



Circular 28 / 20

6 October 2020

Ref: DOACs Application System

Dear Doctor,

Please find attached letter from Professor Michael Barry, National Clinical Lead, HSE-Medicines Management Programme in relation to Direct Acting Oral Anticoagulants.

As experience in the use of direct acting oral anticoagulants has developed it is now timely to remove the requirement for a reimbursement application system for the licensed and reimbursed indications. To enhance safe and effective prescribing of these drugs the Medicines Management Programme has published anticoagulation prescribing tips and tools which may be found on the MMP website (www.hse.ie/yourmedicines).

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Shaun Flanagan'.

Shaun Flanagan
Primary Care Eligibility & Reimbursement Service



5th October 2020

Re: Direct Acting Oral Anticoagulants (DOACs) – removal of reimbursement application system

Dear Colleagues,

From the 1st November 2020 there will no longer be a requirement to submit an online reimbursement application for any of the direct acting oral anticoagulants (apixaban, dabigatran, edoxaban and rivaroxaban) when prescribed for reimbursed licensed indications, including the prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation, management of deep venous thrombosis (DVT) or pulmonary embolism (PE) and prophylaxis of thromboembolism in adult patients following elective total knee replacement or total hip replacement. The MMP highlights that low dose rivaroxaban at a dose of 2.5mg twice daily (in combination with aspirin) for the secondary prevention of cardiovascular disease is **not** reimbursed at this point in time.

Over the past seven years the number of patients being treated with direct oral anticoagulants has increased over 10 fold from 6,805 to 71,942 with total expenditure increasing 9 fold to just over €63 million per annum. Warfarin now accounts for just 15% of all 84,393 patients currently in receipt of oral anticoagulants. The MMP recommends apixaban as the preferred direct acting oral anticoagulant and that warfarin is an appropriate first-line treatment option when the time in therapeutic range is 70% or higher.

As experience in the use of direct acting oral anticoagulants has developed it is now timely to remove the requirement for a reimbursement application system for the licensed and reimbursed indications. However the prescribing of direct acting oral anticoagulants is complex with different dosing regimens for the various therapeutic indications, the possibility of drug-drug interactions and the increased risk of bleeding in elderly patients, due in part to deteriorating renal function. To enhance safe and effective prescribing of these drugs we have published anticoagulation prescribing tips and tools which may be found on the MMP website (www.hse.ie/yourmedicines).

The MMP would like to highlight that reimbursement application systems will continue to be required for some high cost and/or high budget impact drugs to ensure such medicines are used in a cost-effective way.

I would like to thank you all, once again for your ongoing support for the Medicines Management Programme.

With best wishes,

Professor Michael Barry,
National Clinical Lead, Medicines Management Programme www.hse.ie/yourmedicines