FROM ARISTOTLE TO THE REAL WORLD

Eliquis™
apixaban

FOR MYSELF

MY FATHER

MY FRIENDS

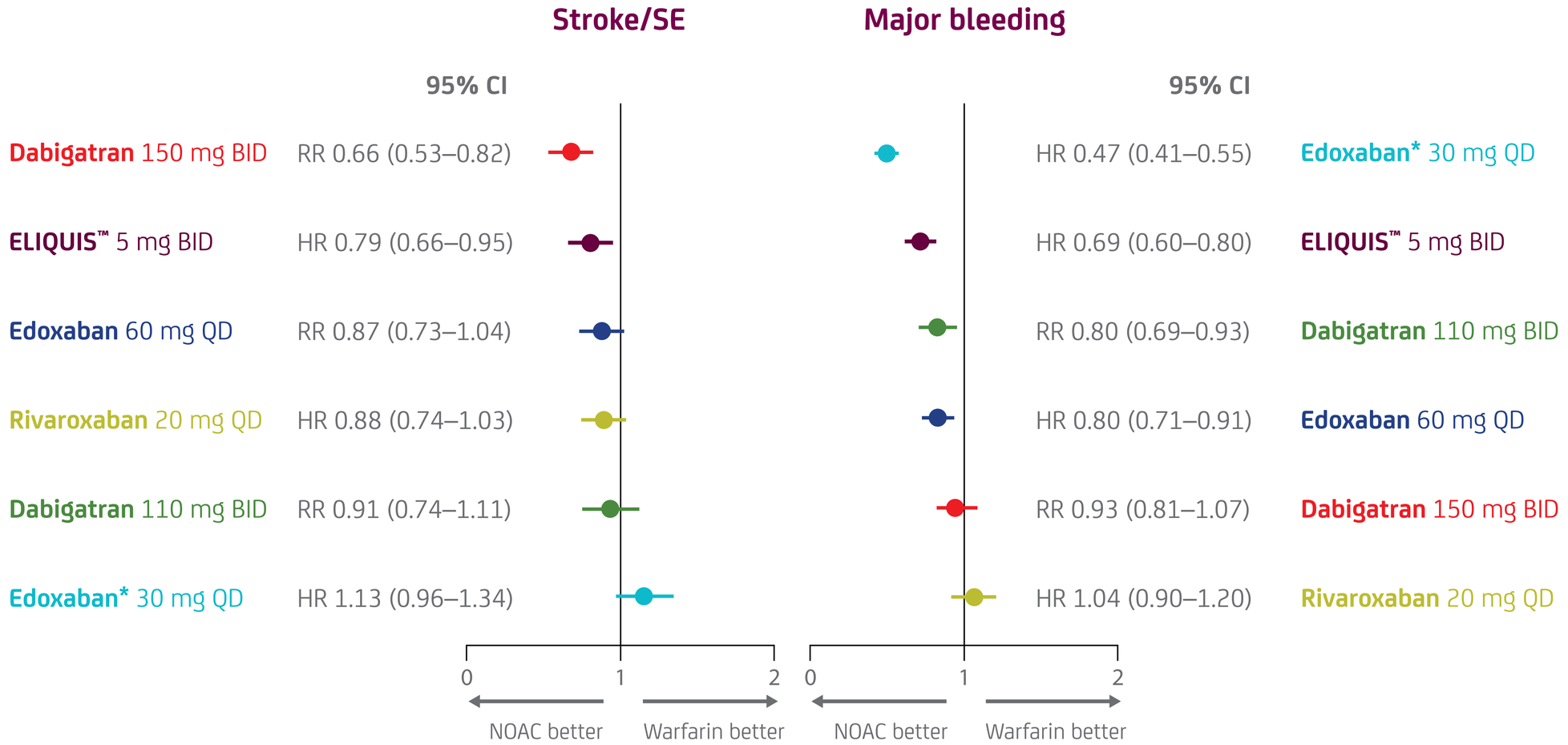
MY PATIENTS

PP-ELI-HKG-1091 NOV 2022

This is not a real doctor but a model.

