

DORSET CCG PRIMARY CARE DVT PATHWAY FOR NOAC

Refer to further information e.g. NOAC contraindications, dose reductions in:

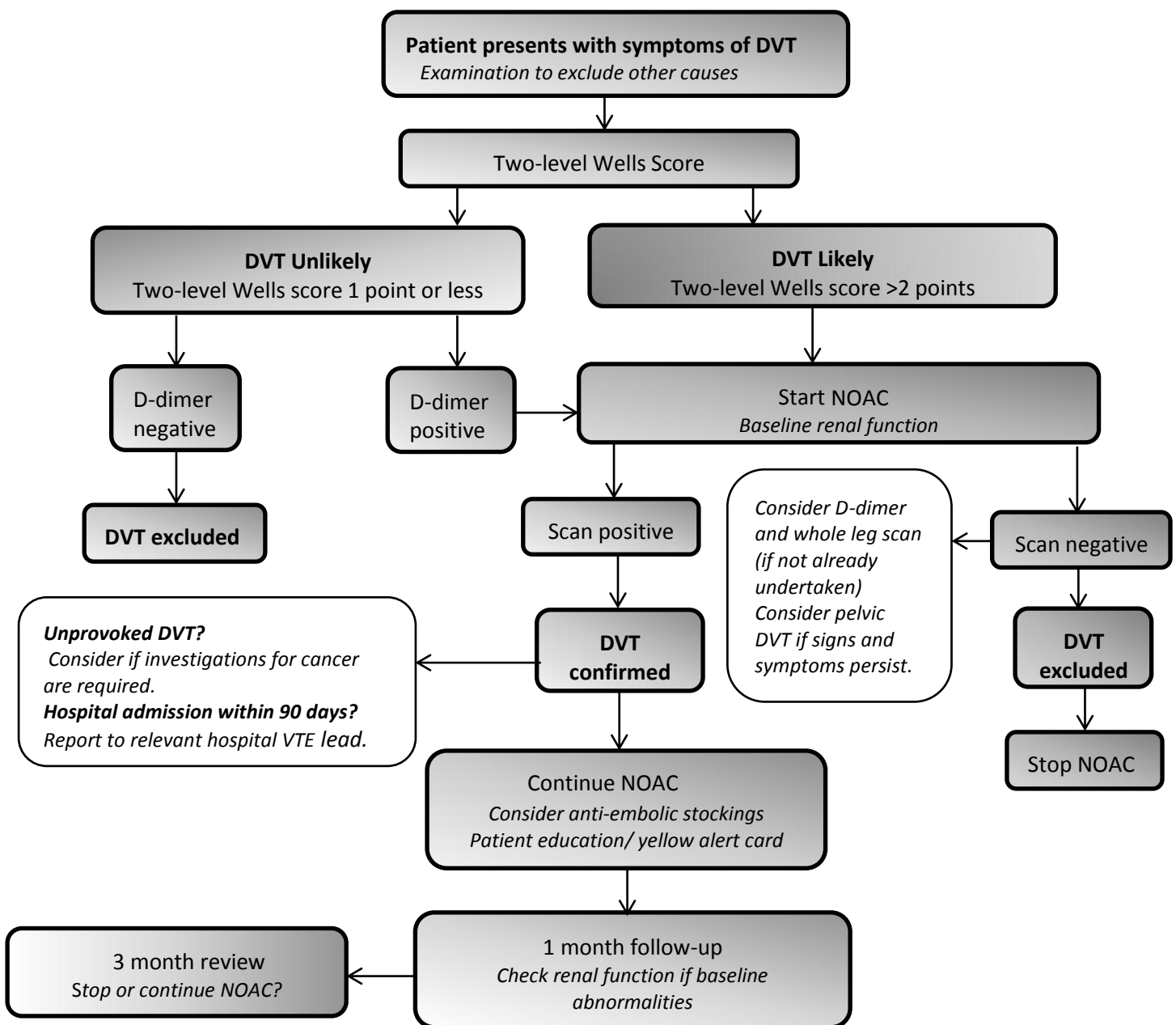
- The summary of product characteristics (SPC) for the relevant drug available at : <http://www.medicines.org.uk/emc/>
- Shared Care guidelines for rivaroxaban, dabigatran, apixaban and edoxaban for treatment of DVT and PE available on the pan-Dorset formulary at www.dorsetformulary.nhs.uk

NICE TA261 - Rivaroxaban for the treatment of DVT and prevention of recurrent DVT and PE (2012)

NICE TA327 - Dabigatran for the treatment and secondary prevention of DVT and/or PE

NICE TA341 - Apixaban for the treatment and secondary prevention of DVT and/or PE

NICE TA354 - Edoxaban for treating and preventing DVT and PE.



NOAC PRESCRIBING GUIDANCE

THE DOSES QUOTED BELOW MAY REQUIRE AMENDING FOR INDIVIDUAL PATIENTS. PRESCRIBERS SHOULD CONSULT THE SUMMARY OF PRODUCT CHARACTERISTICS AT <http://www.medicines.org.uk/emc/> FOR THE SELECTED AGENT AS DOSAGE CAN DEPEND ON SEVERAL FACTORS INCLUDING AGE, RENAL FUNCTION, CONCOMITANT MEDICATION AND BLEEDING RISKS.

Wells Score >2 and/or positive D-dimer with no clinical contraindications for oral anticoagulant:

1. Commence selected agent for 7 days:
 - rivaroxaban 15mg BD
 - dabigatran 150mg BD following at least 5 days of parenteral anticoagulant
 - apixaban 10mg BD
 - edoxaban 60mg OD following at least 5 days of parenteral anticoagulant

ALL PATIENTS SHOULD BE PROVIDED WITH A NOAC ANTICOAGULATION ALERT CARD and receive appropriate counselling around the medicine.

2. DVT excluded by ultrasound scan: stop anticoagulant

OR

DVT confirmed by ultrasound scan:

- i)* Continue rivaroxaban 15mg BD for a further 14 days (to complete 21 days of initial dose) followed by rivaroxaban 20mg daily **OR**
- ii)* Continue dabigatran 150mg BD **OR**
- iii)* Continue apixaban 5mg BD **OR**
- iv)* Continue edoxaban 60mg OD

3. The minimum recommended duration is normally 3 months

4. **All patients should receive a clinical review 3 months review after commencing treatment** to include consideration of whether to stop NOAC or continue dependent on DVT cause i.e. provoked or unprovoked and ongoing risk factors.

5. **Anti-embolic stockings** are not required for below knee DVT. (Should be fitted by someone trained with awareness of contraindications)

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