Atrial fibrillation (AF) is a significant driver of hospitalizations and a considerable burden for the health care system. Recent studies have compared the new target-specific oral anticoagulants (rivaroxaban, dabigatran, and apixaban) with warfarin and found that these new agents were a cost-effective option. In the current study, significantly lower hospitalization costs were found for rivaroxaban compared to warfarin users ($5411 vs. $7427, respectively; \( P = 0.047 \)) during the observation period. Despite higher rivaroxaban anticoagulant costs, overall total all-cause and AF-related costs remain comparable due to the cost offset from reduced health care resource utilization.