The abstract PCV77, “Cost-Effectiveness of Apixaban Versus Standard Care for the Prevention of Stroke: An Analysis of Patients with Atrial Fibrillation in Greece” by Athanasakis K, Arzoumanidou D, Karampli E, et al. was published in Value in Health 2013;16: A524. In the initial submission and publication of this abstract, the results with regards to the Incremental Cost-Effectiveness Ratios reported figures that correspond to the cost/Life Year gained with apixaban, instead of the cost/Quality-Adjusted Life Year (cost/QALY) gained. The corrected abstract, with the correct ICERs in the form of cost/QALY gained with apixaban is as follows:

COST-EFFECTIVENESS OF APIXABAN VERSUS STANDARD OF CARE FOR THE PREVENTION OF STROKE: AN ANALYSIS OF PATIENTS WITH ATRIAL FIBRILLATION IN GREECE

Athanasakis K1, Arzoumanidou D1, Karampli E1, Armelidou E2, Giovas P2, Petrikkou E3, Kyriopoulos J1

1National School of Public Health, Athens, Greece, 2Pfizer Hellas, Athens, Greece, 3BMS Hellas, Athens, Greece

Objectives: Apixaban is an oral anticoagulant that has demonstrated a superior clinical profile compared to warfarin and aspirin in the management of patients with non-valvular Atrial Fibrillation (NVAF) and at least one additional risk factor for stroke. The objective of the present analysis was to assess the cost-effectiveness of apixaban against warfarin and aspirin for the prevention of stroke in patients with NVAF in Greece. Methods: A Markov model that evaluated clinical events, quality adjusted life expectancy and costs for patients treated with apixaban and warfarin or aspirin (VKA-suitable and VKA-unsuitable, respectively) formed the basis of the analysis. Clinical events (ischemic strokes, hemorrhagic strokes, intracranial hemorrhages, other major bleeds, clinically relevant non-major bleeds, myocardial infarctions and cardiovascular hospitalizations) were modeled over a lifetime horizon based on the clinical efficacy of each comparator, as reported by two phase-III clinical trials (ARISTOTLE and AVERROES). Resource use with regards to patient monitoring was elicited via an experts’ panel (cardiologists & internists). Cost calculations reflect the local clinical setting, and followed a third-party payer perspective (Euros, year 2013, discounted at 3%). Results: Apixaban was projected to reduce the occurrence of clinical events and increase quality adjusted life expectancy compared to warfarin and aspirin (an incremental increase of 0.225 and 0.274 QALYs per patient, respectively). Taking into account costs of medications, treatment and management of events, the incremental cost-effectiveness ratio for apixaban versus warfarin and aspirin was estimated at 12,143 € /QALY and 6,702 € /QALY gained, respectively. Extensive sensitivity analyses indicated that results were robust over a wide range of inputs. Conclusions: Based on the results of this analysis, apixaban can be a cost-effective alternative to warfarin and aspirin for the management of VKA-suitable and VKA-unsuitable patients with NVAF, respectively, in Greece.