

# EVALUATION OF ADHERENCE TO NEW ORAL ANTICOAGULANTS THERAPY BASED ON THERAPEUTIC SWITCHES: A DESCRIPTIVE STUDY.

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## Background

Regarding therapeutic adherence to new oral anticoagulants (NOAC), several studies [1] have shown lower adherence in Dabigatran treated patients compared to Rivaroxaban and Apixaban. The NOAC introduction has fueled the phenomenon of switch from vitamin K antagonists (VKA) to NOAC, and vice versa, and also from NOAC to other NOAC.

## ITALY: the prescription of NOAC is possible from

Dabigatram	July 2013
Rivaroxaban	October 2013
Apixaban	March 2014
Edoxaban	October 2016

## Purpose

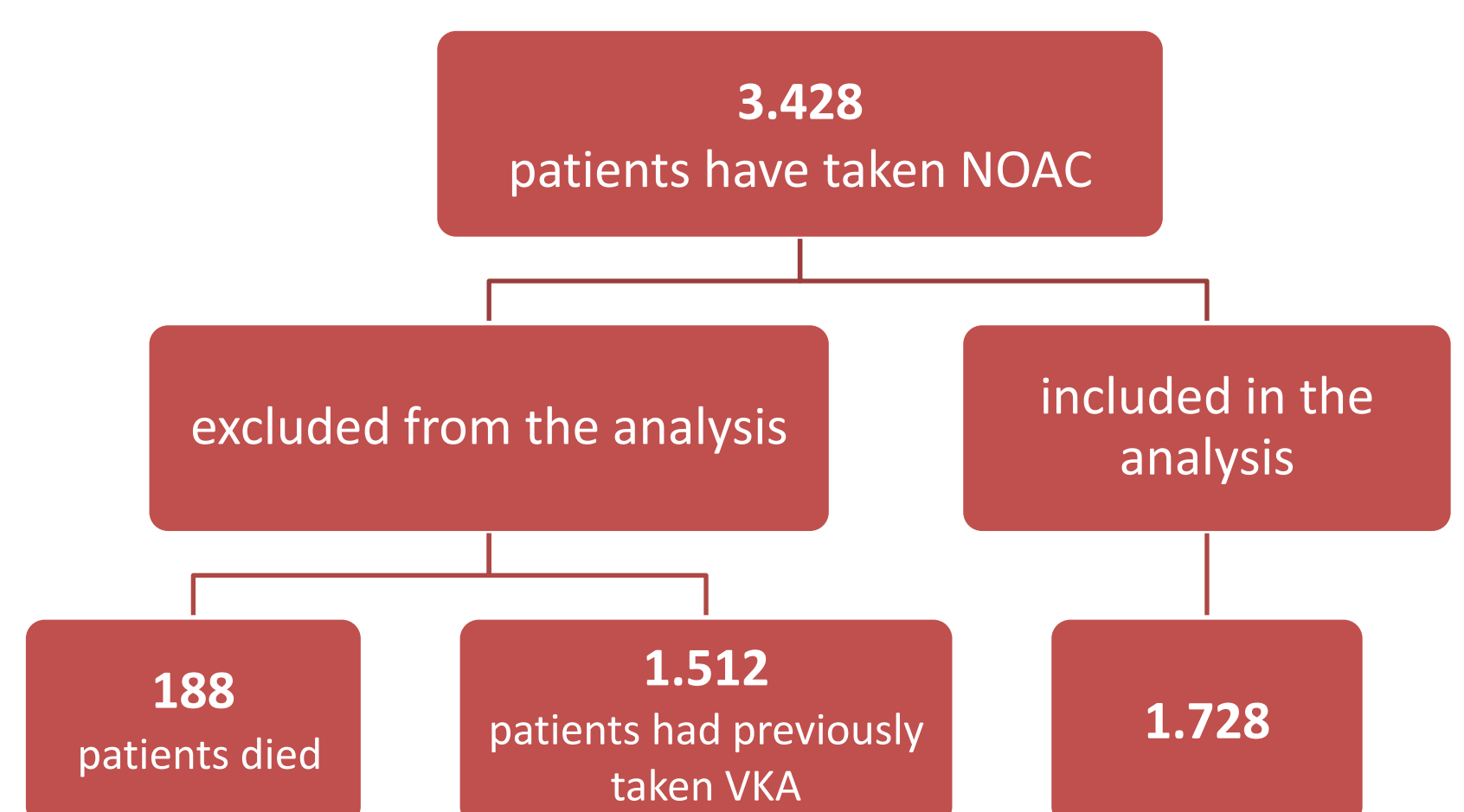
The aim of this descriptive study is to evaluate adherence to therapy among NOAC treated patients by basing the analysis on the therapeutic switches, ie the passages to another NOAC or VKA.

## Material and methods

Through the informatic flow of pharmaceutical prescriptions, we extracted the NOAC prescriptions from July 2013 to June 2016 in the Area Vasta 1 of the Region. Patients who have taken Dabigatran, Rivaroxaban and Apixaban have emerged from these prescriptions (Edoxaban is excluded because it is available since October 2016). Adherent patient was that who did not switch to other anticoagulant therapy (NOAC or VKA) during the analysis period and in the following 6 months (until December 2016). Patients who had taken VKA before starting treatment with NOAC (the flow of prescriptions was investigated since January 2013) and patients who died during the analysis period or in the following 6 months were excluded from the study.

## Results

A total of 3.428 patients started therapy with NOAC during the 3 years of analysis. We excluded 1.512 patients who had previously taken VKA and 188 patients who died during the analysis period or in the following 6 months. At this point 1.728 patients entered to the analysis; 614 started treatment with Dabigatran, 803 with Rivaroxaban and 311 with Apixaban. Among Dabigatran patients, 519 (84,5%) did not record switches, 42 switched to VKA therapy and 53 to other NOAC. Among Rivaroxaban patients, 746 (92,9%) did not record switches, 30 switched to VKA and 27 to NOAC. Among Apixaban patients, 292 (93,9%) did not record switches, 11 switched to VKA and 8 to NOAC.



Treatment	No switch	Switch to VKA	Switch to NOAC
Dabigatran	84,5 %	6,84 %	8,63 %
Rivaroxaban	92,9 %	3,7 %	3,4 %
Apixaban	93,9 %	3,5 %	2,6 %

## Conclusion

Rivaroxaban and Apixaban exhibit high adherence to therapy and lower switching rates compared to Dabigatran (7,1% and 6,1% versus 15,5%); these findings confirm lower adherence to Dabigatran therapy.

References: 1) J.D. Brown *et al.* *J Manag Care Spec Pharm.* 2017;23(9):958-67