

Changeover from Warfarin to Rivaroxaban in Atrial Fibrillation

Patients will require a Schedule V application from a Physician. This includes Resident Specialists and Consultants.

The Schedule V indication is *Cardiac Arrhythmias*. The main indication is non valvular Atrial fibrillation as per SPC.

Please note that patients on Warfarin for metallic heart valves or rheumatic valvular disease should NOT be changed to rivaroxaban. Also note that those patients on warfarin for VTE (which is not related to malignancy) do NOT qualify for Rivaroxaban under the current Schedule V criteria.

Ideally the patient should have a recent (last 6 months) renal profile. If eGFR is <30mls/min continue Warfarin and do not change to rivaroxaban.

If eGFR is 30-49mls/min, one can start Rivaroxaban 15mg daily. If eGFR is >49mls/min, start Rivaroxaban 20mg daily.

These doses are for patients who are 50kg and over. Those who are less than 50kg in weight should be discussed with their respective consultant.

Changing from Warfarin to Rivaroxaban

If the last INR was <3.2, then you stop warfarin for 2 days and then start rivaroxaban on the 3rd day and continue thereafter.

If the latest INR was >3.1, please repeat INR first. If still higher than 3.1, consult Haematology.

Upon starting Rivaroxaban, there is NO need to retest the INR and the patient should be discharged from the respective ACC.

Changing from one Rivaroxaban type to a different brand of Rivaroxaban

We believe that these drugs are interchangeable and hence can be switched immediately.

Changing from Dabigatran to Rivaroxaban

Dabigatran is delivered twice a day. So, one can change over to once a day Rivaroxaban the following day. Please do NOT administer Dabigatran and Rivaroxaban on the same day.

Changing from Apixaban to Rivaroxaban

Apixaban is delivered twice a day. So, one can change over to once a day Rivaroxaban the following day. Please do NOT administer Apixaban and Rivaroxaban on the same day.

