Warfarin and NOAC Conversion Reference

	To Warfarin	From Warfarin
Apixaban	Apixaban affects the INR; measuring the INR during coadministration with warfarin therapy may not be useful for determining an appropriate dose of warfarin If continuous anticoagulation is necessary, discontinue apixaban and begin both a parenteral anticoagulant with warfarin when the next dose of apixaban is due; discontinue parenteral anticoagulant when INR reaches an acceptable range	Discontinue warfarin and initiate apixaban when INR is <2
Betrixaban (in clinical trials)	To be determined	To be determined
Dabigatran	Since dabigatran contributes to INR elevation, warfarin's effect on the INR will be better reflected only after dabigatran has been stopped for ≥2 days. Start time must be adjusted based on CrCl: ▪ CrCl>50 mL/minute: Initiate warfarin 3 days before discontinuation of dabigatran. ▪ CrCl 31 to 50 mL/minute: Initiate warfarin 2 days before discontinuation of dabigatran. ▪ CrCl 15 to 30 mL/minute: Initiate warfarin 1 day before discontinuation of dabigatran (dabigatran use is contraindicated in Canadian labeling when CrCl<30 mL/minute). ▪ CrCl<15 mL/minute: There are no recommendations provided in the U.S. manufacturer's labeling.	Discontinue warfarin and initiate dabigatran when INR <2.0
Edoxaban	For patients taking edoxaban 60 mg once daily, reduce the dose to 30 mg once daily and begin warfarin concomitantly. For patients taking edoxaban 30 mg once daily, reduce the dose to 15 mg once daily and begin warfarin concomitantly. Measure INR at least weekly and just prior to the daily dose of edoxaban to minimize influence of edoxaban on INR measurements. Discontinue edoxaban once a stable INR ≥2 is achieved; continue warfarin	Discontinue warfarin and initiate edoxaban as soon as INR falls to ≤2.5
Rivaroxaban	Discontinue rivaroxaban and initiate both warfarin and a parenteral anticoagulant at the time the next dose of rivaroxaban would have been taken (other approaches to this conversion may be acceptable).	Discontinue warfarin and initiate rivaroxaban as soon as INR falls to <3.0