

## Consensus Statement on the choice of direct-acting oral anticoagulant (DOAC) for stroke prevention in atrial fibrillation (AF)

- In the absence of head-to-head trials, it is not appropriate to be definitive on which DOAC is the best, given the heterogeneity of the different trials.
- NICE concluded that all newer oral anticoagulants appear to have comparable efficacy for the composite primary endpoint and bleeding outcomes.<sup>1</sup>
- In the absence of a specific clinical reason to select a particular DOAC (e.g. patients with previous stroke may benefit more from dabigatran 150mg twice daily), the North West Coast Strategic Clinical Network recommends that the DOAC with the lowest acquisition cost as the first line DOAC for patients with AF. Currently this is edoxaban which is also available through a rebate scheme resulting in a further significant price reduction compared to the most expensive DOAC.

This statement has been approved by Dr Joe Mills, Clinical Lead for Cardiology Northwest Coast Strategic Clinical Networks (NWSCN), Dr Deborah Lowe, Clinical Lead for Stroke NWSCN Cardiology and Stroke Pharmacist Forum.

1. NICE TA 355. Edoxaban for preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation. 23 September 2015