**S1 Table**. Dosing criteria of NOACs

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| Dabigatran1) |
| * 150mg twice daily is standard dose
* Patients aged 80 years or above should be treated with 110mg twice daily
* Patients who receive verapamil should be reduced to 110mg twice daily
* For patients with moderate renal impairment (CrCl 30-50mL/min), the recommended dose is 150mg twice daily. However, for patients with high risk of bleeding, a dose reduction of Pradaxa to 220 mg taken as one 110 mg capsule twice daily should be considered.
* Patients with severe renal impairment (CrCl <30mL/min): not recommended
 |
| Rivaroxaban2) |
| * 20mg once daily is standard dose
* Patients with moderate or severe renal impairment (CrCl 15-49mL/min) : 15mg once daily
* Patients with severe renal impairment (CrCl <15mL/min): not recommended
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| Apixaban3) |
| * 5 mg twice daily unless patient has any 2 of the following:
	+ Age ≥80 years,
	+ body weight ≤60 kg,
	+ serum creatinine ≥1.5 mg/dL

then, reduce dose to 2.5 mg twice daily. |

**References**

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1. Bayer. Xarelto prescribing Information. Available at:

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1. Pfizer. Eliquis prescribing Information. Available at:

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