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NON-PHARMACOLOGICAL COMPARISON OF APIXABAN VersUS WARFARIN IN THE TREATMENT OF PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION

VERSUS N1

1Pfizer S.A.S., Bogotá, Colombia, 2Pfizer S.A.S., Bogotá DC, Colombia, 3Bristol-Myers Squibb Company, Lima, Peru

OBJECTIVES: Atrial fibrillation (AF) is the most prevalent cardiac arrhythmia world-wide, affecting about 5% of the population over 60 years old. This condition is associated with an increased risk of arterial and cardiac thromboembolism and stroke, particularly ischemic stroke. Anticoagulant therapy can substantially reduce these complications. The aim of this analysis is to estimate the non pharmacological costs and consequences of the use of apixaban compared with warfarin in the treatment of patients with non-valvular atrial fibrillation (NVAF) in Colombia. METHODS: An excel model was adapted to simulate the cost and outcomes based on a hypothetical cohort of 1,000,000 patients annually. The comparator were: apixaban (5 mg BID) with vitamin K antagonist (VKA), and the prevalence of AF was taken from a regional study. The effectiveness and safety data were taken from ARISTOTLE study (n=18,201)

The analysis used the third payer perspective including only direct medical costs. The costs of medical procedures were taken from the ISS tariffs and expressed in COP ($22,015,454). The results were measured in terms of number of events of stroke/systemic embolism, major bleedings and deaths presented annually.

RESULTS: The results were as follows: events of stroke/systemic embolism apixaban 73 and warfarin 93, major bleedings apixaban 123 and warfarin 179, and deaths apixaban 203 and warfarina 228. The results model indicated that apixaban compared to enoxaparin would prevent per year: 20 stroke/systemic embolism events, 56 major bleedings and 25 deaths. Apixaban compared with warfarin would save approximately on average US $18,201/227 for the cohort of simulated patients, distributed as follows: US $ 85,938 (47 %) in care of stroke/systemic embolism and US $ 98,262 (53 %) in care of major bleedings.

CONCLUSIONS: In this analysis, apixaban demonstrated better health outcomes with lower expected associated costs, in the Colombian health system.

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PROJECTED COST SAVINGS ASSOCIATED WITH RECOMBINANT TISSUE PLASMINOGEN ACTIVATOR THROMBOLYSIS AFTER ACUTE ISCHEMIC STROKE FROM THE MEXICAN PUBLIC HEALTH CARE SYSTEM PERSPECTIVE

Cardenas D1, Buitrago-Bustos P1, Palacios E2, Dasso E1

1Universidad de Antioquia- Facultad de Medicina, Medellín, Colombia, 2Zoé Health, Bogota, Colombia

OBJECTIVES: Thrombolysis has not been fully implemented in clinical practice in the developing world primarily due to economic restraints. The study assessed the cost-effectiveness (CE) and estimated annual savings of thrombolysis with recombinant tissue plasminogen activator (r-PA) therapy for acute ischemic stroke (AIS) patients compared to no treatment within the expected lifetime horizon.

METHODS: A Markov decision analysis model was developed. Efficacy, direct costs and resources were obtained from publically available data and published studies. Effectiveness outcomes included the percentage of patients who responded favorably to treatment (no disability and able to carry out all usual activities) during the time of diagnosis + 1 year (time horizon). Additionally analyses evaluated cost savings in patients with AIS (> 80 years old) who responded favorably to the treatment. Discount rates were applied to all future costs and the time horizon was 5 years. The analysis was conducted under the assumption that the variables were constant.

RESULTS: The estimated total cost per patient was $25,330 for SC and $23,663.93 for RT-PA. The percentage of patients who responded favorably to treatment was 16% in the RT-PA and 10% in SC. The CER was USD $193,241.02 for SC and USD $146,924.34 for RT-PA. This equated to a cost-savings of $46,316.77/ percentage of patients recovered with no symptoms/disabilities. The projected savings over a five-year period (2015-2020) in the IMS ranged from $9,626,458 and $20,015,458.

CONCLUSIONS: The results from this economic analysis demonstrated that the overall cost-effectiveness of rPA therapy was highly cost-effective and saving alternative compared with SC. In medical settings where thrombolysis is not yet a common practice, r-PA is a cost effective treatment to improve functional outcome in patients treated promptly after acute ischemic stroke.

PCV66

PHARMAECONOMIC ANALYSIS OF AZILSARTAN MODANOXIL + CHLORTALIDONE IN PATIENTS WITH ARTERIAL HYPERTENSION: COMPARISON WITH VALSARTAN + HYDROCHLOROTHIAZIDE, TELMISARTAN + HYDROCHLOROTHIAZIDE AND IRBESARTAN + HYDROCHLOROTHIAZIDE


1MedicaSur Hospital, Mexico City, Mexico, 2Universidad Iberoamericana, Mexico City, 3Marketing & Sales Department, Medscape, Mexico City, 4Hospital General de Mexico D. F., Mexico City, Mexico

OBJECTIVES: To analyse the Incremental Cost-Effectiveness Ratio (ICER) between Azilsartan + Modanoxil + Chlortalidone and the alternative treatments: valsartan +hydrochlorothiazide, telmisartan + hydrochlorothiazide and irbesartan + hydrochlorothiazide. METHODS: Cost-effectiveness analysis was conducted using a Markov model with a 35 year temporal horizon for patients over the age of 45 and diagnosed with systemic arterial hypertension. The model adopted the perspective of the Mexican Health Security (IMSS) perspective. Standard care (SC) was defined as inpatient treatment of ARV stroke/systemic embolism and $ US 184,227 for the cohort of simulated patients, distributed as follows: $ US 85,938 (47 %) in care of stroke/systemic embolism and $ US 98,262 (53 %) in care of major bleedings.

CONCLUSIONS: The model results indicate that apixaban would save annually on average $ US 184,227 for the cohort of simulated patients, distributed as follows: $ US 85,938 (47 %) in care of stroke/systemic embolism and $ US 98,262 (53 %) in care of major bleedings. Apixaban compared with warfarin would save annually on average US $18,201/227 for the cohort of simulated patients, distributed as follows: US $ 85,938 (47 %) in care of stroke/systemic embolism and US $ 98,262 (53 %) in care of major bleedings.

PCV67

VALIDATION OF THE APIXABAN COST-EFFECTIVENESS MODEL IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION


1Bristol-Myers Squibb Company, Princeton, NJ, USA, 2University of Toronto, Toronto, ON, Canada, 3Good Hope Hospital, UK, 4College of Pharmacy, New York University, NY, USA, 5Pfizer, Inc. & University of Pennsylvania College of Pharmacy, New York, NY, USA, 6Pfizer, Inc. & University of Kentucky, Lexington, KY, USA, 7Pfizer, Inc. & University of Texas College of Pharmacy, Dallas, TX, USA

OBJECTIVES: To compare and assess the cost-effectiveness of apixaban versus direct factor Xa inhibitors (apixaban or rivaroxaban) in NVAF patients from the Brazilian public and private health care system perspective.

METHODS: A Markov model was developed to assess the cost effectiveness of apixaban versus direct factor Xa inhibitors (apixaban or rivaroxaban) in NVAF patients from the Brazilian public and private health care system perspective.

Conclusions: The model predicts that apixaban would avoid 3.2 events compared to NOACs, and 0.95 events compared to warfarin. The ICER of apixaban compared to NOACs and warfarin is US$ 9,441,741 and US$ 13,890,744, respectively. These results are consistent with previous studies and real world evidence from Latin America.