

# **Use of Warfarin and Novel Oral Anticoagulants**

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## **Background**

The Novel Oral Anticoagulants (NOACs) provide advantages over warfarin due to a predictable anticoagulant effect and lower risk of drug interactions. NOACs are higher in cost compared to warfarin and at the time of the study were not available on the Government Formulary.

## **Purpose**

To assess the level of knowledge of health care professionals on NOACs and to assess perception of patients on warfarin regarding adherence to treatment, awareness of NOACs and willingness to switch to a NOAC.

## **Methods**

The study was set in eight community pharmacies, conveniently sampled from each of the five statistical districts in Malta. Three questionnaires were formulated and validated; one for general practitioners (GPs), one for pharmacists and the other for warfarin patients.

## **Results**

A total of 21 GPs, 25 pharmacists and 76 patients participated in the study. Only two GPs stated that they do not have patients on NOACs. GPs and pharmacists particularly prescribe or recommend NOACs to patients who have difficulty in attending INR clinics (16 GPs, 19 pharmacists), and those patients who are challenged due to the adjustment in warfarin dosing

required (7 GPs, 13 pharmacists). Healthcare professionals felt that they required more information on studies supporting use of NOACs in different conditions (3 GPs, 13 pharmacists) and on advice to switch patients from warfarin to NOACs (6 GPs, 17 pharmacists).

Warfarin patients stated that they find it difficult to attend for their INR test (11), missed INR test appointments in the last 6 months (8), found it hard to adapt to the changes in dosing (12). Two patients reported that they required hospitalisation in the previous 6 months due to high INR and frequent epistaxis. With regards to patient awareness of NOACs, 48 patients were aware of the alternative, with 36 being conscious of the differences compared to warfarin. Out of 64 of the total patient population, 20 were willing to pay monthly for the alternative treatment: 8 patients less than 20 Euro, 2 patients 20-39 Euro, 7 patients 40-59 Euro and 3 patients more than 60 Euro.

## **Conclusion**

Access to NOACs is limited since their price is considered a burden by patients who are entitled to free warfarin and INR testing via the national health service. Healthcare professionals are in a position to prioritise patients who would benefit from the advantages of NOACs.