DOAC Transitions

A piece of cake?

.....not all that easy!

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Time on Task

How do we learn about transition ?

Has a conversation taken place with patient?

Has a prescription been written and does patient accept co-pay?

Has appropriate lab work been done?

Has the physician submitted referral to the Anticoagulation Management Service?

Interacting meds?

Medical history?

Correct referral and Rx?

- 72 year old female with AF (CHA_2DS_2-VASc = 5)
- On warfarin since 2012, TTR = 50%
- eGFR = 49 Cr = 1.10 CrCl = 34.9 Hct = 40.1
- Medication – dronedarone (P-gp inhibitor)
- Initial referral submitted with rivaroxaban 20 mg daily (with food)
- Reviewed patient history and identified need for dose adjustment based on CrCl. Requested Rx be rewritten for 15 mg daily along with corrected referral.
- 8/16/17 - Started rivaroxaban
- 8/18/17 - developed nausea, dizziness, muscle pain to the point that she was in bed all day. Stopped rivaroxaban and is now back on warfarin.

Can your patient afford this new drug?

Practice varies:

- MD called in prescription for 3 DOAC's to try to determine which co-pay would be less expensive
- Call pharmacist and ask to process prescription to determine co-pay

How high is too high?

- 83 yr old female with AF (CHA_2DS_2-VASc = 6)
- 6/2017 started warfarin; TTR = 33%
- eGFR = 43 Cr = 1.19 Hct 36.2
- 7/25/17 Started apixaban 5 mg bid on
- Willing to pay $500 annual deductible

- 71 yr old female with peripheral arterial disease
- 5/2014 started warfarin; TTR = 56%
- 3/8/17 - new right brachial DVT
- Range changed to 2.5-3.5
- Prescription for rivaroxaban
- Co-pay over $350 per month
- Declined switch to DOAC and now back on warfarin

Financial aid cards

RIVAROXABAN

- Medicare, Medicaid or no insurance – Free 30-day trial
- Commercial insurance - $0 co-pay every month (max $3400 per calendar year)
- If savings card no accepted or use mail order pharmacy – complete rebate form

APIXABAN

- Medicare and commercial – Free 30 day trial
- Commercial insurance - $10 /month x 30 days, up to 24 months (max benefit $3

DABIGATRAN

- One time voucher for free 30-day supply for Partners patients
- Commercial, VA starting 2017: Covered by SilverScript Medicare Part D plan

Communication among all members of the healthcare team

- 59 year old male with AF (CHA_2DS_2-VAS_c = 3), seizure disorder
- 7/19/17 started warfarin
- Has taken carbamazepine for many years (P-gp inducer, CYP3A4 inducer)
- Discussion about whether patient candidate for DOAC
- MGH pharmacy advised that **all** DOAC's contraindicated in setting of carbamazepine
- Product insert indicates AVOID only for rivaroxaban and apixaban
- Hematology did not have strong feeling to avoid drug but promoted idea of a consistent approach across the institution

Documentation of Off Label Use

- 73 year old female with AF, rheumatic heart disease
- 6/6/2017 mitral valve replacement (bioprosthetic) for rheumatic mitral stenosis, bilateral maze and LAA excision
- On warfarin x 1 month then transitioned to rivaroxaban 20 mg daily
- eGFR = 49 Cr = 1.1 Hct 31.2
- Statement in DOAC referral to acknowledge off label use:

"I have reviewed the patient's medical record and I am aware that the use of this drug is off label for this indication. However, the benefits outweigh the risks in this case."

Conversation with cardiologist

- *"There is nothing fundamentally different about AF that occurs in patients with MVR or MS. Drug manufacturers were worried that physicians would treat their patients with mechanical valves with a DOAC.*
- *More recent studies (edoxaban) do not have exclusion criteria.*
- *Recent JACC data show same benefits for patients with or without valvular disease"*

Misconceptions

- 72 yr old female with AF (CHA_2DS_2-VASc = 4)
- On warfarin since 2010; TTR = 89%
- 6/9/2017 - Started rivaroxaban and prefers to take in am
- Subsequently, office nurse developed a complicated plan to take rivaroxaban 2 hours later each day until taking with 'evening meal'
- Key is to take "with food" and at same time every day

There are a lot of moving pieces when transitioning patients among anticoagulants

As prescribing becomes even more common and we get better at making sure all the pieces are in place …..

We will be able to have our cake and it eat it too!