

| Table 1. Adjustments to MAT-AF criteria during validation process | | |
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| Original criterion | | Criterion changes during validation process |
| Antithrombotic therapy | | |
| 1 | Patient with atrial fibrillation who has a CHA ₂ DS ₂ -VASc score of 0 (1 if female) is prescribed no antithrombotic therapy | Consensus in all rounds: Criterion retained. |
| 2 | Patient with atrial fibrillation who has a CHA ₂ DS ₂ -VASc score of ≥1 (≥2 if female) is prescribed warfarin (INR 2.0-3.0) or other oral anticoagulant | Consensus in all rounds: Criterion retained. |
| 3 | Patient with atrial fibrillation who has a CHA ₂ DS ₂ -VASc score of ≥1 (≥2 if female) but unable to take warfarin or other oral anticoagulant is prescribed aspirin 75mg daily alone or with clopidogrel 75mg daily | Consensus not reached after round 1: Criterion removed. |
| 4 | Patient with atrial fibrillation who is managed with a target-specific oral anticoagulant is prescribed apixaban 5mg twice daily, dabigatran 150mg twice daily or rivaroxaban 20mg daily | Consensus in all rounds: Criterion adjusted - 'target specific' changed to 'direct', 'and creatinine clearance ≥50 ml/min' added to qualifying statement. |
| 5 | Patient with atrial fibrillation who is managed with a target-specific oral anticoagulant has monitoring of renal function | Consensus not reached after round 1: Criterion removed. New criteria added: consensus after round 2. Patient with atrial fibrillation who is managed with an oral anticoagulant and has creatinine clearance between 15-49 ml/min is prescribed a direct oral anticoagulant at recommended lower dose or warfarin. Patient with atrial fibrillation who is managed with an oral anticoagulant and has creatinine clearance <15 ml/min is prescribed warfarin. |
| Rate control therapy | | |
| 6 | Patient with atrial fibrillation who requires rate control therapy is prescribed a beta blocker or non-dihydropyridine calcium channel blocker | Consensus in round 1 and 2: Criterion retained. Criterion adjusted and consensus after round 3: Criterion retained - 'or digoxin or a combination of a beta blocker or a non-dihydropyridine calcium channel blocker with digoxin' added to standard. |
| 7 | Patient with atrial fibrillation who requires rate control therapy and has left ventricular systolic dysfunction or heart failure with reduced ejection fraction is prescribed a beta blocker recommended in heart failure | Consensus in round 1 and 2: Criterion retained. Criterion adjusted and consensus after round 3: Criterion retained - Patient with atrial fibrillation who requires rate control therapy and has heart failure with left ventricular ejection fraction <40% is prescribed a beta blocker and/or digoxin (early low-dose combination to be considered). Preference for beta blocker recommended in heart failure moved from MAT to application guide. |
| 8 | Patient with atrial fibrillation who is managed with a non-dihydropyridine calcium channel blocker and has left ventricular systolic dysfunction or heart failure has cardiology referral or follow-up | Consensus after round 2: Criterion adjusted - 'left ventricular systolic dysfunction or heart failure' changed to 'contraindication/intolerance'. |
| 9 | Patient with atrial fibrillation who requires rate control therapy and monotherapy with a beta blocker or non-dihydropyridine calcium channel blocker unsuccessful or not prescribed due to contraindication/ intolerance is prescribed digoxin | Consensus reached in rounds 1 and 2: Criterion retained. Criterion adjusted and consensus not reached after round 3: Criterion removed - digoxin incorporated in criterion 6. |
| 10 | Patient with atrial fibrillation who is managed with digoxin has monitoring of renal function, thyroid function and serum electrolytes | Consensus in all rounds: Criterion retained. |
| 11 | Patient with atrial fibrillation who is managed with digoxin and at risk of high serum concentration has monitoring of serum digoxin level | Consensus in all rounds: Criterion retained. |
| 12 | Patient with atrial fibrillation who requires rate control therapy and rate control unsuccessful or not prescribed other agents due to contraindication/intolerance is prescribed amiodarone | Consensus in all rounds: Criterion retained. |
| 13 | Patient with atrial fibrillation who is managed with amiodarone has monitoring of liver and thyroid function in last 6 months and 6-month follow-up | Consensus after round 2: Criterion adjusted - 'monitoring of ophthalmic and pulmonary function and counselling' added to standard, monitoring frequency moved from MAT to application guide. |
| Rhythm control therapy | | |
| 14 | Patient with atrial fibrillation who is maintained in sinus rhythm with a beta blocker and/or amiodarone has beta blocker and/or amiodarone continued at prescribed dose | Consensus after round 2: Criterion adjusted - Patient with atrial fibrillation who is maintained in sinus rhythm with an antiarrhythmic agent which is well tolerated has agent continued at prescribed dose. |
| 15 | Patient with atrial fibrillation who is maintained in sinus rhythm with disopyramide, dronedarone, flecainide, propafenone or sotalol and has left ventricular systolic dysfunction or heart failure has cardiology referral or follow-up | Consensus after round 2: Criterion adjusted - Patient with atrial fibrillation who is maintained in sinus rhythm with an antiarrhythmic agent but has contraindication/intolerance has cardiology referral or follow-up. New criterion added: consensus after round 2. Patient with atrial fibrillation who is managed with an antiarrhythmic agent but not maintained in sinus rhythm has cardiology referral or follow-up. |