Standard Operating Procedure (SOP) for switching adult patients prescribed Direct Oral Anticoagulants (DOACs) with Non-Valvular Atrial Fibrillation (NVAF) to first line choice Edoxaban

General DOAC prescribing support also included in this document.
Created by: Mustafa Alsaeid Date of Review: May 2023

With thanks to Cambridgeshire and Peterborough CCG for providing content to support this document.

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Document Amendment</th>
<th>Reviewed by</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.5.22</td>
<td>V1</td>
<td>NA</td>
<td>Approved at West Essex CCG MOPB 26.5.22</td>
<td>Anurita R</td>
</tr>
</tbody>
</table>
Index

Background .................................................................................................................. 3
Scope ............................................................................................................................ 3
Edoxaban tablet - General Information ................................................................. 5
Edoxaban Switching Process ..................................................................................... 6
1. Review of DOAC appropriateness ................................................................. 8
   a. Assessing bleeding risk in NV-AF ............................................................... 8
   b. Assessing stroke risk in NV-AF ................................................................. 8
2. Exclusion Criteria ............................................................................................... 10
3. Correct Edoxaban Dosing ............................................................................... 12
   a. Recording patient weight ........................................................................ 12
   b. Calculating renal function for dose of DOAC .......................................... 12
   c. Edoxaban Dosing ..................................................................................... 13
4. Patient DOAC Checklist .................................................................................. 13
5. Monitoring ........................................................................................................... 13

Training ..................................................................................................................... 14
Community Pharmacy ............................................................................................. 14
System Searches ....................................................................................................... 14
Appendix A: Data collection form ......................................................................... 15
Appendix B: Patient Letter ...................................................................................... 16
Appendix C: Patient DOAC Checklist ..................................................................... 18
Quick Guide ............................................................................................................. 19
Background

- There are currently four DOACs available and licensed in the UK for stroke prevention in non-valvular AF (apixaban, dabigatran, edoxaban, rivaroxaban). Apixaban is currently the most prescribed DOAC for this indication in West Essex CCG.

- Edoxaban is now the DOAC with the lowest acquisition cost to the local health economy and there is the preferred choice for patients with non-valvular AF at West Essex CCG (see: file (westessexccg.nhs.uk)).

- All new patients requiring a DOAC for stroke prevention in non-valvular AF should be started on Edoxaban where clinically appropriate.

- Evidence shows Edoxaban is as effective as warfarin and other DOACs for the prevention of stroke in patients with non-valvular AF and is recommended by NICE (Overview | Atrial fibrillation: diagnosis and management | Guidance | NICE).

- Use of Edoxaban offers advantages to other DOAC’s such as:
  1. once daily dose which can encourage patient compliance.
  2. does not have to be taken with food to increase the bioavailability of the drug.
  3. dosing reduction requirements are easier to follow.

- Local cardiologists, stroke physicians and primary care practitioners have been consulted and have agreed to Edoxaban becoming our local preferred choice.

Scope

- This document is a Standard Operating Procedure to support Prescribers and Pharmacists across the PCN to switch patient DOAC to Edoxaban for stroke prevention in non-valvular AF where clinically appropriate.

- The document also contains information to support the review of DOAC and dosing appropriateness prior to switching to ensure Edoxaban is prescribed safely and only where appropriate.
• This document does not include advice on switching patients from Warfarin to Edoxaban, this is outside of the scope of this document.
# Edoxaban Tablet - General Information

