Purpose

The aim of this study was to assess the long-term cost-effectiveness of treating ACS patients for 12 months with ticagrelor compared with clopidogrel in a low-dose ASA cohort in Spain.

Material and Method

Event rates and health-related quality of life during 12 months of therapy were estimated from PLATO in a low-dose ASA cohort (≤ 150mg) for all ACS patients with either ticagrelor or clopidogrel. Health-related costs were obtained from Spanish published literature. Beyond 12 months, quality-adjusted survival and costs were estimated conditional on whether a non-fatal myocardial infarction (MI), no-fatal stroke, no MI or stroke occurred during the 12 months of therapy. Lifetime costs, life years gained (LYG), and quality-adjusted life years (QUALYs) were estimated for both treatment strategies. Incremental cost-effectiveness ratios were presented from the Spanish health system perspective in 2013 Euros applying a macro-costing approach based on published literature and life tables from a Spanish setting.

RESULTS

COST EFFECTIVENESS OF TICAGRELOR FOR CARDIOVASCULAR PREVENTION IN PATIENTS WITH ACUTE CORONARY SYNDROMES AND LOW DOSE ASPIRIN IN SPAIN

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Background

The efficacy and safety of ticagrelor versus clopidogrel in patients with acute coronary syndromes (ACS) are well documented in the PLATO trial. Ticagrelor has been associated to better outcomes in patients taking low dose of acetylsalicylic acid (ASA) (75-150mg).

CONCLUSION

Based on clinical and health-economic evidence from PLATO study, treating patients with ticagrelor for 12 months is associated with a cost per QALY below generally accepted thresholds for cost-effectiveness in Spain.