PCV65 NON-PHARMACOLOGICAL COMPARISON OF APIXABAN VERSUS WARFARIN IN THE TREATMENT OF PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION

Versus N 1, Prieto Martinez V 2, Garrido Lecca S 3
1Fizer S.A.S., Bogotá, Colombia, 2Fizer S.A.S., Bogotá DC, Colombia, 3Bristol-Myers Squibb Company, Lima, Peru

OBJECTIVES: Atrial fibrillation (AF) is the most prevalent cardiac arrhythmia worldwide, affecting about 5% of the population over 60 years old. This condition is associated with an increased risk of arterial thrombosis, systemic embolism 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 comparators were: apixaban (5 mg BID) with vitamin K antagonists (VKA) and warfarin (2 mg BID). The prevalence of AF was taken from a recently published report. The effectiveness and safety data were taken from ARISTOTLE study (n=18,201).

The analysis used the third party perspective including only direct medical costs. The costs of medical procedures were taken from the ISS tariffs and expressed in 2013 $ US (1 $ US = 16.94 COP). 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 Model results 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 $ 172,327 per year in medical costs. The CER were USD $193,241.02 for apixaban vs USD $258,862 (53 %) in care of major bleedings.

Conclusions: The results were measured in terms of number of deaths were assigned. Only direct medical costs were considered. The model was developed. Efficacy, direct costs and resources were obtained from IMSS database. Costs and benefits were discounted at 5% yearly, according to Brazilian Health Technologies Assessment guidelines. Sensitivity analysis was designed to assess uncertainty. RESULTS: Considering 100 patients, base case analysis, the model predicted that apixaban was associated with additional 4.7 life years (LY), additional 4.3 QALYs, and demonstrated a lower incidence of events (2.8 events avoided). Under both perspectives and versus both comparators, dabigatran was associated with lower costs. Sensitivity analyses confirmed the favorable results of the base case. CONCLUSIONS: Findings suggest that apixaban could be a very cost-effective intervention for the Mexican population over 45 with systemic arterial hypertension.

PCV66 COST-EFFICACY OF DABIGATRAN VERSUS FACTOR XA INHIBITORS FOR STROKE PREVENTION IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION UNDER THE PRIVATE AND PUBLIC HEALTH CARE SYSTEM IN BRAZIL

Santoro NB 1, Melo TG 2, Almeida EP 1, Boehringer Ingelheim, Sao Paulo, Brazil

OBJECTIVES: To compare costs and effectiveness of dabigatran versus factor Xa inhibitors (apixaban and rivaroxaban) in patients with non-valvular atrial fibrillation (NVAF) from a private and public health care system perspective in Brazil.

METHODS: The cost-effectiveness analysis was based on Markov modeling, and estimated the costs and clinical outcomes, in a lifetime horizon, associated to dabigatran and rivaroxaban patients with NVAF. The model efficacy data derived from international literature and a modified Delphi panel with Brazilian experts (local clinical practice pattern on the management of NVAF patients). The model estimated the number of events (ischaemic strokes, systemic embolisms, transient ischaemic attacks) associated with the respective treatments. To each clinical event costs, disabilities and/or reduction in quality of life, and risk of death was assigned. Only direct medical costs were considered. The model was developed. Efficacy, direct costs and resources were obtained from Brazilian official databases. Costs and benefits were discounted at 5% yearly, according to Brazilian Health Technologies Assessment guidelines. Sensitivity analysis was designed to assess uncertainty.

RESULTS: Considering 100 patients, base case analysis, the model predicted that dabigatran was associated with additional 4.7 life years (LY), additional 4.3 QALYs, and demonstrated a lower incidence of events (2.8 events avoided). Under both perspectives and versus both comparators, dabigatran was associated with lower costs. Sensitivity analyses confirmed the favorable results of the base case.

CONCLUSIONS: Findings suggest that dabigatran could be a very cost-effective intervention for the Mexican population over 45 with systemic arterial hypertension.