Scenario 1

Male, aged 55, weight 140Kg, being treated with rivaroxaban 20mg for a dual diagnosis of AF and DVT. SPC for rivaroxaban indicates there is no issue with the weight. Should we switch from a DOAC to warfarin?

*Response*

See embedded document below (use of DOACs in obesity).



Note this is a position statement for VTE/PE, not AF. As it stands there is no position statement for AF treatment, however it can be considered that AF is a lower risk for events than VTE/PE so it is reasonable to extrapolate the guidance to AF. This patient has both and so the VTE guidance above should be sufficient.

Specifically, patients between 120-150kg could be considered for rivaroxaban/apixaban instead of warfarin. Warfarin would still be first choice in new patients but if the patient is already established on rivaroxaban they are best left on it.

The guidance issued cannot cover every situation such as the example here, therefore please consider seeking further advice for more complex patients (initially via your MOT - see document 1 for details for your area).

Scenario 2

We have just been made aware there is a generic apixaban tablet available. We were told the patent for apixaban was until 2026. Should we still be switching patients?

*Response*

See separate document *NHSEI comms re apixaban patent*.