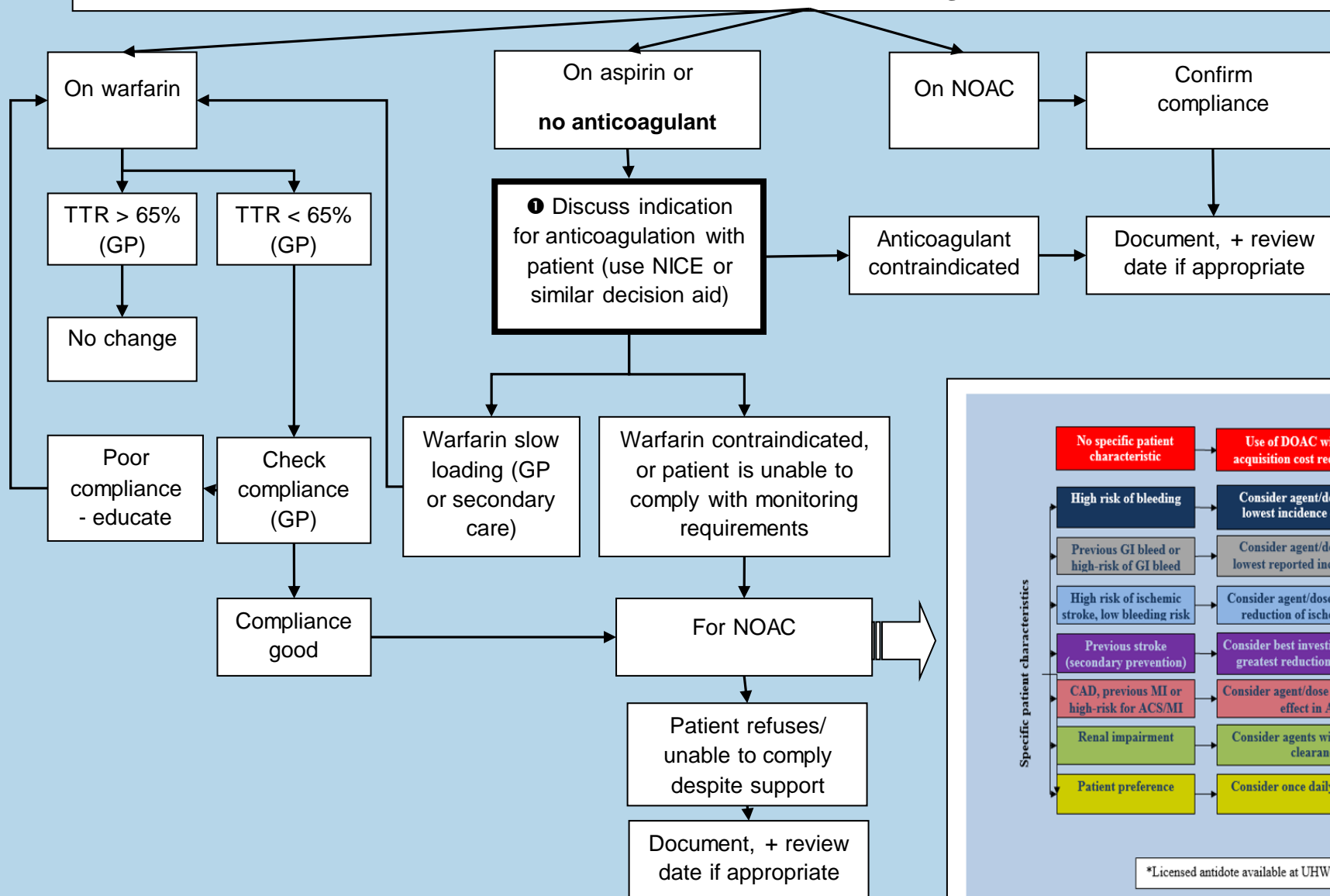


**Patient with non-valvular AF – document CHA<sub>2</sub>DS<sub>2</sub>VASc, HAS-BLED scores**  
**CHA<sub>2</sub>DS<sub>2</sub>VASc = 0 – no anticoagulation; CHA<sub>2</sub>DS<sub>2</sub>VASc=1 (in men) - consider anticoagulation;**  
**CHA<sub>2</sub>DS<sub>2</sub>VASc ≥ 2 - offer anticoagulation**



No specific patient characteristic	Use of DOAC with lowest acquisition cost recommended	Edoxaban (Nov 2019)
High risk of bleeding	Consider agent/dose with the lowest incidence of bleeding	Apixaban Dabigatran 110mg*
Previous GI bleed or high-risk of GI bleed	Consider agent/dose with the lowest reported incidence of GI	Apixaban
High risk of ischemic stroke, low bleeding risk	Consider agent/dose with the best reduction of ischemic stroke	Dabigatran 150mg*
Previous stroke (secondary prevention)	Consider best investigated agent or greatest reduction of 2° stroke	Apixaban Rivaroxaban
CAD, previous MI or high-risk for ACS/MI	Consider agent/dose with a positive effect in ACS	Rivaroxaban
Renal impairment	Consider agents with least renal clearance	Apixaban Rivaroxaban
Patient preference	Consider once daily formulation	Edoxaban Rivaroxaban

\*Licensed antidote available at UHW / UHL for dabigatran