WATCHMAN™
LEFT ATRIAL APPENDAGE CLOSURE IMPLANT

Boston Scientific
Advancing science for life™

The challenges of OACs: Rethinking stroke prevention in AFib patients

Challenges with OAC adherence present significant risk to patients.

Up to
30%
of AFib patients are non-adherent to OACs[1]

DOAC adherence below 80% increases stroke risk by
64%[2]

Stopping OACs for at least 7 days may result in
3x INCREASE
in non-hemorrhagic stroke/systemic embolism[3]

While DOACs reduce stroke risk, they can cause serious bleeding risks.

People who take blood thinners for 10 years may be at
~9x higher
risk of bleeding compared to a single year of DOAC[4] therapy

Note: Assumes constant annual bleeding risk of 2.13% and independence of yearly events.

of AFib patients are on 5 or more medications (polypharmacy)[5]

Polypharmacy increases the risk of major bleeding by
16%[5]

Common medications for cancer, pain, arthritis, depression and COVID-19 are **major or moderate** interactors with DOACs.[6,7]

Condition	Medication(s)	DOAC interaction/effect	Interaction level
Coronary artery disease, peripheral artery disease	Antiplatelets: Plavix (clopidogrel), Effient (prasugrel), Brilinta (ticagrelor), Kengreal (cangrelor), Aspirin, DAPT (P2Y12 inhibitor + Aspirin)	Increased bleeding risk	Major*
COVID-19	Paxlovid (nirmatrelvir), Norvir (ritonavir)	Increased bleeding risk	Major*
Early Alzheimer's disease	Leqembi (Lecanemab), Kinsula (donanemab), Aduhelm (aducanumab)	Increased bleeding risk (ARIA abnormalities)	Major*
Epilepsy	Mysoline (primidone), phenytoin, phenobarbital	Reduced DOAC efficacy	Major*
Pain/inflamation (NSAIDs)	Mobic (meloxicam), ibuprofen, naproxen, diclofenac, celecoxib, ketorolac, Feldene (piroxicam)	Increased bleeding risk	Major*
Rheumatoid arthiritis (NSAIDs)	nabumetone, oxaprozin	Increased bleeding risk	Major*
Cancer	IMBRUVICA (ibrutinib), apalutamide, omacetaxine, oxaliplatin	Increased bleeding risk or reduced efficacy	Moderate to major*
Depression/anxiety (SSRI/SNRIs)	sertraline, fluoxetine, citalopram, paroxetine, duloxetine, venlafaxine	Increased bleeding risk	Moderate*

*Definitions sourced from Clinical Key Drug Monograph. www.elsevier.support/ckpharma/answer/what-are-drug-interaction-severity-ratings

Over 600K AFib patients have left OACs behind for the WATCHMAN™ Implant—a proven,[8] safe[9] and effective[9] alternative to OACs.

The WATCHMAN Left Atrial Appendage Closure (LAAC) Implant effectively reduces the risk of stroke—without the risk of bleeding that may accompany long-term use of OACs[10,11]

Who is eligible?

The WATCHMAN Implant may be an appropriate option for patients with non-valvular atrial fibrillation (AFib) who:

- Are at increased risk for stroke based on CHA_2DS_2-VASc scores and is recommended for anticoagulation therapy*
- Are suitable for short-term anticoagulation therapy†
- Have an appropriate rationale to seek a non-pharmacologic alternative to anticoagulation therapy

Note: Does not apply to patients who receive the WATCHMAN Implant concomitantly or sequentially with an AFib ablation.**

Coverage remains unchanged. Under the CMS NCD, the patient must be deemed unable to take long-term OAC and meet all criteria in NCD 20.34 to be eligible for coverage. Commercial payer coverage policy requirements will vary.

The OPTION Clinical Trial is the first randomized, head-to-head study comparing WATCHMAN to OAC after cardiac ablation, with a sub-analysis comparing WATCHMAN to OAC in both concomitant and sequential** LAAC and cardiac ablation procedures.

STANDALONE LAAC

Superior safety and comparable efficacy in stroke risk reduction compared to OACs[12]

CONCOMITANT

44%

risk reduction in bleeding events at 36 months compared to OACs[13]

SEQUENTIAL**

62%

risk reduction in bleeding events at 36 months compared to OACs[13]

Your referral makes a difference–and it starts here: **watchman.com/hcp**

* Increased risk = CHA_2DS_2-VASc ≥ 2 in men, ≥ 3 in women. CMS coverage criteria requires a CHA_2DS_2-VASc score ≥ 3. Providers are encouraged to read the decision memo in its entirety for additional detail.
† Option for immediate DAPT-only post-implant drug regimen for standalone WATCHMAN procedures.
** In the OPTION trial, sequential LAAC was a minimum of 90 days post-AF ablation (as a protocol-driven blanking period) and less than 6 months post-AF ablation.

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12. Wazni O, et al. Randomized Comparison of Left Atrial Appendage Closure with Oral Anticoagulation After Catheter Ablation for Atrial Fibrillation. Late Breaking Clinical Trial, American Heart Association 2024.
13. Saliba W, et al. Comparison of Left Atrial Appendage Closure and Oral Anticoagulation after Catheter Ablation for Atrial Fibrillation: Concomitant and Sequential Cohorts of the OPTION Randomized Controlled Trial. Late Breaking Clinical Trial, AF Symposium 2025.

One Time. For a Lifetime.

WATCHMAN FLX™ Pro LAAC Referrer Indications, Safety and Warnings

https://www.watchman.com/en-us-hcp/watchman-flx-pro-brief-summary.html