Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíoca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

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Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11

Tel: (01) 864 7100
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Circular 010/14

10th March 2014

Dear Pharmacist,

As you will be aware the HSE has established a Medicines Management Programme(MMP) under the leadership of Professor Barry of the National Centre of Pharmacoeconomics.

The aims of the MMP include (a) ensuring that patients have access to the essential medicines that they need (b) facilitating more cost-effective prescribing with initiatives in relation to high- cost medicines (c) ensuring value for money in relation to medicines and (d) enhancing evidence based prescribing and optimising patient safety through a reduction in medication related adverse events.

The HSE, under the guidance of the Medicines Management Programme, has improved the patient specific applications for reimbursement of New Oral Anticoagulants to incorporate certain safety alerts. The updated form to be completed by the prescriber is available on line at www.pcrs.ie (online services). A copy of the updated form is attached for your information.

The HSE has also introduced an online application process which has a number of advantages:

1. The prescriber will have been enabled to consider relevant clinical information as they submit the patient specific application for reimbursement approval.
2. The prescriber will receive immediate confirmation at the point of submission that the application has been approved with a reference number provided. Note: This will only occur where no safety alerts have been triggered.
3. The patient can be provided with their individual reference number of submission of application on their behalf

Approval letters will continue to be sent to the patient. It is envisaged that the paper based reimbursement approval service will be phased out over the coming months.

Please find enclosed a communication that has issued to all GPs providing an 'Update in relation to Prescribing of New Oral Anticoagulants' . You will note the references to co- prescribing of certain medicinal products with the new Oral Anticoagulants and the need for extra vigilance in this regard.

The HSE seeks your assistance in this initiative in explaining to patients the advantages of such an approach.

Yours sincerely,

Paddy Burke
Primary Care Reimbursement Service

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Clinical Strategy and Programmes Division
Dr Steevens' Hospital
Dublin 8

5th March 2014

Re: Issues in relation to prescribing safety of New Oral AntiCoagulants (NOACs)

Dear Colleagues

Over 13,000 patients receive treatment with NOAC drugs under the Community Drugs Schemes in Ireland. This represents a three fold increase over the past 2 years as prescribers consider the potential benefits including the predictable anticoagulant effect without the requirement for regular monitoring, lower rates of intracranial haemorrhage and the reduction in potential drug interactions.

The NOACs are not without adverse effects and of course the most important is haemorrhage. The risk of major gastrointestinal haemorrhage may be even greater with NOACs as compared with warfarin and no antidote has been proven to immediately reverse the effects of these new agents. In March 2013 patient safety issues with the NOACs were highlighted in the Irish Medical Journal, with the recommendation that prescribers (frequently in the hospital setting) would need to carefully select their patients to optimise safety and efficacy.

When reviewing dispensing data (January – October 2013 inclusive) the MMP sought to identify prescribing patterns of NOACs in Ireland. We specifically aimed to determine dosages prescribed to patients receiving long term NOAC therapy (treatment exceeding 35 days) and to investigate potential drug interactions. It was found that over 80% of prescribing of NOACs is for the atrial fibrillation indication and 60% of patients treated with NOACs are aged 75 years or more.

In relation to rivaroxaban (Xarelto), currently there are 7,460 patients who receive the drug, with some 4,590 patients (62%) receiving it as long term therapy and over 16% of these patients (769) receiving the drug at a prescribed daily dose of just 10 mg.

The recommended dose for atrial fibrillation is 20 mg daily reducing to 15 mg daily for patients with renal impairment. Administration of rivaroxaban 10 mg daily is not indicated for atrial fibrillation and renders such patients susceptible to stroke.

In addition, over 28% of patients treated with rivaroxaban received medications that would be expected to interact with the anticoagulant. Over 100 patients were co-prescribed dronedarone which should be avoided given the limited clinical data available.

Some 25% of patients received medications where caution is advised e.g. NSAIDs and platelet aggregation inhibitors. This co-prescribing places patients at greater risk of haemorrhagic complications.

In the case of dabigatran (Pradaxa) 37% of all patients receiving long term therapy were at risk of drug interactions. Sixty eight patients were co-prescribed medications that are contraindicated including other oral anticoagulants, azole antifungals and dronedarone.

Over 34% of patients received other medications where caution has been urged in co-prescribing e.g. NSAIDs, platelet aggregation inhibitors and SSRI/SNRIs. This prescribing pattern potentially places many patients at greater risk of haemorrhage which may not be reversible.

Our analysis also shows that two thirds of patients treated with long term dabigatran received the lower dose of 110 mg twice daily which proved non-inferior to warfarin therapy in the pivotal clinical trial.