ELIQUIS™ provides superior stroke and bleeding protection vs warfarin in AF[1-3]*

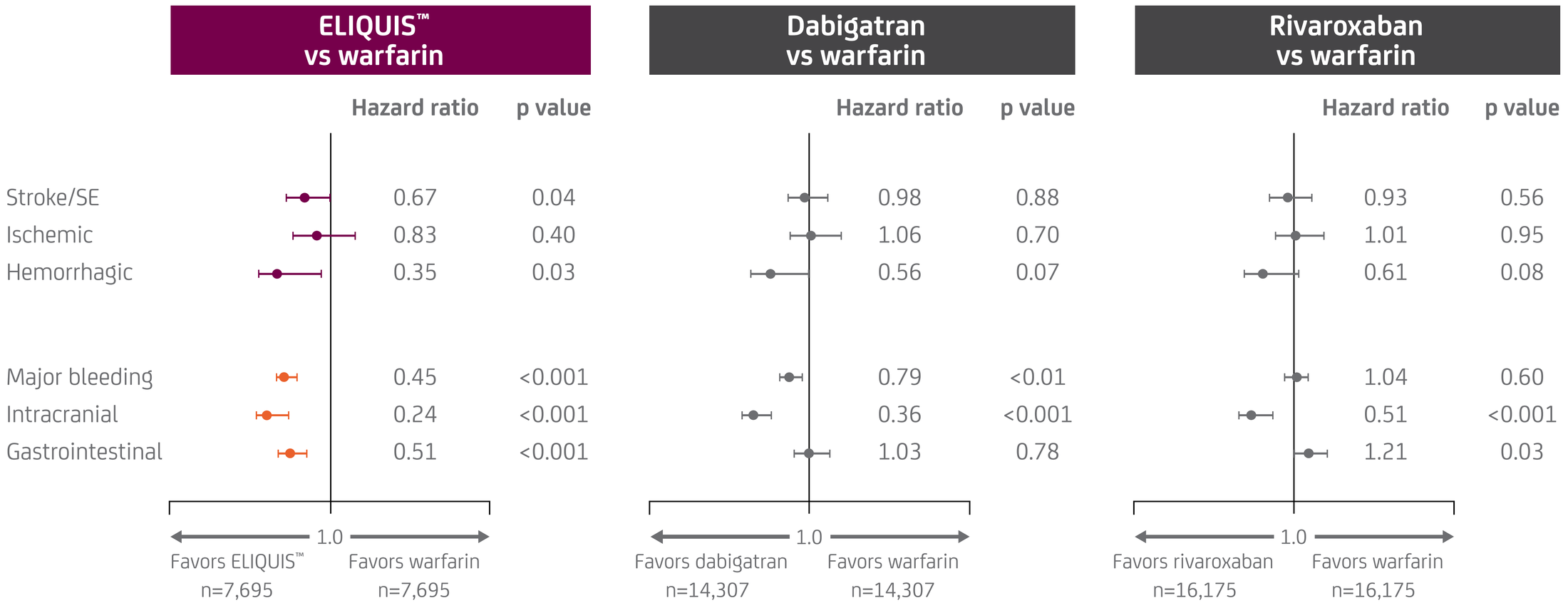
- **Randomized controlled trials (RCTs) are the gold standard** for assessing treatment efficacy and safety. Randomization is needed to assess causal relationships and treatment effect.[4]
- In ARISTOTLE, ELIQUIS™ demonstrated **21% superior RRR in stroke/SE (p=0.01) and 31% superior RRR in major bleeding (p<0.001)** vs warfarin.[1]



* Edoxaban 30 mg daily is not approved for stroke prevention in AF.
Adapted from Schulman et al. 2014[3]

ELIQUIS™ effectiveness and safety: Consistent results in a US real-world analysis (I)[5]

- **Consistent with ARISTOTLE**, patients receiving **ELIQUIS™ had significantly lower risks of both stroke/SE and major bleeding** compared with warfarin.
- **Both dabigatran and rivaroxaban were associated with similar risks of stroke/SE vs warfarin**. Dabigatran was associated with significantly lower risks of major bleeding while rivaroxaban was associated with similar risk of major bleeding vs warfarin.



