

Anticoagulation Algorithm for Nonvalvular Atrial Fibrillation

CHA₂DS₂-VASc Score

Score = 0 for men or 1 for females
Reasonable to omit
antithrombotic therapy

Score = ≥ 1 in males or ≥ 2 in females
Stroke prevention should be offered

Rivaroxaban (Xarelto®)

CrCl >50 mL/min: 20mg once daily with a full meal

CrCl 15-50 mL/min: 15mg once daily with a full 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

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.

OR

DO NOT USE these medications if:

- Valvular Atrial fibrillation (moderate-severe mitral stenosis or presence of a mechanical heart valve)
 - Concomitant therapy with dual CYP3A4 and P-gp inhibitors or inducers
 - Significant liver disease
 - Pregnancy or breastfeeding
 - Pediatrics

Consider Warfarin if:

Valvular afib, significant liver disease, concomitant therapy with dual CYP3A4 and P-gp inhibitors or inducers, extreme body weight (< 50kg or > 120kg), ESRD requiring HD, patient is unable to afford rivaroxaban or apixaban

CHA₂DS₂-VASc Score

A clinical prediction tool to estimate the risk of stroke in patients with non-valvular atrial fibrillation.

CHA₂DS₂-VASc Acronym	Points
Congestive Heart Failure	1 point
Hypertension	1 point
Age ≥ 75 years	2 points
Diabetes mellitus	1 point
Stroke/TIA/TE	2 points
Vascular disease (prior MI, PAD, aortic plaque)	1 point
Age 65-74 years	1 point
Sex category (ie. Female sex)	1 point
CHA₂DS₂-VASc Score	Stroke Rate / Year
0	0%
1	1.3%
2	2.2%
3	3.2%
4	4.0%
5	6.7%
6	9.8%
7	9.6%
8	6.7%
9	15.2%

HAS-BLED Score

Bleeding risk score to quantify the 1 year risk for major bleeding in patients with atrial fibrillation.

HAS-BLED acronym

	Points
Hypertension (SBP >160mmHg)	1
Abnormal liver or renal function (1 point each)	1 or 2
Stroke history	1
Bleeding history	1
Labile INRs	1
Elderly (>65 years old)	1
Drugs that promote bleeding or _____	1 or 2

HAS-BLED Score

Bleeds per 100 Patient Years

0	1.13%
1	1.02%
2	1.88%
3	3.75%
4	8.70%
5	12.5%
6	Scores > 5 were too rare to determine risk in validation studies
7	
8	
9	
9	