Anticoagulant agents Conversion chart

Novel agent	Convert *TO* Warfarin	Convert *FROM* Warfarin
Rivaroxaban (Xarelto)	Discontinue Xarelto and start Warfarin at time of next scheduled Xarelto dose Xarelto affects INR.	Stop Warfarin and start Xarelto when INR <3.0
Apixaban (Eliquis)	Discontinue Eliquis and begin Warfarin at the time the next dose of Eliquis would have been taken. Eliquis affects INR.	Stop Warfarin and start Eliquis when INR <2.0
Dabigatran (Pradaxa)	Adjust the starting time of warfarin based on creatinine clearance as follows: - For CrCl ≥50 mL/min, start warfarin **3 days** before discontinuing PRADAXA. - For CrCl 30-50 mL/min, start warfarin **2 days** before discontinuing PRADAXA. - For CrCl 15-30 mL/min, start warfarin **1 day** before discontinuing PRADAXA. - For CrCl < 15mL/min, no recommendations can be made	Stop warfarin and start Pradaxa when the INR < 2.0
Edoxaban (Savaysa)	- For patients taking 60 mg of SAVAYSA, reduce the dose to 30 mg and begin warfarin concomitantly. - For patients receiving 30 mg of SAVAYSA, reduce the dose to 15 mg and begin warfarin concomitantly. INR must be measured at least weekly and just prior to the daily dose of SAVAYSA to minimize the influence of SAVAYSA on INR measurements. Once a stable INR ≥ 2.0 is achieved, SAVAYSA should be discontinued and the warfarin continued	Stop warfarin and start Savaysa when the INR is ≤ 2.5

Prepared by: Estela Lajthia, PharmD 3/11/2016