Table S1. Comparison between 2 rivaroxaban groups.

	Total n=73	10 mg OD n=39	15 mg OD n=34	p-value[f]
Age (year)	74.89±7.50	78.92±6.34	70.27±5.94	<.001*
Male	37 (50.7)	16 (41.0)	21 (61.8)	0.102
Body weight (kg)	61.75±11.58	58.12±11.38	66.18±10.35	0.003*
CRE (mg/dL)	1.04±0.28	1.10±0.25	0.96±0.29	0.028*
CrCL (mL/min)	52.39±19.48	42.45±15.84	64.49±16.57	<.001*
CHA_2DS_2VASc[a]	3.92±1.47	4.13±1.58	3.72±1.32	0.192
HAS-BLED[b]	2.23±0.84	2.23±0.93	2.22±0.74	0.982
Co-morbidities				
IS or TIA	27 (37.0)	12 (30.8)	17 (50.0)	0.150
CHF	15 (20.5)	10 (25.6)	5 (14.7)	0.384
Hypertension	55 (75.3)	27 (69.2)	28 (82.4)	0.277
Diabetes	20 (27.4)	10 (25.6)	10 (29.4)	0.795
MI or PAOD	5 (6.8)	2 (5.1)	3 (8.8)	0.659
Malignancy	10 (13.6)	7 (17.9)	3 (8.8)	0.321
Bleeding history	10 (13.6)	7 (17.9)	3 (8.8)	0.321
ICH	1 (1.4)	1 (2.6)	0 (0)	1.000
GI bleeding	5 (6.8)	4 (10.3)	1 (2.9)	0.363
Other bleeding	6 (8.2)	3 (7.7)	3 (8.8)	1.000
Plasma concentration				
Trough (ng/mL)	102.88±59.03	39.46±74.61	31.90±34.65	0.590
Peak (ng/mL)	221.29±116.45	189.80±102.77	182.74±100.14	0.775
rivaroxaban use				
Good adherence[c]				
appropriate dose[d]	55 (75.3)	29 (74.4)	26 (81.3)	0.575
Concurrent medications[e]				
amiodarone	16 (21.9)	9 (23.1)	7 (20.6)	1.000
dronedarone	4 (5.5)	3 (7.7)	1 (2.9)	0.618
aspirin	1 (1.4)	1 (2.6)	0 (0)	1.000
clopidogrel	3 (4.1)	2 (4.55)	1 (1.64)	0570
NSAID	1 (1.4)	1 (2.6)	0 (0)	1.000

Data are expressed as mean ± standard deviation or number (percentage).

[1]CHA_2DS_2VASc score: To evaluate the risk for ischemic stroke among patients with atrial fibrillation. Higher score indicates higher risk of ischemic stroke. One point is assigned to congestive heart failure, hypertension, age 65-74 years, diabetes, female sex, or vascular disease, and two points was assigned to age≥75 years and previous stroke or transient ischemic attack history.

[2]HASBLED score: To evaluate the risk for bleeding. Higher score indicates higher risk. One point is assigned to hypertension, abnormal liver function, abnormal renal function, stroke history, bleeding history, labile international normalized ratio (INR) during warfarin therapy, age over 65 years, antiplatelet agent, non-steroidal anti-inflammatory drug or ethanol use. The item labile INR was not calculated in the present study.

[3]Good adherence was defined as no self-reported missed NOAC dose in past 1 week, during NOAC treatment and no reasons other than forgetting to miss taking the NOAC dose. This was evaluated by providing participants a 3-item questionnaire.

[4]Appropriate dose was defined as ordering the NOAC according to the product labeling, including correct dose and frequency per indication and appropriately adjusted renal dose.

[5]Concurrent medications: None of our patients concomitantly used verapamil, azole antifungal agents, protease inhibitors (P-glycoprotein inhibitors), and rifampin, enzyme inducing antiepileptic drugs such as phenytoin and phenobarbital (P-glycoprotein inducers).

[6]P-value between 2 apixban dose groups.

