



LETTER TO THE EDITOR

Reply to the comment on “Cost-effectiveness of rivaroxaban for stroke prevention in atrial fibrillation in the Portuguese setting”[☆]



Resposta ao comentário a «Estudo de custo-efetividade de rivaroxabano para prevenção de acidente vascular cerebral em doentes com fibrilhação auricular em Portugal»

In response to the comment by Dr. Luis Silva Miguel on the article “Cost-effectiveness of rivaroxaban for stroke prevention in atrial fibrillation in the Portuguese setting”,¹ of which I was the lead author, I would like to present the following clarifications on behalf of the authors.

Financial costs assigned to monitoring patients under warfarin

On page 539 of the issue there is a brief explanation of how monitoring of patients under warfarin was costed.

An expert panel with proven clinical experience was consulted to identify and quantify the resources used for monitoring patients under warfarin. The panel consisted of seven experts selected on the basis of geographic location, specialty, and number of patients treated as a percentage of the national total. The Delbecq method was adopted as providing more robust estimates.

The costs of monitoring patients under warfarin presented in the article refer to 2011 and were rounded up. An inflation rate of 3% per year was applied to all costs taken from sources prior to 2011. The resources identified for monitoring warfarin included INR measurement and medical consultations to adjust dosage on the assumption

Table 1 Financial costs for monitoring patients under warfarin.

Monitoring patients under warfarin		Cost
1st monitoring		€148.46
Subsequent monitoring	Primary care	€33
	Specialist	€89.98

that the patient would not be present for 50% of such consultations. According to the expert panel, 35% of patients were managed in a primary care setting and 65% in a specialist setting (50% by internal medicine specialists and 50% by cardiologists).

The source of data on costs of patients followed in primary care was the table of state-funded health services published by the Central Administration of the Portuguese national health system (ACSS) on October 6, 2011. The costs of services paid directly by patients were not included in the analysis, since a large proportion of this population are exempt. The source of the costs of primary care consultations (without the patient present), and the costs incurred by patients managed by specialists, was Order in Council 132/2009, modified by Order in Council 839-A/2009. The costs of specialist consultations were based on the Cost Accounting Report of National Health Service hospitals for 2006, using the total unit cost. The costs for monitoring patients under warfarin are presented in [Table 1](#).

Error in Table 4

There is indeed an error in Table 4 in our article: the costs of the individual components (drug acquisition, drug monitoring and event treatment) are incorrect. The total costs and incremental cost-effectiveness ratios are correct. The corrected costs are presented in [Table 2](#).

Table 2 Cost-effectiveness results of base-case analysis.

Costs	Rivaroxaban	Warfarin	Difference
Total	€6142	€6061	€81
Drug acquisition	€3280	€115	€3166
Drug administration	€697	€3533	–€2835
Event treatment	€2165	€2414	–€249

DOI of original article: <http://dx.doi.org/10.1016/j.repce.2015.09.006>

[☆] Please cite this article as: Morais J. Resposta ao comentário a «Estudo de custo-efetividade de rivaroxabano para prevenção de acidente vascular cerebral em doentes com fibrilhação auricular em Portugal». Rev Port Cardiol. 2015;34:707–708.

On behalf of the authors, I appreciate the interest taken in our article and the comments made. It is not common practice for experts and specialists to engage in debate in the *Journal* using this important form of communication, but I am sure that it helps raise the profile of the *Journal*, of the subject-matter it publishes, and hence of its authors.

Conflicts of interest

The author has no conflicts of interest to declare.

Reference

1. Morais J, Aguiar C, McLeod E, et al. Cost-effectiveness of rivaroxaban for stroke prevention in atrial fibrillation in the Portuguese setting. *Rev Port Cardiol.* 2014;33:535–44.

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