The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	**Anticoagulants, including non-vitamin K antagonist oral anticoagulants (NOACs)**
NICE Reference	Key Therapeutic Topic (KTT16)
Date of Review:	August 2017
Date of Publication	February 2016 (Updated January 2017)
Summary of Guidance (Max 250 words)	The Technology Appraisal guidance cited within KTT16 provide evidence context for the place of the direct NOACs (DOACs), apixaban, dabigatran etexilate, edoxaban and rivaroxaban, in the clinical setting. Although not recommended in the NICE guidelines for VTE or stroke treatment and prevention, these four DOACs should be considered as equal options alongside the treatments mentioned; they should all be included in local formularies. The National Patient Safety Agency issued a patient safety alert about anticoagulants (2007). Although the alert predates DOAC use –including INR monitoring before issuing repeat prescriptions of anticoagulants, which is not appropriate for DOACs – the alert's principles are still relevant to practice. **Important safety issues relating to use of anticoagulants:** **1.** Information and awareness for prescribers, health and social care practitioners and patients on the safe and effective use of anticoagulants. **2.** Dosing and administration errors, including omitting and delaying doses or inappropriately prescribing. **3.** Interactions, contraindications and warnings. DOACs can increase the risk of bleeding if co-prescribed with warfarin, heparin, antiplatelet drugs or NSAIDs. The MHRA has issued advice on contraindications of these four DOACs in the Drug Safety Update (2013). Also highlighted was the need to pay attention to the patient's renal function. Impaired renal function may be a contraindication for DOACs or indicate the need for a reduced dose. DOACs are included on the Innovation Scoreboard to improve transparency of NICE recommended treatments, which are available within Trusts and CCGs. Although not formal NICE guidance, this KTT summarises the evidence-base to support medicines optimisation.
Impact on Lab (See below)	☐ Moderate
Lab professionals to be made aware	✓ Consultant haematologists ✓ Haematology BMS staff
Please detail the impact of this guideline (Max 150 words)	The use of the INR is not appropriate for monitoring the four DOACs detailed in this KTT; therefore clinical haematology staff should be made aware not to perform INR on patients taking these DOACs. Consultant haematologists and other haematology clinical staff must also be aware of patients with chronic kidney disease, who may need increased monitoring of renal function, which may impact on their dosage. On occasions, performing an Anti-Xa test or diluted thrombin time (DTT) may be

	required on the DOACs to help make decisions about dosing in difficult clinical situations, such as renal impairment.

Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services.
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

Written by: Dr Kathryn Mordue
Reviewed by: Dr Tim Nokes