

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 \geq 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 \geq 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 \geq 2 in men, \geq 3 in women.

CMS coverage criteria requires a CHA₂DS₂-VASc score \geq 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 (%)* | |
|-------|---------------------------------|---------------|
| | No Warfarin | With Warfarin |
| 0 | 1.13 | |
| 1 | 1.02 | |
| 2 | 1.88 | |
| 3 | 3.74 | |
| 4 | 8.70 | |
| 5+ | 12.5 | |

Elevated risk = \geq 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.

¹Increased Risk = CHA₂DS₂-VASc \geq 2 in men, \geq 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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