participated in a bi-annual stroke prevention audit to identify the percentage of patients on any oral anticoagulant in each CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>VAS<sub>c</sub> score range. 100% of practices have participated in this audit. In February 2017 anticoagulation rates in practices ranges from 62.5% to 98.5% of patients with CHA<sub>2</sub>DS<sub>2</sub>VAS<sub>c</sub> scores of 2 or above, the average being 82.2%. This is an improvement from the August 2016 audit which showed that anticoagulation rates ranged from 57.6% to 94.5% of patients with CHA<sub>2</sub>DS<sub>2</sub>VAS<sub>c</sub> scores of 2 or above, the average being 80%. This has been an excellent audit showing great improvement for our patients in Oxfordshire. Each practice can request their results by emailing [OCCG.medicines@nhs.net](mailto:OCCG.medicines@nhs.net).

## Results

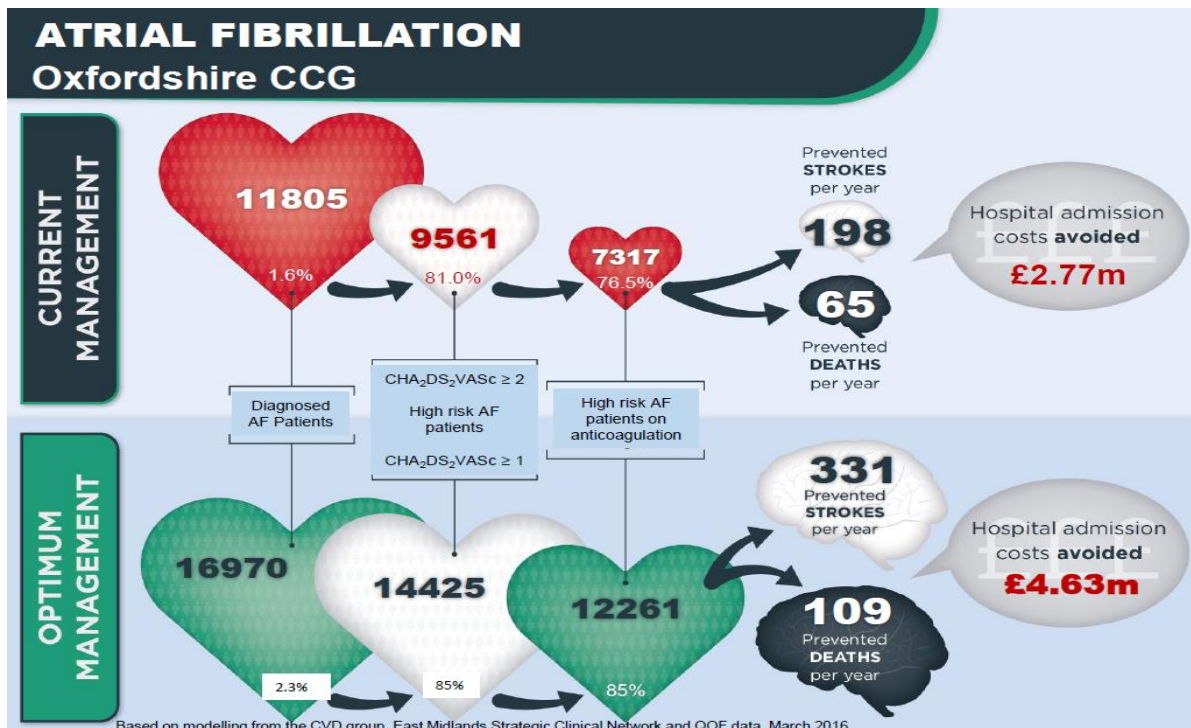
Patients with a  $CHA_2DS_2VAS_C > 1$  and on any oral anticoagulant:

Date	28/02/2015	31/08/2015	29/02/2016	31/08/2016	28/02/2017
Average % on any oral anticoagulant	69.9	70.8	77.1	80	82.2

Percentage of patients on any oral anticoagulant in each  $CHA_2DS_2VAS_C$  score range:



The diagram below highlights the importance of optimising anticoagulation. This is based on modelling from the CVD group, East Midlands Strategic Clinical Network and QOF data, March 2016.