<table>
<thead>
<tr>
<th>Summary of product characteristics:</th>
<th>Lixiana 60mg Film-Coated Tablets - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BNF Monograph:</td>
<td>EDOXABAN</td>
</tr>
<tr>
<td>Patient Information Leaflet</td>
<td>pil.6906.pdf (medicines.org.uk)</td>
</tr>
<tr>
<td>Information Booklet</td>
<td>Lixiana_English_VTE.pdf (lixiana-hcp.co.uk)</td>
</tr>
<tr>
<td>Patient Alert Card</td>
<td>Lixiana, INN-edoxaban (medicines.org.uk)</td>
</tr>
<tr>
<td>Patient Information on Anticoagulation</td>
<td>What are anticoagulants?</td>
</tr>
<tr>
<td>Available Strengths</td>
<td>15mg, 30mg and 60mg film coated tablets</td>
</tr>
<tr>
<td>Multi-compartment Compliance aid:</td>
<td>May be used in compliance aid</td>
</tr>
<tr>
<td>Swallowing difficulties:</td>
<td>Tablets can be crushed and mixed with water or apple puree (unlicensed)</td>
</tr>
<tr>
<td>Enteral Tubes:</td>
<td>Tablets can be crushed and mixed with water (unlicensed)</td>
</tr>
</tbody>
</table>
Edoxaban Switching Process

1. This may be opportunistic, where a patient presents for a medication review or DOAC monitoring is due the prescriber should consider switching DOAC to Edoxaban. Alternatively, a pre-built search can be run to identify suitable patients i.e. adults >18 years who are currently receiving prescriptions for apixaban, rivaroxaban or dabigatran and have NVAF with no valid exclusion criteria as outlined in section 2 below. A data collection form (Appendix A) can be used to identify suitable patients. Use medical records to populate relevant information as per the data collection form.

2. It is important to assess appropriateness of DOAC prescribing by considering bleeding risk and stroke risk (see section 1).

3. Please refer to the individual summary of product characteristics for detailed information of cautions and contraindications that may need to be considered before proceeding with the switch.

4. To proceed a Creatinine Clearance (CrCl) within the last 6 months and a patient weight within the last 12 months should be available. Patients without documented results of the recommended monitoring will need the necessary tests completing before considering a switch, see section 3 and 5 for further information.

5. The appropriate dosing of Edoxaban should be considered (see section 3).

6. All consultations for changes must take place with direct patient contact. This may be via a face to face or telephone consultation. In addition, a letter should also be issued to patients suitable for the switch and this can be found in Appendix B.

7. A checklist should be completed (see section 4) to ensure all relevant matters have been covered in the consultation relating to the new DOAC prescribed.

8. Patients should be advised to use up the supply of original DOAC before starting the newly prescribed Edoxaban in order to prevent any wastage.

9. According to SPC, when switching from another DOAC to Edoxaban, discontinue previous DOAC and start Edoxaban at the time of the next dose of the oral anticoagulant.

10. Add Edoxaban to repeat medications and remove current DOAC from repeats.

11. Ensure repeat issues are only authorised until next blood test or as per practice protocol.
12. Add Read code (8B316) or SnoMed code (182838006) for medication changed.
13. Add a journal entry stating details of decision.
14. Add screen/reminder/flash message for reception staff to make them aware of the change in medication when they access the patient’s record (as per practice protocol/agreement).
15. Patient alert card will be available in the original packs when this item is first dispensed to the patient.

Note: This is not a bulk switch, changes should only be made with patient consultation, understanding and on an individual-by-individual basis.
1. Review of DOAC appropriateness:

Prior to switching a patient’s DOAC to Edoxaban, consider the following:

a. Assessing bleeding risk in NV-AF

- The ORBIT scoring tool:
  - This is the preferred tool for assessing bleeding risk in NVAF and DOAC treatment.
  - The main use of the ORBIT tool is to identify people at high risk of bleeding to help guide decisions on prescribing anticoagulation, scores range from 0 to 7 based on the presence or absence of specific characteristics.

  - Score of 2 points for:
    - Males with haemoglobin <130 g/L or hematocrit <40%.
    - Females with haemoglobin <120 g/L or hematocrit <36%.
    - People with a history of bleeding (for example, gastrointestinal or intracranial bleeding, or haemorrhagic stroke).