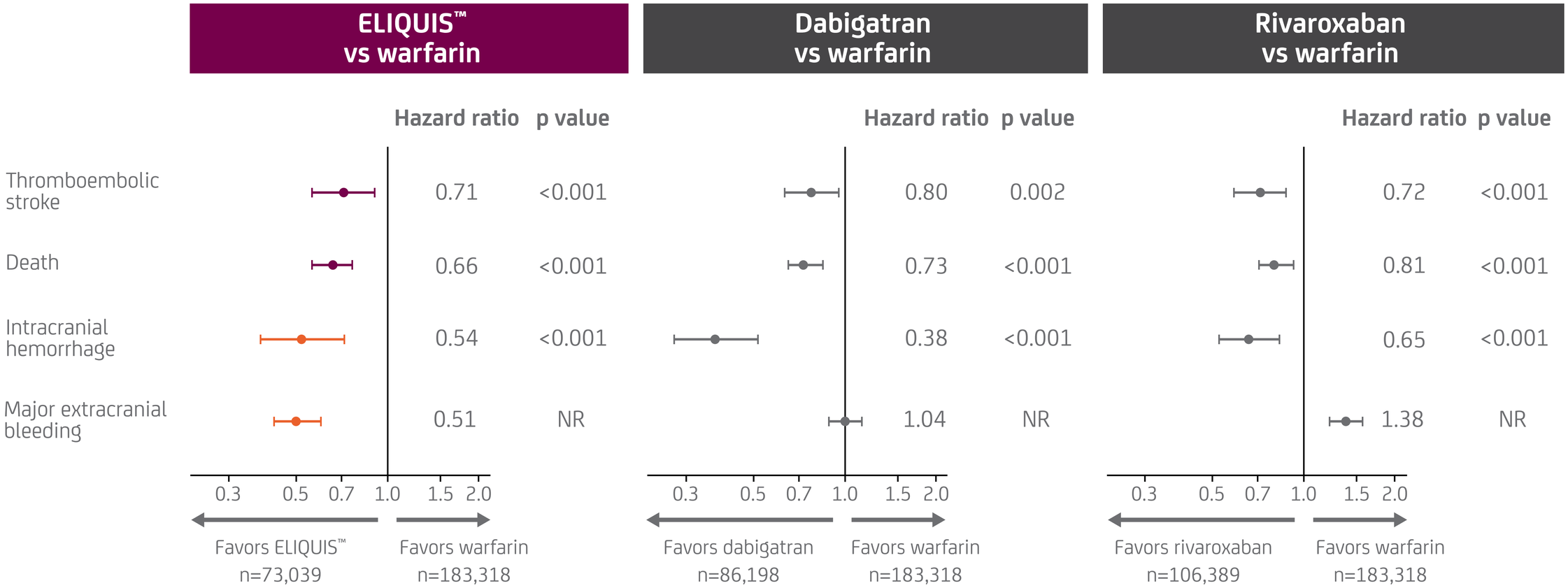
An independent retrospective analysis of a US Insurance database of more than 76,000 NVAF patients between October 2010 and June 2015 was carried out to evaluate the real-world effectiveness and safety of NOACs vs warfarin. Three matched cohorts using 1:1 propensity score matching was created.*

* There are no head-to-head trials comparing NOACs.

Adapted from Yao et al. 2016[5]

ELIQUIS™ effectiveness and safety: Consistent results in a US FDA-initiated real-world analysis (II)[6]

- ELIQUIS™ demonstrated **superior risk reduction in stroke, ICH, major bleeding and death** vs warfarin.*

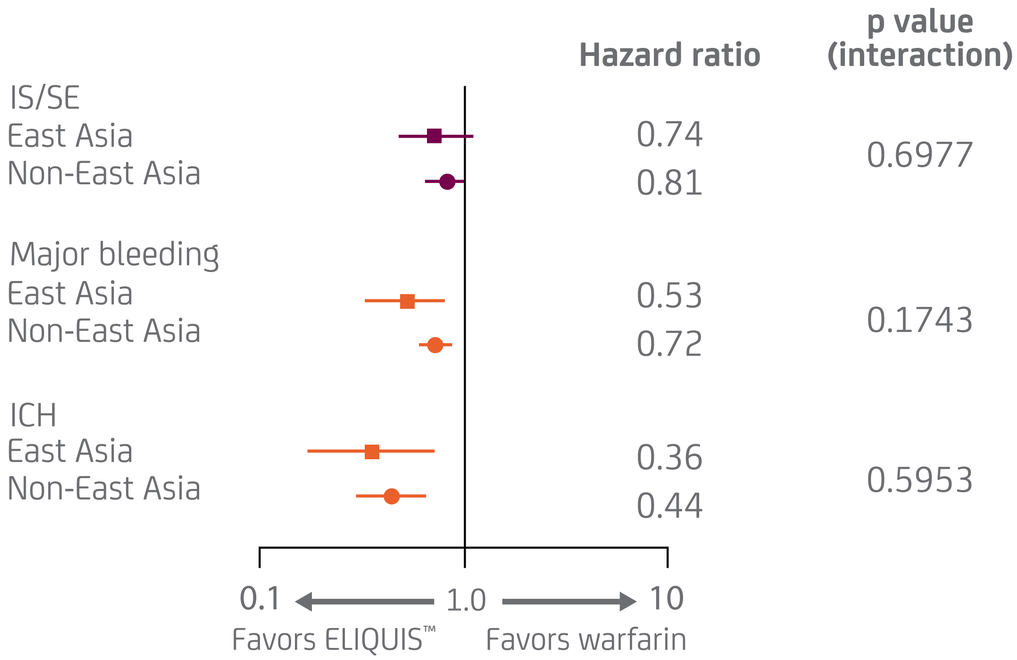


* There are no head-to-head trials comparing NOACs.
A retrospective new-user cohort study was conducted on patients with NVAF enrolled in US Medicare who initiated on warfarin, or standard-dose ELIQUIS™, dabigatran or rivaroxaban between October 2010 and September 2015. Study outcomes were hospitalized thromboembolic stroke, intracranial hemorrhage, major extracranial bleeding and all-cause mortality.

