Government of Saskatchewan

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SASKATCHEWAN FORMULARY BULLETIN

Interim Measures Related to Exception Drug Status (EDS) During COVID-19 Pandemic – *Updated Listing of DOACs*

Effective immediately, the Drug Plan and Extended Benefits Branch is **temporarily** increasing access to the direct oral anticoagulant (DOAC) medications for patients with atrial fibrillation, deep vein thrombosis or pulmonary embolism. In addition, requests that have been received by the Drug Plan and Extended Benefits Branch for EDS coverage of DOACs for these conditions will be approved and backdated to March 11, 2020. These temporary changes will help ensure appropriate use of these medications while recognizing the need for social distancing as a result of the current COVID-19 pandemic.

To accommodate the timely access to treatment for those **atrial fibrillation, deep vein thrombosis or pulmonary embolism patients where *clinicians deem treatment with a DOAC to be appropriate*, the following medications will be transitioning to a temporary full Formulary status during the COVID-19 pandemic:**

- **apixaban, tablet, 2.5mg, 5mg (Eliquis-BMY)**
- **dabigatran, tablet, 110mg, 150mg (Pradaxa-BOE)**
- **edoxaban, tablet, 15mg, 30mg, 60mg (Lixiana-SEV)**
- **rivaroxaban, tablet, 15mg, 20mg (Xarelto-BAY)**
    - **Please note that these changes will not include Xarelto (rivaroxaban) 2.5mg or 10mg as these strengths are used for other indications.**

It is important to note that DOACs are not appropriate treatments for some patients with atrial fibrillation, deep vein thrombosis or pulmonary embolism due to certain patient specific factors such as reduced renal function, age, valvular heart disease, prosthetic heart valves, etc.

A number of tools are available to guide prescribers and pharmacists:

- The **Saskatchewan Health Authority worksheet - Anticoagulation Management Service Warfarin Transition to a DOAC** to help prescribers and pharmacists identify patients who would be considered appropriate for treatment with a DOAC rather than warfarin.
- The following links to RxFiles checklists may be helpful in determining the most appropriate treatment option for a particular patient as well as how to safely transition patients from warfarin to a specific DOAC:

    - Eliquis (apixaban) – https://www.rxfiles.ca/RxFiles/uploads/documents/CLOT-Apixiban-Checklist-Final-CPP.pdf
    - Pradaxa (dabigatran) – https://www.rxfiles.ca/RxFiles/uploads/documents/CLOT-Dabigatran-Checklist-Final-CPP.pdf

- Lixiana (edoxaban) – https://www.rxfiles.ca/RxFiles/uploads/documents/CLOT-Edoxaban-Checklist-Final-CPP.pdf
- Xarelto (rivaroxaban) – https://www.rxfiles.ca/RxFiles/uploads/documents/CLOT-Rivaroxaban-Checklist-Final-CPP.pdf

Prescribers and pharmacists are encouraged to carefully review their patients to determine who would be considered appropriate for treatment with a DOAC rather than warfarin.

The duration of these changes to the listing status of the DOACs will be informed by the timeframe of pandemic resolution in Saskatchewan. Any EDS changes will be noted in Appendix A of the Saskatchewan Formulary, as well as through Formulary Bulletins to prescribers and pharmacists.

Please continue to monitor the What's New section of the Saskatchewan Formulary website and bulletins for additional EDS updates during the COVID-19 pandemic.

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Anticoagulation Management Service Warfarin Transition to a DOAC Worksheet

Patient name: Date:

Section I. Patient meets the following requirements for DOAC use
(patient must meet criteria under the following 4 points in order to be eligible for a DOAC):

1) Has one of the indications approved by Health Canada
- ☐ Non-valvular atrial fibrillation
- ☐ Acute treatment of DVT or PE
- ☐ Prevention of recurrence of DVT or PE

2) Renal Function (most recent SCr umol/L date:)
- ☐ CrCl 30ml/min or greater
- ☐ Stable (CrCl maintained for at least 3 months)

3) Liver Function (most recent AST U/L date: ; ALT U/L date:)
- ☐ No known liver dysfunction OR Stable liver function with ALT and AST less than 2x ULN

4) Age
- ☐ 18 years old or over

Section II. Reasons to exclude patients from switching to a DOAC
(checking any one of these means patient is NOT eligible for DOAC use):

- ☐ Prosthetic valve requiring anticoagulation (eg. mechanical valve)
- ☐ Atrial fibrillation with known severe mitral valve stenosis or rheumatic valve disease
- ☐ Pregnant or breastfeeding
- ☐ Antiphospholipid syndrome
- ☐ Severe liver disease (cirrhosis with ascites, varices, hepatic encephalopathy, and/or baseline INR >1.7)
- ☐ Use of drugs with significant interaction with DOACS (rifampin, azoles (except fluconazole), phenytoin, carbamazepine, phenobarbital, HIV protease inhibitors, St. John's Wort, etc)
- ☐ Weight over 120kg or BMI over 40 OR Weight below 50kg
- ☐ Treatment of arterial thrombosis
- ☐ Currently has INR target of 2.5 to 3.5 for reasons other than mechanical valve

*Note: Cancer associated thrombosis is no longer a contraindication for DOAC use. But active cancer with the following would contraindicate DOAC use:

- ☐ Patient with GI or GU cancer (as bleeding risk is too high with DOAC in this population)
- ☐ Patient on medications including chemotherapy that interact with DOAC
- ☐ Patients deemed at high risk of bleeding

References: Eliquis Product Monograph (Pfizer Canada Inc. Bristol-Myers Squibb Canada), October 7, 2019. Pradaxa® Product Monograph (Boehringer Ingelheim Canada), September 16, 2019. Lixiana product monograph. (Servier Canada Inc), October 17, 2019. Xarelto product monograph. Mississauga, ON: Bayer Inc. Sept 20, 2019. Thrombosis Canada Website. https://thrombosiscanada.ca/. Accessed March 24, 2020. CLOT checklists developed by Collaborative Learning on Thrombosis Group. https://www.rxfiles.ca/RxFiles/modules/miscellaneous/search.aspx?for=CLOT+. Accessed March 24, 2020.