

## Lower inpatient costs for dabigatran, rivaroxaban in A-fib

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(HealthDay)—For patients with newly diagnosed atrial fibrillation (AF),

inpatient costs are lower with dabigatran and rivaroxaban than with warfarin, according to a letter published online in the Jan. 24 issue of the *Journal of the American College of Cardiology*.

Mary S. Vaughan Sarrazin, Ph.D., from the Roy and Lucille J. Carver College of Medicine at the University of Iowa in Iowa City, and colleagues examined the impact of anticoagulant choice on inpatient costs in AF. Medicare beneficiaries with AF who had begun dabigatran, rivaroxaban, or [warfarin](#) therapy within 90 days of diagnosis were identified. The final sample included 21,979 patients who began dabigatran, 23,177 who began rivaroxaban, and 101,715 who began [warfarin therapy](#).

The researchers found that the inpatient admission rates for dabigatran, rivaroxaban, and warfarin were 560, 544, and 617 per 1,000 patient-years, respectively. Compared with warfarin, inpatient costs per patient-year were \$399 and \$346 lower for dabigatran and rivaroxaban, respectively. Relative to warfarin, the largest reductions in costs occurred with [heart failure](#) (\$172 lower for dabigatran and \$192 lower for rivaroxaban). Compared to warfarin, dabigatran and rivaroxaban had lower costs of all thromboembolic, major bleeding, and acute cardiovascular events combined.

"Our data suggest that patients with new AF taking dabigatran, 150 mg, or rivaroxaban, 20 mg, experience lower annual inpatient costs than patients taking warfarin, largely due to fewer admissions for stroke, non-gastrointestinal-related hemorrhage, and heart failure events," the authors write.

**More information:** [Full Text](#)

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