



**Arrhythmias and Clinical EP**

**REAL-WORLD COMPARISON OF MAJOR BLEEDING AND ASSOCIATED COSTS AMONG ORAL ANTICOAGULANT-NAÏVE NON-VALVULAR ATRIAL FIBRILLATION PATIENTS INITIATING APIXABAN, DABIGATRAN, RIVAROXABAN, OR WARFARIN IN THE US MEDICARE POPULATION**

Poster Contributions  
Poster Hall, Hall C  
Saturday, March 18, 2017, 9:45 a.m.-10:30 a.m.

Session Title: Arrhythmias and Clinical EP: Anticoagulation Issues  
Abstract Category: 6. Arrhythmias and Clinical EP: Other  
Presentation Number: 1189-085

Authors: *Alpesh Amin, Allison Keshishian, Jeffrey Trocio, Hannah Le, Oluwaseyi Dina, Zhang Qisu, Onur Baser, Lien Vo, Pfizer Inc., New York, NY, USA, Bristol-Myers Squibb Company, Plainsboro, NJ, USA*

**Background:** Clinical trials have demonstrated that direct oral anticoagulants (DOACs) are associated with similar or lower rates of major bleeding (MB) compared to warfarin. However, few studies have evaluated the MB-related medical costs. This study compared risk of MB and MB-related medical costs among non-valvular atrial fibrillation (NVAF) patients initiating oral anticoagulants.

**Methods:** NVAF patients ≥65 years in the US Medicare database newly prescribed apixaban, rivaroxaban, dabigatran or warfarin were selected from 01JAN2013-31DEC2014. MB was identified using primary ICD-9 codes from hospitalization claims and MB-related medical costs were calculated per patient per month (PPPM) and included all claims with a MB diagnosis. 1:1 propensity score matching was used to balance demographics and clinical characteristics. Cox proportional hazards models were used to estimate hazard ratio (HR) of MB between the NOACs and warfarin.

**Results:** The three matched cohorts were balanced with mean age of 77-78 years and CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 4.4-4.7. Apixaban and dabigatran initiators had significantly lower risk of MB and significantly lower MB-related costs compared to warfarin initiators. Rivaroxaban initiators had higher risk of MB but similar MB costs compared to warfarin initiators (Table).

**Conclusions:** In the US Medicare population, NVAF patients prescribed apixaban and dabigatran had significantly lower risk of MB and MB-related medical costs compared to those prescribed warfarin.

|                                  | Apixaban vs Warfarin<br>N=20,803 |         | Dabigatran vs Warfarin<br>N=16,731 |         | Rivaroxaban vs Warfarin<br>N=52,476 |         |
|----------------------------------|----------------------------------|---------|------------------------------------|---------|-------------------------------------|---------|
|                                  | HR (95% CI)                      | p-value | HR (95% CI)                        | p-value | HR (95% CI)                         | p-value |
| <b>MB</b>                        | 0.51 (0.44-0.58)                 | <0.0001 | 0.79 (0.69-0.91)                   | 0.001   | 1.17 (1.10-1.26)                    | <0.0001 |
|                                  | PPPM Cost                        | p-value | PPPM Cost                          | p-value | PPPM Cost                           | p-value |
| <b>MB-related Costs<br/>PPPM</b> | \$286 vs. \$537                  | <0.0001 | \$367 vs. \$452                    | 0.032   | \$524 vs. \$500                     | 0.154   |