E/S 77.1% (p < 0.003). The cost of 1% reduction in LDL-C was $4,699 USD versus $7,13 USD. Cost per patient treated to ATIP-III goal 2001 criteria was: $219.5 USD versus $306 USD and treated to ATIP-III goal 2004 criteria was: $282.2 versus $459.1 USD. The overall incidence rate of adverse events was E/S: 19.5% versus RSV: 15.3%. The percentage of patients reporting moderate or severe adverse events was E/S: 6.8% and RSV: 4.7%. The reported impact of post-discharge therapeutic educational interventions (TEIs) in patients with cardiovascular diseases is controversial and has been a matter of debate. The present study was based on Markov model with a 10 years time horizon for studying the cost-utility of TEIs in this setting. The ICERs were below the threshold of other ICERs. The effect of dabigatran etexilate (DAB) versus warfarin was in patients with Non-Valvular Atrial Fibrillation (NVAF) from a private and public health care system perspective in Brazil. METHODS: A Markov model was used to compare DAB versus WAR to derive the incremental cost-effectiveness ratio (ICER) of DAB, based on the 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 ischaemic and haemorrhagic strokes, systemic embolisms, intracranial hemorrhages, transient ischaemic attacks, extracranial hemorrhages, minor bleeds and acute myocardial infarctions associated with the respective treatments. To each clinical event costs, disabilities and/or reduction in quality of life, and risk of death were assigned. Published direct costs were used and a discount rate of 5% was assumed, according to Brazilian HTA guidelines. A probabilistic sensitivity analysis was designed to assess uncertainty. RESULTS: Under both, the private and public perspective, DAB was associated with additional 0.30 life years gained (LY), additional quality-adjusted life years (QALY) and demonstrated a lower incidence of intracranial events versus WAR, resulting in lower event costs and follow-up costs. The ICER for DAB versus WAR was $39,740/LY and $4,867/QALY from the public and $25,252/48LY and $22,160/20QALY from the private perspective. Sensitivity analyses showed the effectiveness of dabigatran is so large that DAB can be cost-effective for stroke prevention when used instead of WAR in NVAF patients in Brazil, given that the ICERS were below the threshold of other technologies reimbursed. OBJECTIVES: To compare the cost-effectiveness of the novel fixed-dose anticoagulant, rivaroxaban, in comparison to the current dose-escalating standard of care, warfarin, for the prevention of stroke in high-risk atrial fibrillation patients. METHODS: A Markov model was constructed to model the costs and economic outcomes of treatment with rivaroxaban in comparison to the current treatment strategy, which includes warfarin. The model was developed to assess the incremental cost-effectiveness ratio (ICER) of dabigatran etexilate (DAB) versus warfarin (WAR) in patients with Non-Valvular Atrial Fibrillation (NVAF) and was based on a hypothetical cohort of 65 year-old patients with chronic atrial fibrillation. The model estimated the number of ischaemic and haemorrhagic strokes, systemic embolic strokes, intracranial hemorrhages, transient ischaemic attacks, extracranial hemorrhages, minor bleeds and acute myocardial infarctions associated with the respective treatments. To each clinical event costs, disabilities and/or reduction in quality of life, and risk of death were assigned. Published direct costs were used and a discount rate of 5% was assumed, according to Brazilian HTA guidelines. A probabilistic sensitivity analysis was designed to assess uncertainty. RESULTS: Under both, the private and public perspective, DAB was associated with additional 0.30 life years gained (LY), additional quality-adjusted life years (QALY) and demonstrated a lower incidence of intracranial events versus WAR, resulting in lower event costs and follow-up costs. The ICER for DAB versus WAR was $39,740/LY and $4,867/QALY from the public and $25,252/48LY and $22,160/20QALY from the private perspective. Sensitivity analyses showed the effectiveness of dabigatran is so large that DAB can be cost-effective for stroke prevention when used instead of WAR in NVAF patients in Brazil, given that the ICERS were below the threshold of other technologies reimbursed. OBJECTIVES: To assess the cost-effectiveness of rivaroxaban compared with warfarin for stroke prevention in atrial fibrillation. METHODS: A Markov model was constructed to model the costs and economic outcomes of treatment with rivaroxaban in comparison to the current treatment strategy, which includes warfarin. The model was developed to assess the incremental cost-effectiveness ratio (ICER) of dabigatran etexilate (DAB) versus warfarin (WAR) in patients with Non-Valvular Atrial Fibrillation (NVAF) and was based on a hypothetical cohort of 65 year-old patients with chronic atrial fibrillation. The model estimated the number of ischaemic and haemorrhagic strokes, systemic embolic strokes, intracranial hemorrhages, transient ischaemic attacks, extracranial hemorrhages, minor bleeds and acute myocardial infarctions associated with the respective treatments. To each clinical event costs, disabilities and/or reduction in quality of life, and risk of death were assigned. Published direct costs were used and a discount rate of 5% was assumed, according to Brazilian HTA guidelines. A probabilistic sensitivity analysis was designed to assess uncertainty. RESULTS: Under both, the private and public perspective, DAB was associated with additional 0.30 life years gained (LY), additional quality-adjusted life years (QALY) and demonstrated a lower incidence of intracranial events versus WAR, resulting in lower event costs and follow-up costs. The ICER for DAB versus WAR was $39,740/LY and $4,867/QALY from the public and $25,252/48LY and $22,160/20QALY from the private perspective. Sensitivity analyses showed the effectiveness of dabigatran is so large that DAB can be cost-effective for stroke prevention when used instead of WAR in NVAF patients in Brazil, given that the ICERS were below the threshold of other technologies reimbursed.