WATCHMAN™
LEFT ATRIAL APPENDAGE CLOSURE IMPLANT

Boston Scientific
Advancing science for life™

Patient Screening and Referral Form

PATIENT NAME _____ DOB _____

PHONE NUMBER _____ EMAIL _____

OAC REGIMEN _____ CHA_2DS_2-VASc _____ HAS-BLED _____

Patient with Non-Valvular Atrial Fibrillation (NVAF) who:

1. ☐ Has an increased risk for stroke and is recommended for oral anticoagulation (OAC)
   See CHA_2DS_2-VASc table on back page
2. ☐ Is suitable for short-term OAC therapy
   Option for immediate DAPT-only post-implant drug regimen
3. ☐ Has an appropriate rationale to seek a non-pharmacologic alternative to OACs

Patient with NVAF who meets any of the appropriate rationales: *(select all that apply)*

Source: ACC, HRS, SCAI LAAC NCD Consensus Memo to CMS

Past Bleed:

- ◯ History of intracranial bleeding (intracerebral or subdural) where benefits of LAAC outweigh risks
- ◯ History of spontaneous bleeding other than intracranial (e.g. retroperitoneal bleeding)

Increased Risk of Stroke:

- ◯ Documented poor compliance with anticoagulant therapy
- ◯ Inability or significant difficulty with maintaining therapeutic anticoagulation range

Increased Risk of Future Bleed:

- ◯ High risk of recurrent falls
- ◯ Cognitive impairment
- ◯ Severe renal failure
- ◯ Increased bleeding risk not reflected by the HAS-BLED score (e.g. thrombocytopenia, cancer, or risk of tumor associated bleeding in case of systemic anticoagulation)
- ◯ Intolerance of warfarin and NOACs
- ◯ Need for prolonged dual antiplatelet therapy
- ◯ Avoidance of triple therapy after PCI or TAVR
- ◯ Occupation-related high bleeding risk
- ◯ Other situations for which anticoagulation is inappropriate

I recommend this patient for a WATCHMAN Implant Consult. ☐ Do Not Substitute LAAC Device

HEALTHCARE PROVIDER _____ DATE _____

PHONE or EMAIL _____

CLEAR FORM

CHA_2DS_2-VASc Score (Stroke Risk)[a]

	Condition	Points
C	Congestive heart failure	1
H	Hypertension	1
A	Age ≥ 75 years	2
D	Diabetes mellitus	1
S_2	Prior stroke, TIA, or thromboembolism	2
V	Vascular disease (PAD, MI)	1
A	Age 65-74 years	1
Sc	Sex category (Female)	1
Total Points		

Score	Yearly Stroke Risk (%)		
	No Warfarin	With Aspirin[b]	With Warfarin[b]
0	0	0	0
1	1.3	1.0	0.5
2	2.2	1.8	0.8
3	3.2	2.6	1.1
4	4.0	3.2	1.4
5	6.7	5.4	2.3
6	9.8	7.8	3.4

Elevated 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. Commercial Policies' medical criteria may vary.

HAS-BLED Score (Bleeding Risk)[c]

	Condition	Points
H	Hypertension (SBP > 160)	1
A	Abnormal renal/liver function (1 pt each)	1 or 2
S	Stroke	1
B	Bleeding history or disposition	1
L	Labile INR	1
E	Elderly (e.g. age > 65 years)	1
D	Current drugs (medication) or alcohol use (1 pt each)	1 or 2
Total Points		

Score	Yearly Major Bleeding Risk (%)*
0	1.13
1	1.02
2	1.88
3	3.74
4	8.70
5+	12.5

Elevated risk = ≥ 3.

References

a. CHA_2DS_2-VASc: *Chest*. 2010;137(2):263-272.

b. Warfarin Stroke Reduction: *Ann Intern Med*. 2007;146:857-867.

c. HAS-BLED: *Chest*. 2010;138(5):1093-1100.

*Major Bleed = ICH or bleeding resulting in a hospitalization, a hemoglobin drop > 2 g/dL, or a blood transfusion.

Formal Shared Decision Making

The patient must have a formal shared decision making interaction with an independent, non-interventional physician using an evidence-based decision tool on oral anticoagulation in patients with NVAF prior to LAAC. Additionally, the shared decision making interaction must be documented in the medical record. THIS IS NOT A FORMAL SHARED DECISION MAKING DOCUMENT AND CANNOT BE USED FOR RECORDING THE SHARED DECISION MAKING INTERACTION.

Please visit **watchman.com/hcp** for complete warnings, precautions and instructions for use.