  - Score of 1 point for people:
    - People aged over 74 years old
    - Who have an estimated glomerular filtration rate (eGFR) of less than 60 mL/min/1.73m2.
    - Treated with antiplatelets.

NICE have suggested that the ORBIT bleeding risk score should be used (in comparison to other bleeding risk scoring systems such as HAS-BLED) in assessing the risk of bleeding when a patient commences, or is under review, regarding anticoagulation therapy in atrial fibrillation. The HAS-BLED score can be calculated here if required: [HAS-BLED Score for Major Bleeding Risk - MDCalc](https://www.mdcalc.com/score/has-bled-scorning-major-bleeding-risk)

Identify and minimise any modifiable risk factors. For most patients the benefit of anticoagulation outweighs the bleeding risk. Do not withhold anticoagulation solely because of a person’s age or their risk of falls. This score should be documented on the patient’s clinical record.

b. Assessing stroke risk in NV-AF

CHA2DS2-VASc score is the preferred tool for the assessment of stroke risk.
Adding together the points allocated to each risk factor gives a total CHA2DS2VASc score which guides the decision to offer antithrombotic treatment:

- **Congestive heart failure/left ventricular dysfunction** (heart failure with reduced ejection fraction, or people with recent decompensated heart failure requiring hospitalization, irrespective of ejection fraction) = 1
- **Hypertension** (defined as a resting blood pressure greater than 140 mmHg systolic and/or greater than 90 mmHg diastolic on at least 2 occasions or current antihypertensive pharmacologic treatment) = 1
- **Age** older than or equal to 75 years = 2
- **Diabetes mellitus** (defined as fasting plasma glucose level of 7.0 mmol/L [126 mg/dL] or more or treatment with oral hypoglycaemic drugs and/or insulin) = 1
- **Stroke/TIA** = 2
- **Vascular disease** (prior myocardial infarction, peripheral arterial disease, or aortic plaque) = 1
- **Age** 65–74 years = 1
- **Sex** category (female) = 1

Review and consider stopping DOAC if patient has a CHA2DS2-VASc score = 0 (or CHA2DS2-VASc score = 1 only because they are female). This score should be documented on the patient’s record.
2. Exclusion Criteria

It would not be possible to prescribe Edoxaban for the patients listed below:

- Patients < 18 years of age
- Patients who have previously tried Edoxaban
- Any known hypersensitivity to the active ingredient or any of the excipients of Lixiana.®
- Creatinine clearance < 15ml/min calculated as per Cockcroft Gault equation
- Cardiac (Prosthetic mechanical heart valve (metal); Moderate to severe mitral stenosis – usually warfarin)
- Antiphospholipid syndrome
- Pregnant/ breastfeeding
- Uncontrolled severe hypertension (Systolic BP≥170mmHg and/or diastolic BP≥100mmHg)
- Severe liver disease
- Major bleeding risk, such as current or recent gastrointestinal ulcer; oesophageal varices; recent brain/ spinal injury; recent brain, spine, or ophthalmic surgery; recent intracranial haemorrhage; malignant neoplasm at high risk of bleeding; vascular aneurysm; active bleeding; arteriovenous malformations; major intraspinal or intracerebral vascular abnormalities.
- Medications: other anticoagulants (UFH, LMWH, heparin derivatives, warfarin, other DOACs); chronic NSAIDs use; P-glycoprotein inducers (e.g., St John’s wort). Use caution with antiplatelets; SSRIs/ SNRIs; fibrinolytic agents.
- Others (local advice) - NV-AF patients on transplant waiting list need to be on warfarin; NV-AF patients with a second indication for anticoagulation that requires warfarin e.g., pulmonary hypertension.

For Biological/bioprosthetic valve replacements transcatheter aortic valve implantation (TAVI) and surgical aortic valve replacement (SAVR) can be included under the term non-valvular AF as per local cardiology specialist advice.