Adapted from Graham et al. 2019[6]

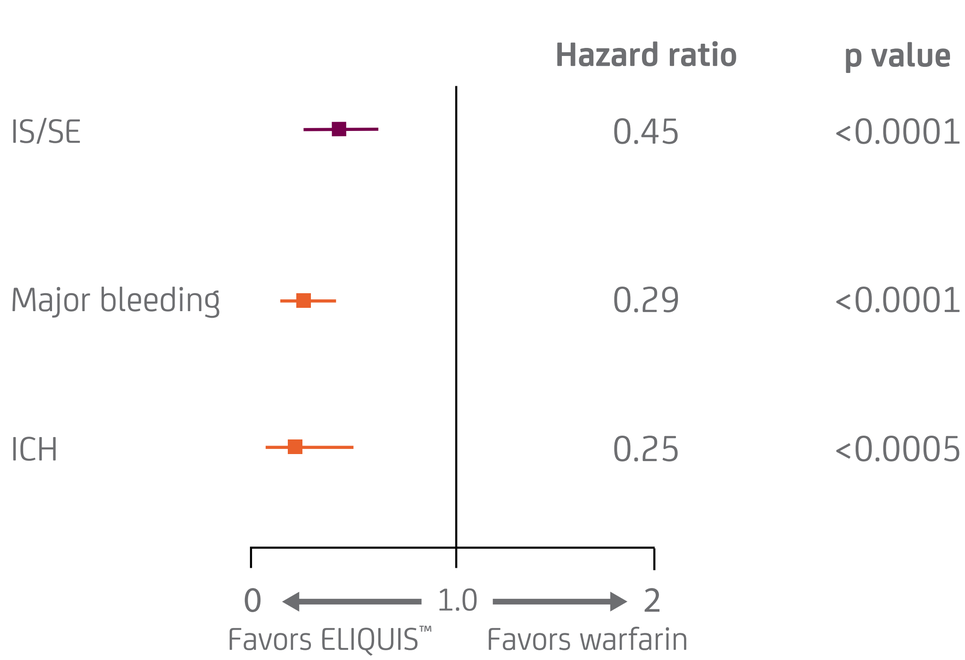
ARISTOTLE data translate well into the real-world setting in an Asian cohort[7,8]

ARISTOTLE East Asia[7]



Adapted from Goto et al. 2014[7]

The Taiwan Cohort[8]



Adapted from Chan et al. 2018[8]

In both ARISTOTLE East Asia and the Taiwan cohort study, ELIQUIS™ resulted in reductions in IS/SE, ICH and major bleeding compared with warfarin in Asian patients.
ARISTOTLE East Asia: ELIQUIS™ (n=988), warfarin (n=1,005); Taiwan Cohort: ELIQUIS™ (n=5,843), warfarin (n=19,375); ARISTOTLE non-East Asia: ELIQUIS™ (n=8,132), warfarin (n=8,076).

ELIQUIS™ in real-world settings: consistent superior stroke and bleeding reductions vs warfarin across different studies.[5-8]

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AF, atrial fibrillation; AMI, acute myocardial infarction; CI, confidence interval; HR, hazard ratio; FDA, Food and Drug Administration; ICH, intracranial hemorrhage; IS, ischemic stroke; NOAC, non-VKA oral anticoagulant; NR, not reported; NVAF, nonvalvular atrial fibrillation; OAC, oral anticoagulant; RCT, randomized controlled trial; RRR, relative risk reduction; RWD, real-world data; SE, systemic embolism

References 1. Granger CB, et al. *N Engl J Med* 2011;365:981-992. **2.** Ruff CT, et al. *Lancet* 2014;383:955-962. **3.** Schulman S. *Thromb Haemost* 2014;111:575-582. **4.** Fanaroff AC, et al. *Eur Heart J* 2018;39:2932-2941. **5.** Yao X, et al. *J Am Heart Assoc* 2016;5:e003725. **6.** Graham D, et al. *Am J Med* 2019;132:596-604.e11. **7.** Goto S, et al. *Am Heart J* 2014;168:303-309. **8.** Chan YH, et al. *J Am Heart Assoc* 2018;7:e008150.

Scan the QR codes or type the URLs in your browser to find the full Prescribing Information of apixaban:

Apixaban (2.5 mg)

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Apixaban (5 mg)

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The QR codes/URL links to the latest Prescribing Information approved by the Department of Health in Hong Kong and may not be effective and the same as presented in the actual product package.

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