

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE  
(JAPC)**

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

Generic apixaban tablets or rivaroxaban tablets are the preferred DOAC in patients with NVAF in Derby and Derbyshire unless it is contraindicated, not tolerated or clinically inappropriate.

Rationale

**1. First-line Anticoagulation Therapy**

Direct Oral Anticoagulants (DOACs) are recommended as the first-line treatment over Vitamin K antagonists (e.g., warfarin) for newly initiated patients with non-valvular atrial fibrillation (NVAF), in accordance with [NICE NG1961](#).

**2. Comparative Efficacy and Safety**

A meta-analysis has demonstrated that all high-dose DOACs offer comparable efficacy in terms of composite primary and bleeding outcomes. Notably, major bleeding rates were significantly lower with edoxaban and apixaban compared to dabigatran and rivaroxaban ([NICE TA 355](#)).

**3. Cost-effectiveness Consideration**

Where clinical considerations are equivalent, the most cost-effective DOAC should be prescribed. According to [NHS England guidance \(September 2024\)](#), generic apixaban and generic rivaroxaban are jointly identified as the best-value DOACs and are recommended as first-line options for patients with NVAF, unless contraindicated, not tolerated, or otherwise clinically inappropriate.

**4. Switching Between DOACs**

When considering a switch between DOACs, it is important to assess the clinical implications of transitioning from a once-daily to a twice-daily regimen (or vice versa). Appropriate safeguards must be implemented to ensure patients adhere correctly to the new dosing schedule.

**5. Consensus Across Care Settings**

All healthcare providers agree to follow this position statement for consistency of treatment across sectors and care pathways.