Please check the SPC for the full list of contraindications and cautions to consider when switching DOACs. In addition, it is important to factor in patient preference and consider that Edoxaban may not be a clinically...
appropriate option for all with NV-AF. All four DOACs have varying contraindications and cautions and variations in pharmacokinetics and safety profiles that may be clinically significant for some patient groups. See WECCG DOAC formulary for further information on the other DOACs available: file (westessecccg.nhs.uk).
3. Correct Edoxaban Dosing

a. Recording patient weight

The patient should be weighed annually as a minimum with the weight being recorded on the patient notes. Where no weight is available, the patient can weigh themselves in the surgery or at home and that once this weight is added to the patient notes a review can be undertaken. This enables correct calculation of creatinine clearance.

b. Calculating renal function for dose of DOAC

• For patients with body weight (<100kg). Cockcroft-Gault formula should be used to estimate creatinine clearance for DOAC dosing. This can be done using MDCalc [https://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation](https://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation)

• For patients at extremes of bodyweight (>100kg) the use of adjusted bodyweight should be used within the Cockcroft and Gault formula.

  Note: Adjusted bodyweight CrCl is automatically reported when the patient’s demographics are added to the MDCalc (link above).

Clinical judgement is needed, e.g. if a patient’s excess weight is due to high muscle mass not excess body fat, actual weight should be used within the original Cockcroft and Gault formula.

Patients on DOACs should have their renal function checked:

- Annually if CrCl > 60ml/min
- Six-monthly if CrCl 30-60ml/min or ≥ 75 years
- Three-monthly if CrCl < 30ml/min, or expected decline in renal function
- During acute illness, especially if patient is at risk of acute kidney injury (AKI).

Note: The use of DOACs is not recommended if CrCl < 15ml/min.
c. Edoxaban Dosing

The recommended daily dose for NVAF is 60 mg of Edoxaban once daily.

This dose should be reduced to 30mg of Edoxaban once daily for patients with one or more of the following clinical factors:

• Moderate or severe renal impairment (creatinine clearance (CrCl) 15 - 50 mL/min)
• Low body weight ≤ 60 kg
• Concomitant use of the following P-glycoprotein (P-gp) inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole.

Note: Edoxaban should be used in patients with NVAF and high CrCl only after a careful evaluation of the individual thromboembolic and bleeding risk.

4. Patient DOAC Checklist

This checklist should be completed with the patient when commencing Edoxaban at initiation, post 1 month and 3 months thereafter. NICE recommends, initially every 3 months but can be extended dependent on patient factors such as age, renal function, co-morbidities. The checklist should ideally be filed in the patient's clinical record (See Appendix C).
5. Monitoring

As with all DOACs ongoing monitoring is required, arrangements should be made for the following:

<table>
<thead>
<tr>
<th>Patient Group</th>
<th>Urea and Electrolytes</th>
<th>Weights</th>
<th>Creatinine Clearance CrCl</th>
<th>Full Blood Count</th>
<th>Liver Function Test</th>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>CrCl &gt; 60ml/min</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age ≥ 75 years, frail, CrCl 30-60mL/min</td>
<td>6 Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annually</td>
</tr>
<tr>
<td>CrCl &lt; 30mL/min</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annually</td>
</tr>
<tr>
<td>CrCl &lt; 20mL/min</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annually</td>
</tr>
<tr>
<td>Intercurrent condition that may impact renal or liver function</td>
<td>2 Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If needed</td>
</tr>
</tbody>
</table>

Training Material

- **AF Toolkit | Atrial Fibrillation toolkit: Working together to prevent AF related strokes**
- **Anticoagulant medication videos – UCLPartners**
- **Overview of our e-learning courses | PrescQIPP C.I.C**

Community Pharmacy

Community pharmacists are being informed of this change and will be supplied with all the relevant support materials. This will allow local pharmacy teams to adjust stock levels as necessary.