## Anticoagulation Training & Support Service Available for 12 Months (March 2017-February 2018)

NICE CG180 guidance advises that patients should have anticoagulation control assessed by measuring the time in therapeutic range, TTR, (over a maintenance period of 6 months). The TTR is an effective way of establishing the quality of anticoagulation control and is an important predictor of bleeding and thrombosis. Since April 2016, TTR results (if calculable) are transmitted electronically alongside INR for all OUHFT warfarin service patients to aid assessment of anticoagulant control.

Anticoagulation should be reassessed for a person with poor anticoagulation control **shown by any** of the following:

- Two INR values > 5, or one INR value > 8 within the past 6 months
- Two INR values < 1.5 within the past 6 months
- TTR less than 65% (calculated over a maintenance period of at least 6 months)

There is now a new anticoagulation training and Direct Oral Anticoagulants (DOAC) support service available to help support GPs and community pharmacists to optimise anticoagulation. This 12 month project is a collaboration between OUHFT, OCCG and AHSN to complement the warfarin OUHFT service already available ([ac.service@nhs.net](mailto:ac.service@nhs.net)).

### Options:

- Email advice line: [doacsupport.ox@nhs.net](mailto:doacsupport.ox@nhs.net).  
(For best advice provide as much information as possible: patient's indication for anticoagulation, age, weight, recent eGFR/creatinine, LFT, FBC, medicines and adherence, alcohol intake, need for dosette box).
- Telephone advice: Bleep 4177 via switchboard (0300 304 7777).
- Request a list of patients on warfarin whose 'time in therapeutic range' (TTR) is sub-optimal (<65%) and who should therefore be reviewed as per NICE guidance.
- Practice visit from specialist anticoagulation pharmacist to:
  - Give education session, practical advice and highlight resources.
  - Support review of warfarinised patients with low TTR.
  - Aid assessment of AF patients with CHA<sub>2</sub>DS<sub>2</sub>-VASc ≥1 not anti-coagulated (optional).**BOOK NOW! (email [doacsupport.ox@nhs.net](mailto:doacsupport.ox@nhs.net))**
- Locum backfill payment for 1-2 sessions (Pharma funded) for practice GP to work on project with/without pharmacist support.
- Training for community pharmacists to support and counsel patients on DOACs highlighting key issues such as side effects, interactions and adherence.
- Assist in the provision of the new medicines service (NMS) relating to anticoagulation.

*Anticoagulation Optimisation Project supported by a Medical and Educational Goods and Services (MEGS) grant from Pfizer.*

## New Anticoagulation Guidelines for Primary Care

The [Prescriber Decision Support for DOACs in Atrial Fibrillation](#) has been updated and now includes information on patient groups who may benefit from a DOAC, a table of considerations when deciding which DOAC for which patient, drug interactions, ongoing monitoring (including how often bloods should be taken), missed doses, and switching between anticoagulant regimens.

The [Primary Care Guidelines for DOACs in the Treatment and Secondary Prevention of VTE](#) has also been updated and now includes information on the referral process to Churchill DVT Clinic for suspected lower limb DVT, Out of Hours referrals to Churchill DVT service for suspected lower limb DVT, which anticoagulant to prescribe Out of Hours, duration of treatment and ongoing monitoring (including how often bloods should be taken), and missed doses.

A new [Oral Anticoagulation with Vitamin K Antagonists](#) shared care protocol was approved by APCO in March 2017. The protocol covers referrals to the Anticoagulation Clinic at the Churchill Hospital to initiate remote postal dosing, new information on ongoing monitoring, time in therapeutic range, and actions to be taken when anticoagulation control is poor.

## Discontinuation of Direct Oral Anticoagulants for Elective Procedures and Surgery

There is no requirement for bridging with heparin when stopping DOACs before surgery or procedures. This is because the diminution of effect is predictable and the half-lives are short.