Abbreviations: CHF, congestive heart failure; CrCL, creatinine clearance (estimated by Cockcorfot-Gault Formula); CRE, serum creatinine; ICH, intracranial hemorrhage; IS, ischemic stroke; MI, myocardial infarction; NSAID, non-steroidal anti-inflammatory drugs; OD, once daily; PAOD, peripheral arterial vascular disease; TIA,

transient ischemic attack.

Table S2. Comparisons between 2 apixaban groups.

	Total n=105	2.5 mg BID n=61	5 mg BID n=44	p-value[6]
Age (year)	77.27±9.13	81.57±7.46	71.31±7.83	<.001*
Male	60 (57.14)	33 (54.10)	27 (61.36)	0.550
Body weight (kg)	64.91±10.33	63.29±9.88	67.11±10.63	0.062
CRE (mg/dL)	1.19±0.49	1.31±0.56	1.01±0.30	0.001*
CrCL (mL/min)	50.02±20.00	40.68±16.03	62.76±17.84	<.001*
CHA_2DS_2VASc[1]	4.31±1.40	4.48±1.43	4.09±1.33	0.165
HAS-BLED[2]	2.46±0.81	2.48±0.85	2.43±0.76	0.787
Co-morbidities				
IS or TIA	52 (49.52)	23 (37.70)	29 (65.91)	0.006*
CHF	18 (17.14)	14 (22.95)	4 (9.09)	0.072
Hypertension	84 (80.00)	50 (82.97)	34 (77.27)	0.624
Diabetes	26 (24.76)	16 (26.23)	10 (22.73)	0.820
MI or PAOD	16 (15.24)	8 (13.11)	8 (18.18)	0.584
Malignancy	17 (16.19)	9 (14.75)	8 (18.18)	0.789
Bleeding history				
ICH	6 (5.71)	4 (6.56)	2 (4.55)	1.000
GI bleeding	7 (6.67)	3 (4.92)	4 (9.09)	0.449
Other bleeding	8 (7.62)	6 (9.84)	2 (4.55)	1.000
Apixaban concentration				
Trough (ng/mL)	102.88±59.03	89.10±58.58	121.99±54.75	0.004*
Peak (ng/mL)	221.29±116.45	75.63±9.76	286.73±130.54	<.001*
apixaban use				
Good adherence[3]	83 (79.05)	47 (77.05)	36 (81.82)	0.632
appropriate dose[4]	54 (51.92)	23 (38.33)	31 (70.45)	0.001*
Concurrent medications[5]				
Amiodarone	33 (31.43)	22 (36.07)	11 (25.00)	0.288
Dronedarone	2 (1.90)	1 (1.64)	1 (2.27)	1.000
Aspirin	1 (1.64)	1 (1.64)	0 (0)	1.000
Clopidogrel	3 (2.86)	1 (1.64)	2 (4.55)	0570

Data are expressed as mean ± standard deviation or number (percentage).

[1]CHA_2DS_2VASc score: To evaluate the risk for ischemic stroke among patients with atrial fibrillation. Higher score indicates higher risk of ischemic stroke. One point is assigned to congestive heart failure, hypertension, age 65-74 years, diabetes, female sex, or vascular disease, and two points was assigned to age≥75 years and previous stroke or transient ischemic attack history.

[2]HASBLED score: To evaluate the risk for bleeding. Higher score indicates higher risk. One point is assigned to hypertension, abnormal liver function, abnormal renal function, stroke history, bleeding history, labile international normalized ratio (INR) during warfarin therapy, age over 65 years, antiplatelet agent, non-steroidal anti-inflammatory drug or ethanol use. The item labile INR was not calculated in the present study.

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[4]Appropriate dose was defined as ordering the NOAC according to the product labeling, including correct dose and frequency per indication and appropriately adjusted renal dose.

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[6]P-value between 2 apixban dose groups.

Abbreviations: CHF, congestive heart failure; CrCL, creatinine clearance (estimated by Cockcorfot-Gault Formula); CRE, serum creatinine; DE, dabigatran etexilate; ICH, intracranial hemorrhage; IS, ischemic stroke; MI, myocardial infarction; NSAID, non-steroidal anti-inflammatory drugs; PAOD, peripheral arterial vascular disease; TIA, transient ischemic attack.