System Searches

The CCG will provide pre-built searches to help identify suitable patients for the switch. This will include searches for both SystmOne® and EMIS®.
## Appendix A: Data collection form

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Age &gt; 18</th>
<th>Drug and Dose</th>
<th>Diagnosis of AF (Y/N)</th>
<th>Creatinine Clearance</th>
<th>Creatinine Clearance in last 6 months (Y/N)</th>
<th>Weight in last 12 months (Y/N)</th>
<th>Previously tried Edoxaban (Y/N)</th>
<th>Switch agreed (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: Patient Letter

Dear [Title] [Surname],

Change to medication

As a practice we work in partnership with West Essex Clinical Commissioning Group to continually review our prescribing to ensure that our patients receive evidence-based treatments with the lowest cost to the health economy.

The practice has been reviewing its prescribing of blood thinning tablets which are used to prevent strokes in people with atrial fibrillation (irregular heartbeat). This is to ensure that our patients are being treated in line with the West Essex guidelines.

You are currently being prescribed [Apixaban (Eliquis®) / Rivaroxban (Xarelto®) / Dabigatran (Pradaxa) ®] – PLEASE DELETE AS APPROPRIATE

However, when you next request a prescription this will be changed to an equivalent dose of: Edoxaban tablets (Lixiana®) [30mg/60mg PLEASE DELETE AS APPROPRIATE] The dose is One Tablet each day in the Morning which can be taken with or without food

The appearance of the new preparation will be different, but it should work in the same way as your current medication.

Please finish your current supply of medication to avoid any waste, and then start the new medicine when the next dose is due.

Do not take both medications at the same time

If you have any planned hospital treatment or surgery, please speak to your GP practice before taking your new medication.

As part of your ongoing treatment, you will continue to have an annual review which will include some blood tests. Please ensure you have these completed prior to the review.

If you have any questions about this change, please contact the practice and ask to speak to your doctor or pharmacist about your new medication.
Yours sincerely,

GP Practice
### Appendix C: Patient DOAC Checklist

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Explain purpose, dose, frequency, timing of doses and duration of treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assess for features of thromboembolic events, such as symptoms of stroke, or breathlessness (which may suggest a pulmonary embolism).</td>
</tr>
<tr>
<td></td>
<td>Importance of compliance and adherence, and what to do if doses are missed – see patient information leaflet (add link here)</td>
</tr>
<tr>
<td></td>
<td>Explain <strong>serious side effects</strong>: Seek urgent medical attention if patient develops severe bleeding, e.g., blood in faeces, vomit or sputum, vaginal bleeding, if they fall or injure themselves (particularly if hit their head), due to the increased risk of bleeding or unusual headaches.</td>
</tr>
<tr>
<td></td>
<td>Need to inform medical staff that they are taking DOAC if prescribed new medications or surgery/or if invasive procedures (including dental extractions) being planned. Bleeding risk if DOAC started immediately post op.</td>
</tr>
<tr>
<td></td>
<td>Possible interactions with other drugs including herbal remedies, advise patient to read patient information leaflet and discuss with pharmacist or doctor before taking any over the counter remedies or medicines.</td>
</tr>
<tr>
<td></td>
<td>Manage any modifiable risk factors for bleeding, such as uncontrolled hypertension, concurrent use of aspirin or a nonsteroidal anti-inflammatory drug, harmful alcohol consumption, and reversible causes of anaemia.</td>
</tr>
<tr>
<td></td>
<td>Avoid aspirin or NSAIDs (unless clinically indicated)</td>
</tr>
<tr>
<td></td>
<td><strong>Advice on alcohol (risk of bleeding) – ensuring intake is within government recommendations.</strong></td>
</tr>
<tr>
<td></td>
<td>Advise patient to seek advice if planning to become pregnant or breastfeeding</td>
</tr>
<tr>
<td></td>
<td>Referral to Community Pharmacy New Medicines Service: suitable for patients prescribed anticoagulants for the first time</td>
</tr>
<tr>
<td></td>
<td>Monitoring and review: review of treatment and blood tests at least once a year but may be more frequent for some patients (see “System Guidance: Follow up tests and monitoring and general review” on page 1).</td>
</tr>
<tr>
<td></td>
<td>Patient information leaflet (<a href="medicines.org.uk">pil.6906.pdf</a>) given:</td>
</tr>
</tbody>
</table>
**NEW** patients with NV-AF

