Evidence Review for Prescribing Clinical Network

Treatment: Management of atrial fibrillation

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Topic Submitted by: NICE guideline 180

Date: September 2014

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Summary page

An updated NICE clinical guideline "Atrial fibrillation: the management of atrial fibrillation CG 180" was published in June 2014. This replaces the 2006 clinical guideline, taking account of new evidence and the introduction of the NOACs. A related Quality Standard to define best practice is expected to be published in due course.

The NICE Implementation Collaborative has produced a consensus report supporting local implementation of the NICE guidance. The consensus was developed following a workshop meeting at which health care professionals and patient group representatives discussed barriers to use of the non-Vitamin K antagonist oral anticoagulants (NOACs, previously called new or novel oral anticoagulants) for reducing stroke risk in non-valvular atrial fibrillation and how these barriers might be overcome locally to facilitate appropriate use of the drugs.

Locally the South East Coast Strategic Clinical Network Atrial Fibrillation Project has been established to implement the NICE guidance. The project group are focusing on the development of a best practice model for earlier detection and anticoagulation optimisation of patients with atrial fibrillation.

Background

- Warfarin has been the standard for oral anticoagulation for over 50 years.
- The newer oral anticoagulant agents (apixaban, dabigatran and rivaroxaban) produce predictable anticoagulation and have been shown to result in similar or better mortality and vascular outcomes compared with warfarin. *However, there is still limited experience with these drugs, careful assessment of renal function is needed and prescribers need to be mindful of potential drug interactions*.

- There are no published clinical trials that directly compare any of the newer agents with each other. Systematic reviews and meta-analyses have made indirect comparisons but the results have not been sufficiently robust to reliably differentiate between apixaban, dabigatran or rivaroxaban.
- Within their licensed indications the newer oral anticoagulants offer potential advantages for some patients.
- The key priority for healthcare professionals will be to ensure that patients with non-valvular atrial fibrillation are able to make an informed decision about the options for anticoagulation therapy to reduce their risk of stroke and systemic embolism.

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Traffic light status – GREEN

Role of the specialist – Anticoagulant initiation and management should be undertaken by an anticoagulant lead in either primary or secondary care

Cost modelling from NICE

There will be significant costs from implementing the recommendations to

- not treat patients with AF with aspirin to reduce risk of stroke,
- use the NICE patient decision aid to offer NOACs or warfarin to new patients
- to consider NOACs in patients with time in range on warfarin of <65% despite adequate adherence

The alternative treatments listed in the guideline are assumed to reduce future adverse events but are significantly more expensive.

Estimated cost or saving per 100 000 population:
Additional costs of £88,000 could be incurred for a population of 100,000.

Wider AF pathway development not covered in this paper but included in NICE guideline 180 June 2014:

- Diagnosis and assessment
- Referral for specialised management
- Rate and rhythm control
- Ablation strategies

Recommendations:
Update policies in line with NICE

- Diagnosis and Management of AF Surrey CRG Pathway Aug 2012
  Replace with SEC Diagnosis and Management of AF pathway when available
- PCN policy 89 NOACs in AF Feb 2014
  Replace with new policy statement (draft attached for comment or agreement)
- NOAC pre-decision aid Sept 2012
- Patient FAQ June 2012
  Replace both with NICE decision aid June 2014
- NOAC treatment pathway Sept 2012
  Replace with new treatment pathway (draft attached for comment /agreement)

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
1	11/7/14	Liz Clark	draft	
	13/08/14	Liz Clark	draft	
	15/08/2014	Carolyn Adamson Lead Pharmacist Ashford and St. Peter's		Additions to the AF pathway, policy statement and treatment pathway. Including hypertension and stroke to the HASBLED score. (previously copied from the HASBLED section of the sparctool)
	18/08/14	Dr Youssif Abousleiman Stroke Lead; SASH		Comments and references added
	20/08/2014	Amy Scott Medicines Management G&W CCG		Comments added
	21 August 2014	Dr Terry Lynch, GP Clinical Lead for Stroke, Horsham and Mid Sussex CCG		Additions to the AF pathway, policy statement and treatment pathway. Including amendment to pathways anticoagulation if CHA2DS2VASc = 1 in men Offer anticoagulation if CHA2DS2VASc ≥ 2 in men and women. And revised statement re aspirin in the Policy document

1. Purpose of the Review

Adoption of NICE guideline 180 and update of related PCN recommendations
To be viewed in conjunction with NICE guideline:
http://www.nice.org.uk/Guidance/CG180

2. Appropriateness

Etiology: Atrial fibrillation is the most common sustained cardiac arrhythmia; it affects about 1.6% of the population in England and Wales

3. Expected benefits

Implementing the clinical guideline may result in the following benefits:

- risk of stroke for people with atrial fibrillation will reduce to 69% of current level
- approximately 10,000 fewer strokes per year in people with atrial fibrillation
- people with atrial fibrillation being able to better manage their condition.

