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

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**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.

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**DO NOT USE these medications if:**

- Valvular Atrial fibrillation
- Significant liver disease
- Concomitant therapy with dual CYP3A4 and P-gp inhibitors or inducers
- 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

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See Rivaroxaban, Apixaban, and Warfarin Guidelines posted to the Clinical Pathways and Guidelines page for more information

Developed by: Anticoagulation Safety Committee 2013

P&T Approved: July 2013, June 2014, Jan 2015, Feb 2019