Start **60mg once daily Edoxaban**

- Baseline monitoring pre-edoxaban initiation: Urea & Electrolytes (U&Es), Weight, Creatinine Clearance (CrCl), Full Blood Count, Liver Function Test, Blood Pressure. Clotting screen is not advised as per the local haematology specialist advice.

**REVIEW and SWITCH** to EDOXABAN for NV-AF patients

Rivaroxaban, Apixaban, Dabigatran

Discontinue Rivaroxaban, Apixaban, Dabigatran

Start **60mg once daily Edoxaban** at the time of the next dose of DOAC

**Cautions**

- **EXCLUSIONS** - Patients who should be excluded from DOAC therapy are:
  - Severe renal impairment - Creatinine Clearance (CrCl) <15 ml/min (Cockcroft-Gault equation).
  - Cardiac (Prosthetic mechanical heart valve (metal); Moderate to severe mitral stenosis – usually warfarin)
  - Antiphospholipid syndrome
  - Pregnant/ breastfeeding
  - Hypersensitivity
  - Uncontrolled severe hypertension
  - Severe liver disease
  - Major bleeding risk, such as current or recent gastrointestinal ulcer; oesophageal varices; recent brain/spinal injury; recent brain, spine, or ophthalmic surgery; recent intracranial haemorrhage; malignant neoplasm at high risk of bleeding; vascular aneurysm; active bleeding; arteriovenous malformations; major intraspinal or intracerebral vascular abnormalities.
  - Medications: other anticoagulants (UFH, LMWH, heparin derivatives, warfarin, other DOACs); chronic NSAIDs use P-glycoprotein inducers (e.g., St John’s wort). Use caution with antiplatelets; SSRIs/ SNRIs; fibrinolytic agents.
  - Others (local advice) - NV-AF patients on transplant waiting list need to be on warfarin; NV-AF patients with a second indication for anticoagulation that requires warfarin e.g., pulmonary hypertension.

For Biological/bioprosthetic valve replacements transcatheter aortic valve implantation (TAVI) and surgical aortic valve replacement (SAVR) can be included under the term non-volumetric AF es per local cardiology specialist advice.


**Start 60mg once daily Edoxaban**

- Calculate CRI pre-switch: Repeat U&Es & weight if outside the timeframe below – local advice
  - >60L/min: <12 months
  - >40L/min: <6 months
  - >30L/min: <3 months

Start **60mg once daily Edoxaban** when International Normalised Ratio (INR) ≤ 2.5

- If INR >2.5, wait until the person’s INR has dropped to less than 2.5 before starting edoxaban.
- If INR >2.5 stop warfarin for 3 days and start edoxaban after 3 days is a pragmatic approach – local advice.

**Start 30mg once daily edoxaban**

- Body weight (<60kg)
  - (<30kg) – seek specialist haematology/cardiology advice.
- Renal impairment: Moderate or severe (CrCL 15–50 ml/min).
- Concomitant use: P-glycoprotein inhibitors (ciclosporin, drenedaline, erythromycin and ketocazole).

*Use the Cockcroft-Gault equation to estimate CrCL and not the eGFR (calculator: [https://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation](https://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation)).

Use clinical judgment where expected decline/fluctuation in renal function may indicate more frequent monitoring is required.

Post edoxaban initiation, consult “System Guidance: Follow up tests and monitoring and general review” (add link here post JPG approval)