DOAC	Renal Function CrCl (ml/min)	Low bleeding risk	High bleeding risk
<b>Dabigatran</b>	80 or more	24 hours	48 hours
	50 to 79	24-48 hours	48-72 hours
	30 to 49	48-72 hours	96 hours
	Dabigatran is not licensed for use with a CrCl below 30ml/min		
<b>Apixaban, Rivaroxaban and Edoxaban</b>	30 or more	24 hours	48 hours
	15-29	48 hours	72 hours
	Apixaban, rivaroxaban and edoxaban are not licensed for use with an CrCl below 15ml/min		

For the majority of patients the eGFR (automatically reported) can be used to estimate renal function and guide dosing. However, in those patients at extremes of age and weight, a calculated creatinine clearance, using [Cockcroft and Gault](#), should be performed.

## Direct Oral Anticoagulants and Body Weight

Although the Summary of Product Characteristics (SPCs) does not have an upper limit for body weight, OUHFT recommend that in general DOACs should not be used in patients with a weight of more than 120kg. This is because there are limited clinical data available for patients at the extreme of weight, and the available pharmacokinetic/pharmacodynamic evidence suggests that decreased drug exposures, reduced peak concentrations and shorter half-lives occur with increasing weight, which raises concerns about under-dosing. See [MIL Vol. 8, No. 5: Atrial Fibrillation and Anticoagulation Management](#).

## Patient Information Resources

[NICE AF patient decision aid](#) summarises information on the topics which people with AF most often wish to discuss with their healthcare team when deciding on anticoagulant treatment options. The person making this decision can then consider the possible advantages and disadvantages of the different treatment options.

The following websites provide a mixture of information on anticoagulants, AF and stroke. They may be useful to share with patients:

- AF Association: [www.heartrhythmalliance.org/afa/uk/for-patients](http://www.heartrhythmalliance.org/afa/uk/for-patients).
- Stroke Association: <https://www.stroke.org.uk/resources/atrial-fibrillation-af-and-stroke>.
- Patient.co.uk: [patient.info/health/anticoagulants](http://patient.info/health/anticoagulants).
- British Heart Foundation: [www.bhf.org.uk/](http://www.bhf.org.uk/).

### Drug information booklets:

- Warfarin – NPSA “yellow book”
  - Booklets and patient alert cards can be ordered the Primary Care Support England (PCSE) supply system.
- Apixaban (Eliquis®)
  - Booklets and patient alert cards can be ordered (free of charge) from Bristol-Myers Squibb Medical Information (Telephone: 0800 731 1736; E-mail: [medical.information@bms.com](mailto:medical.information@bms.com)).
- Dabigatran (Pradaxa®)
  - Booklets and patient alert cards can be ordered (free of charge) from Boehringer Ingelheim Medical Information (Telephone: 01344742579, E-mail: [medinfo@bra.boehringer-ingelheim.com](mailto:medinfo@bra.boehringer-ingelheim.com)).
- Edoxaban (Lixiana®)
  - Booklets and patient alert cards can be ordered (free of charge) from Daiichi Sankyo Medical Information (Telephone: 01748828818, E-mail: [medinfo@daiichi-sankyo.co.uk](mailto:medinfo@daiichi-sankyo.co.uk)).
- Rivaroxaban (Xarelto®)
  - Booklets and patient alert cards can be ordered (free of charge) from Bayer plc Medical Information (Telephone: 01653563116, E-mail: [Medical.information@bayer.co.uk](mailto:Medical.information@bayer.co.uk)).
  - Booklets and alert cards can be downloaded and printed from <http://www.xarelto-info.co.uk/hcp/>.

### Drug Information leaflets

Individual drugs information leaflets are available to download and print from [www.patient.co.uk](http://www.patient.co.uk), using the ‘Medicines’ tab.

## Healthcare Professional Resources

The following tool has been designed by Keele University and endorsed by NICE, to help assist in the appropriate prescribing of anticoagulation therapy for the prevention of stroke in patients with AF: <http://www.anticoagulation-dst.co.uk/>.