Position Statement
Choice of direct-acting oral anticoagulant (DOAC) for stroke prevention in non-valvular atrial fibrillation (AF)

Prescribing recommendation:
Where a DOAC is considered to be the most appropriate anticoagulant, edoxaban is to be used first line for patients with non-valvular AF unless there is a specific clinical reason not to do so.

Background
• 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. ¹

• 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), LMMG recommends that the DOAC with the lowest acquisition cost as the first line DOAC for patients with non-valvular AF. Currently this is edoxaban. This recommendation is in agreement with that published by the North West Coast Strategic Clinical Network.²

Please access this guidance via the LMMG website to ensure that the correct version is in use. Please also refer via website to LMMG ‘Pathway for the prevention of stroke and systemic embolism in non – valvular atrial fibrillation’

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

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date</th>
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<tr>
<td>Version 1.0</td>
<td>October 2018</td>
<td>Initial document</td>
<td>Sharon Andrew</td>
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<td>Version 1.1</td>
<td>December 2018</td>
<td>Amended to incorporate comments from LMMG</td>
<td>Paul Tyldesley</td>
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<td>Amended reference in line with updated NWCSN document and added statement referring to LMMG Pathway for the prevention of stroke and systemic embolism in non–valvular atrial fibrillation</td>
<td>Sharon Andrew</td>
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