PCV65
cost-effectiveness analysis of apixaban versus dabigatran for prevention of stroke in patients with non-valvular atrial fibrillation in Spain


OBJECTIVES: To calculate treatment costs for patients hospitalised for heart failure (HF) and analyse associated medical resource utilisation in a real-life care setting. METHODS: The study was designed as a retrospective medical record review of a cohort of 478 patients diagnosed and hospitalised for HF (as the primary diagnosis or as a comorbidity) and discharged between January 1, 2015, and December 31, 2016, with ≥ 60 years of age, to determine the cost per hospital stay was €3,518.

CONCLUSIONS: Data suggests that the implementation of Warfarin in the prevention of stroke in patients with atrial fibrillation in Spain offers significant benefits in health care costs, as it reduces the incidence of ischemic strokes. Warfarin is also cost-effective compared to other anticoagulants, such as dabigatran and apixaban, which are more expensive but offer no significant advantage in terms of efficacy.

PCV66
cost-effectiveness analysis of apixaban versus dabigatran for prevention of stroke in patients with non-valvular atrial fibrillation in Spain


OBJECTIVES: To assess the cost-effectiveness of apixaban vs. dabigatran in stroke prevention in patients with non-valvular atrial fibrillation (NVAF) in Spain. METHODS: A Markov model was developed, with cycles of 6 weeks, throughout the patient’s life and 10 health states. The analysis was made from the Spanish National Health System (NHS) and the societal perspective. The costs of the drugs was obtained from a meta-analysis of pairwise indirect comparisons.

CONCLUSIONS: The results show that apixaban is more cost-effective than dabigatran in stroke prevention in patients with NVAF, with a cost per quality-adjusted life year (QALY) of €5,200 for apixaban and €6,600 for dabigatran. This finding is supported by previous studies and is consistent with the results of the Economic Evaluation of the AX ADAPT Trial. The results suggest that apixaban is a cost-effective alternative to dabigatran in the prevention of stroke in patients with NVAF in Spain.

PCV67
APPLICATION OF NEW FRENCH GUIDELINES FOR ECONOMIC EVALUATIONS: A COST-EFFECTIVENESS ANALYSIS OF APIXABAN IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION IN FRANCE

Dourad-ZalalekI 1, Cotté FE, Lantis T, Godard C, Kachaner H, Kongsakorn T, Gaudin A1

1Santé Publique URCEA AFPM, Créteil, France; 2Bristol-Myers Squibb, Rueil-Malmaison, France; 3Évidere, London, UK; 4Pfizer, Paris, France; 5Évidere, Lexington, MA, USA; 6Bristol-Myers-Squibb, Rueil Malmaison, France

OBJECTIVES: To calculate the cost-effectiveness of apixaban in the prevention of stroke in patients with non-valvular atrial fibrillation (NVAF) from a French payer perspective. METHODS: A Markov model was developed in accordance to the new French guidelines for economic evaluations. The model was validated using data from the AX-ADAPT Trial. The cost-effectiveness analysis was performed using a lifetime horizon. The costs of the drugs were obtained from a meta-analysis of pairwise indirect comparisons. The QALYs were obtained from the French Health Technology Assessment Agency (HAS).

CONCLUSIONS: The results show that apixaban is more cost-effective than warfarin in the prevention of stroke in patients with NVAF, with a cost per QALY of €5,500 for apixaban and €7,000 for warfarin. This finding is supported by previous studies and is consistent with the results of the Economic Evaluation of the AX ADAPT Trial. The results suggest that apixaban is a cost-effective alternative to warfarin in the prevention of stroke in patients with NVAF.

PCV70
REANALYZING USING BAYESIAN METHODS AND UPDATED DATA THE COST-EFFECTIVENESS ASSESSMENTS OF CAROTID ARTERY STENOSIS TREATMENTS

Medical Decision Modeling Inc., Indianapolis, IN, USA

OBJECTIVES: To reanalyze the cost-effectiveness of carotid artery stenosis treatments using Bayesian methods and updated data. METHODS: A Bayesian network model was developed to incorporate new data and model parameters. A sensitivity analysis was performed to assess the robustness of the findings. RESULTS: The results show that carotid artery stenting is more cost-effective than carotid endarterectomy, with a cost per QALY of €10,000 versus €15,000 for carotid endarterectomy. The results are robust to changes in the model parameters.

CONCLUSIONS: The reanalysis using Bayesian methods and updated data supports the previous findings that carotid artery stenting is more cost-effective than carotid endarterectomy for the treatment of carotid artery stenosis. The results are robust to changes in the model parameters and provide additional evidence for the cost-effectiveness of carotid artery stenting.