

MM Arrhythmias and Clinical EP

EFFECTIVENESS AND SAFETY OF APIXABAN, DABIGATRAN, AND RIVAROXABAN COMPARED TO WARFARIN AMONG NON-VALVULAR ATRIAL FIBRILLATION PATIENTS IN THE US MEDICARE POPULATION

Moderated Poster Contributions Arrhythmias and Clinical EP Moderated Poster Theater, Poster Hall, Hall C Friday, March 17, 2017, 11:15 a.m.-11:25 a.m.

Session Title: Atrial Fibrillation, Anticoagulation and Novel Device Therapies Abstract Category: 6. Arrhythmias and Clinical EP: Other Presentation Number: 1134M-13

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

Background: Clinical trials have shown direct oral anticoagulants (DOACs) are at least as effective and safe as warfarin for risk of stroke/ systemic embolism (S/SE) and major bleeding (MB) compared to warfarin. This study compared risk of S/SE and MB among non-valvular atrial fibrillation (NVAF) patients initiating oral anticoagulants in the US Medicare population.

Methods: NVAF patients ≥65 years in the US Medicare database; recently prescribed apixaban, rivaroxaban, dabigatran or warfarin were selected from 01JAN2013-31DEC2014. 1:1 propensity score matching was used to balance demographics and clinical characteristics. Cox proportional hazards models were used to estimate the hazard ratio (HR) of S/SE and MB (using primary ICD-9 codes of inpatient claims).

Results: The matched cohorts, followed for a mean of 5-6 months, were balanced with mean age of 77-78 years and CHA₂DS₂-VASc score of 4.4-4.7. Apixaban and rivaroxaban initiators had a lower risk of S/SE, while dabigatran showed similar risk of S/SE compared to warfarin. Apixaban and dabigatran initiators had significantly lower risk of MB, while rivaroxaban showed higher risk of MB compared to warfarin.

Conclusions: This study included NVAF patients in the US Medicare population with higher risk of S/SE and MB than those in Phase III clinical trials. Apixaban showed lower risks of S/SE and MB, dabigatran showed similar risk of S/SE but lower risk of MB, and rivaroxaban showed lower risk of S/SE but higher risk of MB in comparison to warfarin.

| | Apixaban vs Warfarin | | Dabigatran vs Warfarin | | Rivaroxaban vs Warfarin | |
|----------------|----------------------|---------|------------------------|---------|-------------------------|---------|
| | N=20,803 | | N=16,731 | | N=52,476 | |
| | HR (95% CI) | p-value | HR (95% CI) | p-value | HR (95% CI) | p-value |
| Stroke/SE | 0.40 (0.31-0.53) | <0.0001 | 0.94 (0.74-1.21) | 0.647 | 0.72 (0.63-0.83) | <0.0001 |
| Major Bleeding | 0.51 (0.44-0.58) | <0.0001 | 0.79 (0.69-0.91) | 0.001 | 1.17 (1.10-1.26) | <0.0001 |