with five states, annual cycle and time horizon (TH) of 10 years, with discount rate of 3%

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COST-EFFECTIVENESS OF EDOXABAN COMPARED WITH OTHER LICENSED OPTIONS FOR THE PREVENTION OF STROKE AND SYSTEMIC EMBOLIC EVENTS IN THE UK

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OBJECTIVES: This study was aimed to assess the cost-effectiveness of once-daily edoxaban 60mg (30mg dose-reduced) compared with other licensed non-VKA oral anticoagu-
ulants (NOACs) for prevention of stroke and systemic embolic events among patients with non-valvular atrial fibrillation (NVAF) in the UK.

METHODS: A Markov model was developed to simulate the course of disease and resource utilisation in a hypothetical cohort of patients receiving edoxaban or the other NOACs currently licensed for use in the UK. The model included outcomes of NVAF, stroke and intracranial haemorrhage. In the occurrence of NVAF, head clinical studies between NOACs, a network meta-analysis was conducted to estimate the rela-
tive efficacy and safety of edoxaban compared with all treatments of interest. Where
data were available, the analysis was based on patients with CHADS2≥2; otherwise, the analysis was based on patients with CHADS2 score of 1 using a validated model to derive values from published adjusted life years (QALYs). Utilities and costs were extracted from the literature and the NHS reference cost database and discounted at 3.5% per annum. Outcomes were
evaluated over an lifetime time horizon. The average age of patients entering the model was 72 years, as in the ENGAGE-AF study. Sensitivity analyses were conducted to evaluate the effect of uncertainty in inputs on the results.

RESULTS: Edoxaban was dominant compared with rivaroxaban and dabigatran 110 mg BD. Edoxaban was dominated by apixaban (5 mg BD) in an interrupted study data. It showed a significant quality-adjusted life years (QALYs). Utilities and costs were extracted from the literature and the NHS reference cost database and discounted at 3.5% per annum. Outcomes were
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CONCLUSIONS: Real world evidence demonstrated that statins are less effective than RCT evidence to reduce all cause mortality in secondary prevention but with very cost-effectiveness strategy according to WHO thresholds.

OBJECTIVES: This study was aimed to assess the cost-effectiveness of once-daily edoxaban compared with other licensed options for the prevention of stroke and systemic embolic events in the UK.

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