

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Atrial fibrillation (update)

2 List of modelling questions

Review questions by scope area	What is the most clinically and cost-effective anticoagulant therapy for stroke prevention in people with atrial fibrillation?
Population	Adults with diagnosis of non-valvular AF, subgrouping conducted in sensitivity analyses by stroke risk according to initial CHADSVASC
Interventions and comparators considered for inclusion	No treatment Warfarin (INR 2-3) Apixaban 5 mg twice daily Dabigatran 110 mg twice daily Rivaroxaban 20 mg once daily Edoxaban 60 mg once daily
Perspective	NHS and PSS (costs and outcomes)
Outcomes	Cost per QALY (health outcomes including: clinically relevant (extracranial) bleed, an intracranial haemorrhage (ICH), an ischaemic stroke, a myocardial infarction (MI), a transient ischaemic attack (TIA), a systemic embolism (SE), can discontinue or switch treatment because of these events or die.
Type of analysis	CUA
Issues to note	Model is an update of an existing HE analysis. Updated by original model developer: Howard Thom (TSU). Validated externally by BMJ group.

Review questions by scope area	What is the clinical and cost effectiveness of different ablative therapies in people with atrial fibrillation?
Population	Adults with paroxysmal AF with an indication for rhythm control
Interventions and comparators considered for inclusion	medical treatment (antiarrhythmic drugs - AADs) radiofrequency point by point catheter ablation (RF PP) radiofrequency multi-electrode catheter ablation (RF ME) cryoballoon catheter ablation laser catheter ablation thoracoscopy hybrid ablation (thoracoscopy plus RF PP)
Perspective	NHS and PSS (costs and outcomes)

Outcomes	Cost per QALY (health outcomes including: AF symptom recurrence, ischaemic stroke, ICH, major bleeding, procedural complication and serious adverse events related to interventions and death).
Type of analysis	CUA
Issues to note	None