. Switching Between Anticoagulant Regimens

It is important to safeguard the continuation of anticoagulant therapy while minimizing the risk for bleeding when switching between different anticoagulant therapies. This requires insights into the pharmacokinetics and pharmacodynamics of different anticoagulation regimens, interpreted in the context of the individual patient. Practical switching scenarios have been described in the full document, for VKA or a parenteral anticoagulant to NOAC and vice versa. Especially for the circumstances where NOAC treatment should be switched to VKA, caution is required: due to the slow onset of action of VKAs, it may take 5–10 days before an INR in therapeutic range is obtained, with large individual variations. Therefore, the NOAC and the VKA should be administered concomitantly until the INR is in a range that is considered appropriate. Since NOACs may have an additional impact on the INR (especially the FXa inhibitors), influencing the measurement while on combined treatment during the overlap phase, it is important (i) that the INR be measured just before the next intake of the NOAC during concomitant administration, and (ii) be re-tested 24 h after the last dose of the NOAC (i.e. sole VKA therapy) to assure adequate anticoagulation. It is also recommended to closely monitor INR within the first month until stable values have been attained (i.e. three consecutive measurements should have yielded values between 2.0 and 3.0).