

## Switching between Oral Anticoagulants

From	To	How to Switch?
DOAC	DOAC	<ul style="list-style-type: none"> <li>Initiate when next dose is due except where higher plasma concentrations expected (e.g. renal impairment).</li> </ul>
Apixaban	Vitamin K Antagonist (VKA)	<ul style="list-style-type: none"> <li>Start VKA and continue Apixaban for at least 2 days. After 2 days of coadministration an INR should be obtained before the next scheduled dose of Apixaban.</li> <li>Coadministration should be continued until the INR is <math>\geq 2.0</math>.</li> </ul>
Rivaroxaban		<ul style="list-style-type: none"> <li>Rivaroxaban = Start VKA and continue Rivaroxaban until the INR is <math>\geq 2.0</math>. While patients are on both Rivaroxaban and VKA the INR should not be tested earlier than 24 hours after the previous dose but prior to the next dose of Rivaroxaban.</li> </ul>
Dabigatran		<ul style="list-style-type: none"> <li>VKA should be started according to renal function. If:               <ul style="list-style-type: none"> <li>CrCL <math>\geq 50</math> mL/min, VKA should be started 3 days before discontinuing Dabigatran</li> <li>CrCL <math>\geq 30 - &lt;50</math> mL/min, VKA should be started 2 days before discontinuing Dabigatran</li> </ul> </li> </ul>
Edoxaban		<ul style="list-style-type: none"> <li>Edoxaban = See SPC <a href="#">via this link</a>.</li> </ul>
Vitamin K Antagonist (VKA)	Apixaban	<ul style="list-style-type: none"> <li>Stop VKA and commence Apixaban once INR is <math>&lt; 2.0</math>.</li> </ul>
	Rivaroxaban	<ul style="list-style-type: none"> <li>Rivaroxaban = Stop VKA and commence Rivaroxaban once:               <ul style="list-style-type: none"> <li>INR is <math>\leq 3.0</math> if for prevention of stroke and systemic embolism.</li> <li>INR is <math>\leq 2.5</math> if for DVT, PE and prevention of recurrence.</li> </ul> </li> </ul>
	Dabigatran	<ul style="list-style-type: none"> <li>Stop VKA and commence Dabigatran once INR is <math>&lt; 2.0</math>.</li> </ul>
	Edoxaban	<ul style="list-style-type: none"> <li>Stop VKA and start Edoxaban once INR is <math>\leq 2.5</math>.</li> </ul>