DOAC	Procedure to Switch to Warfarin
Dabigatran	Start warfarin and overlap with dabigatran • CrCl 50 mL/min, overlap 3 days • CrCl 30–50 mL/min, overlap 2 days • CrCl 15–30 mL/min, overlap 1 day • CrCl <15 mL/min, no recommendation can be made
Rivaroxiban	Stop DOAC; start warfarin and LMWH at time of next scheduled DOAC dose and bridge until INR ≥2.0
Apixaban	Stop DOAC; start warfarin and LMWH at time of next scheduled DOAC dose and bridge until INR ≥2.0
Edoxaban	For 60-mg dose, reduce dose to 30 mg and start warfarin concomitantly For 30-mg dose, reduce dose to 15 mg and start warfarin concomitantly Stop edoxaban when INR ≥2.0
Overlap is intended to avoid under-anticoagulation while warfarin effect is developing. When DOAC is overlapped with warfarin, measure INR just before next DOAC dose, as the DOAC can influence INR. As a general rule, we believe either approach (i.e., stop DOAC then start LMWH and warfarin or overlap warfarin with DOAC) can be used for all DOAC-to-warfarin transitions. Recommendations adapted from company's package inserts. A recent ASH consensus guideline suggests overlapping DOAC and VKA therapy until the INR is within the therapeutic range over using LMWH or UFH-bridging therapy for patients at low risk of thrombosis/bleeding (conditional recommendation based on very low certainty in the evidence about effects).	

Table 7.4 Switching from DOACs to warfarin.

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ASH = American Society of Hematology; CrCl = creatine clearance; DOAC = direct oral anticoagulant, INR = international normalized ratio; IV = intravenous; LMWH = low-molecular-weight heparin; UFH = unfractionated heparin; VKA = vitamin K antagonist.