

Sacubitril-valsartan cost-effective for treating reduced ejection fraction heart failure

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Sacubitril-valsartan is reasonably cost effective compared to widely-used therapies for reducing mortality and morbidity in patients with reduced ejection fraction heart failure. The findings are published in *Annals of Internal Medicine*.

Heart failure with reduced ejection fraction (a measure of the percentage of blood leaving the heart each time it contracts) is commonly treated with an ACE inhibitor or angiotensin-receptor blocker (ARB) because the therapies are proven effective and are inexpensive. The recent PARADIGM-HF trial found that sacubitril-valsartan, an angiotensin receptor-neprilysin inhibitor (ARNI), reduced cardiovascular mortality, decreased hospitalizations, and improved quality of life compared to a commonly-prescribed ACE inhibitor, but at a cost of \$12.50 a day, sacubitril-valsartan is significantly more expensive.

Researchers sought to determine if the incremental health benefits justified the increase in treatment cost. Using a Markov model, researchers evaluated the cost-effectiveness of sacubitril-valsartan compared with lisinopril (ACE inhibitor) or losartan (ARB) in a cohort of patients with New York Heart Association (NYHA) class II to IV [heart failure](#), and a left ventricular [ejection fraction](#) of 0.40 or less. Cost-effectiveness was measured by life-years, quality-adjusted life-years (QALY), costs, heart failure hospitalizations, and incremental cost-effectiveness ratios. The analysis indicated that therapy with sacubitril-

valsartan would cost \$47,053 per QALY gained in a cohort derived from the PARADIGM-HF trial. According to the authors, these results suggest that sacubitril-valsartan is worth the cost, depending on societal willingness to pay.

More information: *Annals of Internal Medicine*,
<http://www.annals.org/article.aspx?doi=10.7326/M16-0057>

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