Cost-effectiveness of sacubitril/valsartan for the treatment of essential hypertension in Chinese setting

Xinyue Dong 1,2, Jia Liu 1,2, Wanjie Guo 3, Xiaoxiao Ren 3, Fang Liu 3, Xiaoning He 1,2*

1 School of Pharmaceutical Science and Technology, Tianjin University, Tianjin, China; 2 Center for Social Science Survey and Data, Tianjin University, Tianjin, China; 3 Beijing Novartis Pharmaceutical Co., Ltd., Beijing, China *Correspondence: Xiaoning He, Ph.D., Associate professor, E-mail: hexn@tju.edu.cn.

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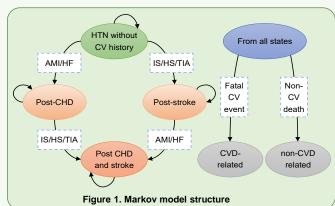
Cost for non-fatal HS

OBJECTIVES

To simulate the long-term clinical performance and cost-effectiveness of sacubitril/valsartan for the treatment of essential hypertension from a Chinese healthcare system perspective.

METHODS

A Markov model was constructed.



- Intervention: Sacubitril/valsartan
- **Comparators:** Allisartan isoproxil and valsartan
- Target population: Chinese adults ≥18 years of age with essential hypertension
- Data sources:

Efficacy	Network meta-analysis, literature		
Transition SBP & LVMI (dual mechanism) Risk functions & HRs Cardiovascular disease risks			
Costs	Literature, expert opinions		
Utilities	Literature		

 Time horizon & cycle length: lifetime horizon with an annual cycle

Table 1. Input variables of economic model

Determinants of effectiveness				
	Value			
Parameter Value Change in office SBP				
Sacubitril/vals	-16.24			
Allisartan isop		-11.06		
Valsartan, mm	-	-11.65		
Change in LV				
Sacubitril/vals		-6.83		
Allisartan isop	. •	-3.55		
Valsartan, g/m	n ²	-3.55		
Resource utilization and direct cost data				
	ent antihypertensive i			
Sacubitril/vals	artan (annual)	CN¥2,322.99		
Allisartan isop	roxil (annual)	CN¥1,570.58		
Valsartan (ann	nual)	CN¥1,680.15		
Cost of addit	ional antihypertensive	drug after CVD		
Sacubitril/	Post-CHD	CN¥431.58		
valsartan	Post-stroke	CN¥428.26		
(annual)	Post CHD & stroke	CN¥587.32		
Allisartan	Post-CHD	CN¥508.65		
isoproxil	Post-stroke	CN¥795.33		
(annual)	Post CHD & stroke	CN¥795.33		
Valsartan	Post-CHD	CN¥608.84		
(annual)	Post-stroke	CN¥795.33		
(=)	Post CHD & stroke	CN¥795.33		
	management cost			
HTN without C	CN¥1,383.14			
Post-CHD (year	CN¥18,268.0			
Post-CHD (year	CN¥9,896.8			
Post-stroke (y	CN¥33,384.0			
Post-stroke (y	CN¥5,238.4			
Post CHD & s	CN¥51,652.0			
Post CHD & s	CN¥15,135.2			

Cost of acute events (per admission)

CN¥39,431.2

CN¥31,639.6

Cost for non-fatal AMI

Cost for non-fatal HF

Cost of acute events (per admission	on) (Cont'd)
Cost for non-fatal IS	CN¥49,649.6

Cost for TIA	CN¥13,987.2
Cost for fatal AMI	CN¥54,748.8
Cost for fatal HF	CN¥64,788.0
Cost for SCD	CN¥29,232.8
Cost for fatal IS	CN¥47,778.4
Cost for fatal HS	CN¥58.105.6

CN¥28,025.6

Utility estimates for health states

Utility for different health states, male/female			
Hypertension without history of CVD	0.91/0.85		
Post-CHD	0.86/0.79		
Post-stroke	0.80/0.75		
Post CHD & stroke	0 50 / 0 57		

Disutility for different acute events			
AMI (duration, days)	-0.01 (9.32)		
TIA (duration, days)	-0.09 (13.58)		
Acute HS (duration, days)	-0.09 (13.20)		
Acute IS (duration, days)	-0.09 (15.04)		
Acute HF (duration, days)	-0.05 (10.58)		

Model validation, deterministic and probabilistic sensitivity analyses were conducted to test the robustness.

RESULTS

For simulated patients with hypertension:

Similar results were obtained in various sensitivity analysis.



Figure 2. One-way sensitivity analysis (sacubitril/valsartan vs. allisartan isoproxil & valsartan)

Results were robust in one-way sensitivity analysis with no single parameter affecting the cost-effectiveness of sacubitril/valsartan

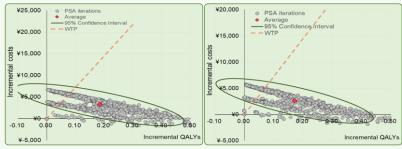


Figure 3. Probabilistic sensitivity analysis (sacubitril/valsartan vs. allisartan isoproxil & valsartan

There was more than 80% probability for sacubitril/valsartan to remain cost-effective at a WTP threshold of CN¥72,447/QALY

Table 2. Deterministic results of base-case analysis (discounted)

Outcome	Sacubitril/valsartan (1)	Allisartan isoproxil (2)	Valsartan (3)	Difference (1 vs. 2)	Difference (1 vs. 3)
Total cases of CV events	642	705	702	RR: 0.910	RR: 0.914
Total LYs (per patient)	13.0772	12.9296	12.9381	0.1476	0.1392
Total QALYs (per patient)	11.3843	11.2431	11.2514	0.1412	0.1329
Total costs (per patient)	CN¥59,110	CN¥54,602	CN¥55,488	CN¥4,508	CN¥3,622
Incremental cost per QALY gained				CN¥31,938	CN¥27,252

CONCLUSIONS

Sacubitril/valsartan compares favorably with allisartan isoproxil and valsartan in Chinese setting.