

- **Can I go back to my old anticoagulant if I have it switched and it does not suit me?**

**YES** – If you feel the new anticoagulant does not suit you, discuss this with your doctor/clinician who can decide if changing you back to the previous anticoagulant is the best thing to do.

- **Do I have to have my anticoagulant switched even if I don't want to?**

Your doctor/clinician will discuss any concerns you have regarding switching but will not make you change if you don't want to, although they will talk to you about it before you decide.

## CHANGES TO YOUR ANTICOAGULATION MEDICATION

### A Guide for Patients

*Getting value out of the medicines you need.*



- **Why am I on an anticoagulant?**

Anticoagulants are medicines that help prevent blood clots. They are used for people with atrial fibrillation (who have a five times higher risk of having a stroke), deep vein thrombosis (DVT) pulmonary embolism (PE), or to prevent clotting issues in high-risk patients. If you have atrial fibrillation, you have had your individual risk of stroke calculated and already been started on an anticoagulant to reduce the risk. There are four direct-acting oral anticoagulants (DOACs) available called apixaban, edoxaban, dabigatran and rivaroxaban.

- **Why is my anticoagulant being changed?**

When a clinician decides to prescribe an anticoagulant for a patient, they need to decide which drug or medication to give to a patient, this is because there are generally a range of medicines available to treat a given condition.

The prescriber will have several options to choose from and where there is no clinical or individual patient reason that points to the use of one anticoagulant above another, the one that represents the best value for money will usually be tried first.

It is not always cost that determines the anticoagulant that is prescribed; sometimes clinical trials provide new evidence, and this

results in the anticoagulant you are taking being reviewed, and you maybe 'switched' to an alternative.

Sometimes your anticoagulant may need to be changed based on other patient specific factors such as your kidney function, other interacting medication or conditions.

Prices may change to such an extent that your GP may review the anticoagulant that is prescribed for you and 'switch' you to a different one. When there is no difference in how effective the different anticoagulants are, the most cost effective (cheapest) drug in the group is usually prescribed.

- **If my anticoagulant is switched to an equivalent, will it work as well?**

**YES** – Changes are only made where there is lots of good evidence that the alternative anticoagulant works just as well as your current medicine.

- **Will it be as safe?**

**YES** – The alternative anticoagulant has been fully tested and used by many other patients already.