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ABUHB Guidance on converting between anticoagulants

From	To	Warfarin	LMWH	Rivaroxaban	Apixaban	Dabigatran
Warfarin		For initial warfarin dosing refer to Warfarin Initiation Protocol : All Wales Warfarin Chart	Treatment of DVT/PE; stop warfarin and initiate treatment dose LMWH when INR <2.0.	DVT, PE and prevention of recurrence; stop warfarin; start rivaroxaban once INR ≤2.5. Prevention of stroke: stop warfarin and initiate rivaroxaban once INR ≤3.0.	Discontinue warfarin and commence apixaban as soon as INR is <2.0.	Discontinue warfarin and commence dabigatran as soon as INR is <2.0.
LMWH		Commence warfarin in combination with LMWH, and monitor INR. Stop LMWH once INR in therapeutic range for 2 consecutive days.		Discontinue LMWH and start rivaroxaban 0-2 hours before the time that the next dose of LMWH would be due.	Discontinue LMWH and commence apixaban at the time that the next dose of LMWH would be due	Discontinue LMWH and start dabigatran 0-2 hours before the time that the next dose of LMWH would be due.
Rivaroxaban		Commence warfarin in combination with rivaroxaban. Rivaroxaban should be discontinued when INR is in therapeutic range. Measure INR prior to each dose of rivaroxaban being administered.	Discontinue rivaroxaban and commence LMWH at the time that the next dose of rivaroxaban would be due.		Discontinue rivaroxaban and commence apixaban at the time that the next dose of rivaroxaban would be due.	Discontinue rivaroxaban and commence dabigatran when next dose of rivaroxaban would be due.
Apixaban		Commence warfarin in combination with apixaban. Apixaban should be continued for 2 days, then INR should be measured prior to each dose of apixaban. Apixaban should be discontinued when INR >2.0.	Discontinue apixaban and commence LMWH at the time that the next dose of apixaban would be due.	Discontinue apixaban and commence rivaroxaban at the time that the next dose of apixaban would be due.		Discontinue rivaroxaban and commence dabigatran when next dose of rivaroxaban would be due.
Dabigatran		Conversion protocol depends on renal function. For CrCl ≥ 50ml/minute, start warfarin 3 days prior to discontinuing dabigatran. For CrCl 30-50ml/minute, commence warfarin 2 days prior to discontinuing dabigatran. NB: dabigatran can increase INR.	Discontinue dabigatran and commence LMWH 12 hours after the last dose of dabigatran was administered.	Discontinue dabigatran and commence rivaroxaban at the time that the next dose of dabigatran would be due.	Discontinue dabigatran and commence apixaban at the time that the next dose of dabigatran would be due.	

