

Patient Screening and Referral Form

PATIENT NAME _____ DOB _____

PHONE NUMBER _____ EMAIL _____

OAC REGIMEN _____ CHA₂DS₂-VASc _____ HAS-BLED _____

Patient has Non-Valvular Atrial Fibrillation (NVAF) and:

- 1 ☐ Contraindication to oral anticoagulation¹
- 2 ☐ Intolerance to oral anticoagulation²
- 3 ☐ Elevated bleeding risk (HAS-BLED ≥ 3; Elevated bleeding risk outside HAS-BLED-Score; Need for prolonged or repetitive triple therapy; Renal failure (severe) as contraindication to NOAC)¹
- 4 ☐ Individual and specific anticoagulation risk constellation for stroke (Inefficient OAC; Electrically isolated LAA post ablation (indication for LAA occlusion controversial)¹

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.

HEALTHCARE PROVIDER _____ DATE _____

PHONE or EMAIL _____

CHA₂DS₂-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 = CHA₂DS₂-VASc ≥ 2 in men, ≥ 3 in women.

CMS coverage criteria requires a CHA₂DS₂-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. CHA₂DS₂-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.

¹ Increased Risk = CHA₂DS₂-VASc ≥ 2 in men, ≥ 3 in women. Providers are encouraged to read the decision memo in its entirety for additional detail Commercial Policies' medical criteria may vary.

² Option for immediate DAPT-only post-implant drug regimen for standalone WATCHMAN procedures

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



WATCHMAN FLX™ Pro LAAC Device Indications, Safety and Warnings

<https://www.bostonscientific.com/en-EU/medical-specialties/structural-heart/fxd-curve/watchman-flx-pro.html>

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