OBJECTIVES: Venous thromboembolism (VTE), including deep vein thrombosis (DVT), is a common cardiovascular disorder. Acute VTE is typically managed with a short course parenteral anticoagulation followed by 3-6 months vitamin-K antagonist. Novel oral anticoagulants do not require routine anticoagulation monitoring and dose adjustments, thus potentially improving treatment option. The cost-effectiveness of dabigatran etexilate vs. edoxaban was evaluated over six months of treatment in the UK care setting. METHODS: A life-time Markov model was used, evaluating costs and quality-adjusted lifeyears (QALYs) recurrent DVT (VTE) and VTE-related deaths and most common adverse events during anticoagulation treatment, major or clinically relevant bleeds (MCRB). The efficacy and safety of dabigatran were based on the pooled RE-COVER treatment studies, and indirectly compared with results of the Hokusai Study for edoxaban. Utility estimates with local experts. Costs of procedures were obtained from the official SEACE. All costs are presented at 2014 nuevos soles. A discount rate of 3.5% was used for both costs and QALYs. RESULTS: Patients were treated for 3 years horizon. Probabilistic sensitivity analysis (PSA) as well as univariate sensitivity analyses were performed. RESULTS: The following outcomes were estimated: Total ischemic Stroke (non-fatal mild, non-fatal moderate, non-fatal severe, fatal) apixaban: 14 vs. warfarin: 26. Other major bleedings: non-fatal GI bleeds, non-fatal non GI or non GI related major bleeds, fatal): apixaban: 66 vs. warfarin: 85. Warfarin therapy resulted in a quality-adjusted life expectancy of 6.19 years at a cost of S/. 14,744. Treatment with apixaban led to a quality-adjusted life expectancy of 6.50 years at a cost of S/. 27,473. The cost-utility ratio was calculated at S/. 41,296 per QALY. Our findings were robust in univariate sensitivity analysis and insensitive to plausible ranges. In Monte Carlo analysis, apixaban was cost-effective in 70% of simulations using the recommended threshold for WHO of 3 GDP per capita. CONCLUSIONS: Apixaban is a cost-effective alternative to warfarin for secondary stroke prevention in patients with AF treated at EsSalud.

PCV1
COST-UTILITY ANALYSIS OF APIXABAN IN PATIENTS WITH ATRIAL FIBRILLATION (AF) AT THE PERUVIAN SOCIAL SECURITY (ESALUD)
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OBJECTIVES: To evaluate the cost-utility of apixaban vs warfarin in patients with atrial fibrillation (AF) from the Peruvian Social Security (EsSalud) perspective.

METHODOLOGY: A validated Markov decision model was adapted from EsSalud’s perspective. For efficacy and safety inputs, the model is based on data from the ARISTOTLE trial and clinical trials of warfarin therapy for AF. Resource utilization and costing of events were estimated using a reference hospital’s billing records and validated Markov states. Costs of procedures were obtained from SEACE. All costs are presented at 2014 nuevos soles. A discount rate of 3.5% was used for both costs and QALYs.

RESULTS: The primary outcome measure was the number of quality adjusted life years (QALYS) obtained from the portal shop by IMSS and also from their unitary costs. To prove the strength of the analysis, deterministic sensitivity analysis was performed; all inputs, the probabilistic sensitivity analysis showed that apart from sildenafil and tadalafil, the other PAH treatments showed cost-effectiveness. At a decision-maker’s willingness to pay of less than ~$88,000 per QALY, neither PAH monotherapy was cost-effective. Cost-effectiveness was calculated by the reduction in diagnostic/lab services ($27,263), followed by inpatient hospitalization ($19,226) prepared.

PCV2
COST-UTILITY ANALYSIS OF APIXABAN IN PATIENTS WITH ATRIAL FIBRILLATION (AF) AT THE PERUVIAN SOCIAL SECURITY (ESALUD)
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OBJECTIVES: To evaluate the cost-utility of apixaban vs warfarin in patients with atrial fibrillation (AF) from the Peruvian Social Security (EsSalud) perspectiv