

Choice of Direct Oral Anticoagulant (DOAC) for prevention of stroke and systemic embolism in adults with non-valvular AF (NVAF)

South Yorkshire ICB Position Statement

Apixaban tablets (generic) and rivaroxaban tablets (generic) are the First Line DOACs for NVAF in all care settings

Where a DOAC is considered to be the most appropriate anticoagulant, generic apixaban or generic rivaroxaban are to be used first line for patients commencing treatment for NVAF unless there is a specific clinical reason not to do so.

Background:

- NICE NG196 AF: diagnosis and management, states that: *“apixaban, dabigatran, edoxaban and rivaroxaban are all recommended as options for the treatment of atrial fibrillation, when used in line with the criteria specified in the relevant NICE technology appraisal guidance.”*¹
- The DOACs with the lowest acquisition cost are currently generic apixaban and generic rivaroxaban (joint best value).² Apixaban is a twice a day treatment. Rivaroxaban is a once a day treatment. *
- In the absence of a specific clinical reason to select a particular DOAC (see local Anticoagulation for Stroke Prevention in NVAF: Joint primary and secondary care guidelines for further details ^{3,4}, the relevant NICE technology appraisal guidance and SPC), South Yorkshire Integrated Medicines Optimisation Committee recommends the DOAC with the lowest acquisition cost (generic apixaban or generic rivaroxaban) as the first line DOAC for patients commencing treatment for non-valvular AF.
- If generic apixaban (best value twice a day treatment) and generic rivaroxaban (best value once a day treatment) are contraindicated or not clinically appropriate for the specific patient then, in line with NHS England commissioning recommendations (see reference 2 below), clinicians should then consider the remaining available DOACs in order of best value, until an appropriate treatment is identified.²
- New patients initiated on any DOAC other than generic apixaban or generic rivaroxaban for NVAF without a documented clinical reason for selecting this particular DOAC, may be reviewed and switched to either generic apixaban or generic rivaroxaban as the most cost-effective treatment, where clinically appropriate.

**For further information on the dose of apixaban and rivaroxaban for prevention of stroke and systemic embolism in adults with NVAF, including when dosage adjustments are required, please consult the [SPC](#) or local Anticoagulation for Stroke Prevention in NVAF: Joint primary and secondary care guidelines ^{3,4}, available at: <https://mot.southyorkshire.icb.nhs.uk/search?categories=Guideline&q=Anticoagulation+Stroke+Prevention+Non-Valvular+Atrial+Fibrillation>.*

References:

1. NICE NG196 AF: diagnosis and management. April 2021 (Updated June 2021). Available at: [Overview | Atrial fibrillation: diagnosis and management | Guidance | NICE](#) Accessed <06.10.25>
2. Operational note: Commissioning recommendations for national procurement for DOACs January 2024 (Updated September 2024). Available at: [NHS England » Operational note: Commissioning recommendations for national procurement for direct-acting oral anticoagulant\(s\) \(DOACs\)](#) Accessed <06.10.25>
3. Barnsley Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation: Joint primary and secondary care guidance. Available at: <https://mot.southyorkshire.icb.nhs.uk/search?categories=Guideline&q=Anticoagulation+Stroke+Prevention+Non-Valvular+Atrial+Fibrillation&locations=barnsley%2Csouth-yorkshire> Accessed <06.10.25>
4. Sheffield Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation: Joint primary and secondary care guidance. Available at: <https://mot.southyorkshire.icb.nhs.uk/search?categories=Guideline&q=Anticoagulation+Stroke+Prevention+Non-Valvular+Atrial+Fibrillation&locations=south-yorkshire%2Csheffield> Accessed <06.10.25>