

cost of rivaroxaban vs warfarin

It was not clear how the costs of monitoring the patient's INR were incorporated in the model, and it was unclear how patient time was valued. Each treatment should have been compared with the next least costly. Warfarin adverse events were pooled from the three trials. The four interventions were warfarin, apixaban 5mg twice daily, dabigatran mg twice daily, and rivaroxaban 20mg once daily. Some results of the one-way analyses were presented in a tornado diagram. The authors clearly presented the results of the economic evaluation, but did not conduct a full incremental analysis. A Markov model, with one-month cycles, combined the published data. What can I do to prevent this in the future? The costs were detailed and seem to have been appropriate, but the selection of the sources was not explained. CRD summary

This study evaluated the cost-effectiveness of new oral anticoagulants, for stroke prevention, in patients with nonvalvular atrial fibrillation, compared with warfarin. The probabilistic sensitivity analysis used gamma distributions for the costs, and beta distributions for probabilities, transition probabilities, and utilities. Patient time costs were from a published warfarin study. Interventions The four interventions were warfarin, apixaban 5mg twice daily, dabigatran mg twice daily, and rivaroxaban 20mg once daily. Utility decrements were applied for aging, anticoagulation treatment, model states, and adverse events, based on values from the literature. Drug costs, for dabigatran, rivaroxaban, and warfarin, were their wholesale acquisition costs, from the Medi-Span database. The authors concluded that the anticoagulants were more cost-effective than warfarin, and apixaban was preferred. The most influential inputs were those that were modified by a factor associated with aging, and this factor was not varied in the analyses. Apixaban had the highest QALYs and the highest costs.

Cost-effectiveness of rivaroxaban versus warfarin for stroke prevention in atrial fibrillation in the Belgian healthcare setting. Kleintjens J(1), Li X, Simoens S, Thijs V, RESULTS: Rivaroxaban treatment was associated with fewer ischemic strokes and systemic embolisms (vs. events), intracranial bleeds (vs. events), resulting in an incremental cost-effectiveness ratio (ICER) of. ?18, per quality-adjusted life year (QALY) gained. The manufacturer also presented the results of four subgroup analyses: For rivaroxaban compared with warfarin in people whose INR is poorly controlled on warfarin, rivaroxaban dominated (was more. It has been found to be noninferior to warfarin in the prevention of recurrent venous thromboembolism (VTE). Whether rivaroxaban is cost effective in the prevention of recurrent VTE, however, is not known. Methods: To assess the cost effectiveness of rivaroxaban compared with warfarin in the prevention of recurrent VTE. May 31, - Data sources included the Rivaroxaban Once-daily Oral Direct Factor Xa Inhibition Compared with Vitamin K Antagonism for Prevention of Stroke and Embolism Trial in Atrial Fibrillation (ROCKET-AF) and other studies of anticoagulation. Outcome measurements included costs in United States dollars. Mar 30, - The verdict from Nice, the National Institute for Health and Clinical Excellence, will be delivered in May, but it is preparing to approve Pradaxa for some patients despite an annual cost of ? Although rivaroxaban at ? a day is cheaper, there is still a big price differential with warfarin the new drug. For NVAF patients with moderate stroke risk (CHADS2 = 2) differences in clinical event medical costs vs. warfarin were ?\$, ?\$, and +\$ per patient year for apixaban, dabigatran (mg), and rivaroxaban, respectively (negative numbers indicate cost reduction). For NVAF patients with high stroke risk (CHADS2. events), intracranial bleeds (vs. events), and myocardial infarctions (vs. events) per patient compared with warfarin. However, the gastrointestinal bleeding occurred more (vs. events) per patient in rivaroxaban treatment. Total discounted lifetime costs for rivaroxaban and. Jan 6, - The annual outpatient cost is higher in warfarin group (78 vs. USD p cost is higher in rivaroxaban group (vs. USD p cost of rivaroxaban group is higher than warfarin group (vs. USD). Nov 28, - The risk of stroke or systemic embolism was higher with edoxaban 60 mg once daily (, to) and rivaroxaban 20 mg once daily (, to) than with dabigatran Apixaban 5 mg twice daily was ranked the highest for most outcomes, and was cost effective compared with warfarin. Cost Inputs. Dabigatran (mg and mg) and apixaban were priced at ? per day supply, whereas rivaroxaban was priced at ? per day supply. Baseline Event Risk and Relative Treatment Efficacy. Annual. Risk for. Warfarin, %. Relative Risk (95% CI) vs Warfarin. Dabigatran. Rivaroxaban. Apixaban.