Anticoagulation Algorithm for Nonvalvular Atrial Fibrillation

CHADS2-VASc Score

- Score = 0
  - Reasonable to omit antithrombotic therapy

- Score = 1
  - Warfarin or no antithrombotic therapy or Aspirin may be considered

- Score ≥ 2
  - Preferred therapy is Warfarin

Candidate for oral anticoagulation but unable to take warfarin:
- Unable to follow-up for routine INR checks
- Unable to maintain therapeutic INR, not attributed to medication non-compliance
- Prohibited drug-drug interaction, adverse reaction, or allergy to warfarin
- May consider as an alternative in cases of warfarin inefficacy

Rivaroxaban (Xarelto)
- CrCl >50 mL/min: 20mg once daily with evening meal
- CrCl 15-50 mL/min: 15mg once daily with evening meal
- Caution if CrCl <30 mL/min. These patients excluded from ROCKET AF trial. Use only if potential benefit outweighs the risk and consider assessing renal function more frequently (every 3 months).
- CrCl <15 ml/min or on hemodialysis: Do not use

Apixaban (Eliquis)
- 5mg twice daily unless patient has 2 of the following, then reduce dose to 2.5mg twice daily:
  - Age ≥ 80 years, body weight ≤ 60 kg, or SCr ≥ 1.5 mg/dL

OR

ESRD requiring hemodialysis: 5mg twice daily, or reduce to 2.5mg twice daily if age ≥ 80 year or body weight ≤ 60 kg
- Caution: These patients were excluded from clinical trials. Use only if potential benefit outweighs the risk.

Do not use these medications if:
- Active bleeding, significant liver disease, concomitant therapy with dual CYP3A4 and P-gp inhibitors or inducers, epidural/spinal anesthesia, active endocarditis, hypersensitivity to rivaroxaban or apixaban, pregnancy

See Rivaroxaban and Apixaban Guidelines posted to the Clinical Intranet for appropriate use and more information