4. Summary of Key Points for Consideration

NICE guidance:

- NICE-approved treatments have to be made available for prescribing.
- Arrangements for use of antithrombotic therapies in atrial fibrillation should be reviewed and policies developed for integration of NOACs in the local care pathway.
- There should be agreed protocols across primary and secondary care for initiation of NOAC therapy.
- There should be no restrictions(such as patients being told they have to try a VKA first, before a NOAC can be considered) and a NOAC can be considered for newly-diagnosed patients, for certain patients who are currently taking a VKA, and for patients currently taking aspirin.

Budgetary Impact

The effect on treatment usage as a result of this recommendation is shown in Table 1

Treatment	Current usage	Future usage
Warfarin	34.32%	46.74%
Aspirin	22.49%	2.50%
Dabigatran etexilate	4.73%	11.65%
Rivaroxaban	4.73%	11.65%
Apixaban	4.73%	11.65%
No treatment	28.99%	15.79%

Ref: NICE June 14

Current usage of NOACs in our CCGs is (as a % of NOAC and warfarin)
East Surrey CCG 5.6,
Guildford & Waverley CCG 6.2,
North West Surrey CCG 3.3,

Surrey Downs CCG	5.1
Surrey Heath CCG	3.2
NE Hants & Farnham CCG	4.1
Crawley CCG	2.4
Horsham and Mid-Sussex CCG	6.3

Ref NHS England Medicines Optimisation resource

The increase in drug costs resulting from this recommendation will be partly offset by a reduction in the cost of treating strokes related to atrial fibrillation.

Estimated number of strokes per 100,000 in people with atrial fibrillation Table 2

Treatment mix	**Estimated number of strokes in people with atrial fibrillation**
Current treatment mix	59
Future treatment mix	41

Breakdown of cost for the significant resource impact recommendation Table 3

Current/future costs	**Type of costs**	**Costs £000s**
Current costs	Cost of drugs	347
	Cost of adverse events	733
Total current costs		**1,080**
Future costs	Cost of drugs	654
	Cost of adverse events	513
Total future costs		**1,168**
Net cost		**88**

Ref: NICE costing model per 100,000 people in population, June 14

5. Conclusions and Recommendations

NICE clinical guideline “Atrial fibrillation: the management of atrial fibrillation CG 180” published in June 2014 .
In producing this clinical guideline a Guideline Development Group was established which reviewed all the available evidence in developing the recommendations.

NOACs offer advantages for some people but not others.
Warfarin remains the preferred anticoagulant for several patient groups:

- Patients with concomitant valve disease
- Patients with severe renal disfunction (eGRF<30ml/min/1.73m^2)
- Patients for whom the ability to readily and objectively monitor the extent of anticoagulation is paramount.

Steinberg BA, Piccini JP BMJ 2014; 348:g2116

NOACs have a higher acquisition cost than warfarin but are cost effective and putting hurdles in place to make them second choice behind warfarin is likely to be challenged as contrary to NICE guidance.

Apixaban, dabigatran etexilate and rivaroxaban are each recommended as treatment options, however CCGs can advise on preferred selection of NOAC to make cost effective use of NHS resources.

Recommendations:

Update policies in line with NICE

- Diagnosis and Management of AF Surrey CRG Pathway Aug 2012

Replace with SEC Diagnosis and Management of AF pathway

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- NOAC treatment pathway Sept 2012

Replace with new treatment pathway (draft attached for comment or agreement)

References

NICE clinical guideline -Atrial fibrillation: the management of atrial fibrillation CG 180 June 2014 and supporting documents

NICE Implementation Collaborative Supporting local implementation of NICE guidance on use of the novel (non-Vitamin K antagonist) oral anticoagulants in non-valvular atrial fibrillation 2014

Patient decision aid: user guide for healthcare professionals
Implementing the NICE guideline on atrial fibrillation (CG180)

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