We reiterate our advice of March 2013 to prescribers and highlight that attention be paid to the prescribing of NOACs particularly in relation to appropriate dosing and the potential for drug – drug interactions.

With best wishes

Prof Michael Barry
National Clinical Lead, Medicines Management Programme

For more information on the National Medicines Management Programme please visit www.hse.ie/yourmedicines

Application Form for Individual Patient Reimbursement of a New Oral Anticoagulant by PCRS

All Sections must be completed in block capitals by the Prescriber responsible for Anticoagulation
All contact details must be provided so that formal decision notification can be issued
Form must be returned to the Primary Care Reimbursement Service, Exit 5, M50, Finglas, Dublin 11

Patient Name	
Patient Date of Birth	

Patient Identifier (at least one must be provided)	GMS Number (Medical Card/Doctor Visit)	
	DPS Number (Drugs Payment Scheme)	
	LTI Number (Long Term Illness)	
	PPS Number	
Patient Address	Line 1	
	Line 2	
	Town or City	
	County	

Physician Responsbile for Management of Anticoagulation	Physician Name	
	Medical Council Number	
	Department/Speciality	
	Landline	
	Mobile	
	Email	
Hospital or Practice Details	Name	
	Address Line 1	
	Address Line 2	
	Town or City	
	County	

New Drug Request

Apixaban 2.5Mg Tabs	Drug dosage		Duration of therapy	
Apixaban 5Mg Tabs	Drug dosage		Duration of therapy	
Dabigatran Etexilate 110Mg Caps	Drug dosage		Duration of therapy	
Dabigatran Etexilate 150Mg Caps	Drug dosage		Duration of therapy	
Rivaroxaban 10Mg Tabs	Drug dosage		Duration of therapy	
Rivaroxaban 15Mg Tabs	Drug dosage		Duration of therapy	
Rivaroxaban 20Mg Tabs	Drug dosage		Duration of therapy	

CLINICAL INFORMATION				
Is the clinical indication for the new oral anticoagulant (NOAC) atrial fibrillation	Yes		No	
If yes to the above, is it	Valvular		Non-valvular	

Note: Only Warfarin is indicated for valvular atrial fibrillation

Is the clinical indication for the new oral anticoagulant (NOAC) prevention or treatment of deep vein thrombosis	Yes		No	
Is the clinical indication for the new oral anticoagulant (NOAC) prevention or treatment of pulmonary embolism	Yes		No	

If the reason claimed is poor INR control secondary to unmanageable drug interaction(s) due to the ongoing prescription of (an)other essential medicine(s) please provide details of that medicine(s)	
Medicine	

If the reason claimed is allergy to warfarin please provide specific details including date of reporting to Irish Medicines Board

To assist you in determining whether a New Oral Anticoagulant is the appropiate treatment for your patient, please complete the following:

**(NB the following section is required if clinical indication is atrial fibrillation)*

CHADS SCORING SYSTEM		CHADS-VASC SCORING SYSTEM	
PARAMETER	SCORE	PARAMETER	SCORE
cardiac failure/LV dysfunction	**1**	**cardiac failure/LV dysfunction**	**1**
hypertension	**1**	**hypertension**	**1**
age ≥ 75 years	**1**	**age ≥ 75 years**	**2**
diabetes	**1**	**diabetes**	**1**
stroke/TIA/thromboembolism	**2**	**stroke/TIA/thromboembolism**	**2**
		peripheral vascular disease/prior myocardial infarction,aortic plaque	**1**
		age 65 – 74 years	**1**
		sex category i.e. female	**1**
CHADS score =		CHADS-VASc score =	

HAS-BLED SCORING SYSTEM (To be completed for all applications)	
PARAMETER	SCORE
hypertension (systolic BP>160 mmHg)	**1**
abnormal renal function, dialysis or creatinine >200 µmol/l	**1**
abnormal liver function, bilirubin>2 & transaminases>3x (ULN)	**1**
stroke	**1**
bleeding history/predisposition to bleeding	**1**
labile INRs i.e. unstable/high INRs or time in therapeutic range < 60%	**1**
drugs e.g. antiplatelet agents, NSAIDs	**1**
alcohol abuse	**1**
HAS-BLED score =	

A HAS-BLED score ≥ 3 out of 9 indicates 'high risk so caution is needed'

What is the calculated glomerular filtration rate (GFR) ml/min ? (1)	

(1) Use the Cockcroft-Gault eqn to estimate the GFR = (140-age years) x (Weight kg) x constant [1.23 for males & 1.04 for females]/serum creatinine µmol/l.

Summary Final Check:		
Is CHADS score >= 2 ?	Yes/No	
Is HAS-BLED score < 3?	Yes/No	
Is Calculated GFR > 30 ml/min	Yes/No	

If No to any of the above, reconsider the use of NOAC