UW Medicine

Conversion (Switching) from Parenteral to Oral Anticoagulation for the Treatment of VTE

UW Medicine Anticoagulation Services | November 2025

	To warfarin	To dabigatran or edoxaban	To apixaban or rivaroxaban
Initial Parenteral Therapy	Required	Required	**Not required**
From heparin	**Start warfarin and heparin concurrently.** Continue heparin for a minimum of 5 days AND until INR > 2.0.	**Start heparin alone.** After a minimum of 5 days of heparin, start dabigatran or edoxaban and stop heparin.	**Stop heparin -** Initial parenteral therapy is not necessary for VTE treatment with apixaban or rivaroxaban. **Give first dose of apixaban or rivaroxaban.**
From bivalirudin	**Start warfarin and bivalirudin concurrently.** Continue bivalirudin until chromogenic factor X activity 35-25%. **Note:** Applies to monitoring for chromogenic factor X activity only. INR should NOT be used to assess warfarin efficacy for patients on bivalirudin.	**Start bivalirudin alone.** After a minimum of 5 days of bivalirudin, start dabigatran or edoxaban and stop bivalirudin.	**Stop bivalirudin** - Initial parenteral therapy is not necessary for VTE treatment with apixaban or rivaroxaban. **Give first dose of apixaban or rivaroxaban.**
From LMWH or Fondaparinux	**Start warfarin and LMWH/ fondaparinux concurrently.** Continue LMWH/ fondaparinux for a minimum of 5 days AND until INR > 2.0.	**Start LMWH/ fondaparinux alone.** After a minimum of 5 days, stop LMWH/ fondaparinux. Give first dose of dabigatran or edoxaban at the time the next dose of LMWH/ fondaparinux would have been given.	**Stop LMWH/ fondaparinux and give first dose of apixaban or rivaroxaban at the time the next dose of LMWH/ fondaparinux would have been given.**

Note: Any time sensitive changes to anticoagulation should be made in the electronic health record and conveyed via closed loop communication (e.g., verbally or via Secure Chat) to the bedside nurse