practice. A societal perspective incorporated the following indirect costs: formal and informal long term care costs for stroke, productivity losses associated with stroke and carers, and productivity, out of pocket and travel costs associated with INR testing in both metropolitan and rural settings. The opportunity cost of a delayed dabigatran PBS listing was estimated over a 2 year period. Estimates were derived using a monetized model presented to the PBAC. For a societal perspective, dabigatran was cost saving versus both warfarin and the mixed comparator. Dabigatran is estimated to save an average of $2,011 and $3,994 per patient per year for patients in metropolitan and rural settings respectively compared with current practice. In the more than two years since the initial PBAC recommendation of dabigatran it is estimated over 150,000 patients have been denied affordable access to treatment, resulting in $47.9 million in costs to Medicare, $5.2 million in patient out of pocket costs and 470,000 hours of lost productivity due to avoided INR testing. Importantly, 4,059 strokes and 802 resultant deaths could have been avoided in this time compared to current practice. CONCLUSIONS: Dabigatran is a cost-effective strategy for stroke prevention in patients with nonvalvular AF and is cost saving compared to current therapy (warfarin, aspirin and no treatment) when a societal perspective is taken.

PCV87
COMPREHENSIVE OVERVIEW: EFFICACY, TOLERABILITY AND COST-EFFECTIVENESS OF IRBESARTAN
Gallapati R, Maniadakis N
1National School of Public Health, Athens, Greece, 2National School of Public Health, Athens, Greece
OBJECTIVES: Hypertension represents a major health problem, affecting more than 1 billion adults worldwide. Irbesartan, an angiotensin II receptor blocker, is considered to be a highly effective treatment in the management of hypertension. Therefore this study aims to evaluate the efficacy, safety and tolerability profile, as well as the cost-effectiveness of irbesartan in children and adults. METHODS: A review of the literature was conducted using the electronic databases Medline, Cochrane and HEED of search terms relating to irbesartan efficacy, tolerability and cost-effectiveness. The results of search were presented as tables. RESULTS: This study incorporated a present analysis show that irbesartan either as monotherapy or in combination with other agents can have significant reductions in Blood Pressure, both systolic and diastolic, when compared to other alternative treatment options. Irbesartan was also found to have a renoprotective effect, independent of its blood pressure lowering effect in patients with type 2 diabetes and nephropathy. Irbesartan also delayed onset of end-stage renal disease (ESRD) and reduced the cumulative incidence of ESRD. Furthermore, Irbesartan demonstrated an excellent safety and tolerance profile. Overall adverse event incidence with irbesartan was comparable with other antihypertensive drugs. Most common adverse events were headache, fatigue and dizziness. In terms of economic analyses, compared to other antihypertensive therapies, irbesartan is cost-effective. CONCLUSIONS: Irbesartan represents a highly effective at a willingness to pay threshold of €100/QALY.

PCV88
INTRAOPERATIVE TAILORED ELASTIC COMPRESSION THERAPY FOR THE PREVENTION OF POST THROMBOTIC SYNDROME
Bouman AC1, ten Cate-Hoek A1, ten Cate H2, Hoore MA2
1Laboratory for Thrombosis and Haemostasis, Department of Internal Medicine, Maastricht University Medical Centre, The Netherlands, 2Clinical Epidemiology and Medical Technology Assessment, Maastricht University Medical Centre, CAPHRI, Maastricht University, Maastricht, The Netherlands
OBJECTIVES: Elastic compression is recommended as a preventive measure for patients with post-thrombotic disease (PTD). However, a meta-analysis of randomized controlled trials (RCT) showed that elastic compression stockings (ECS) therapy for 2 years after DVT reduces the PTS incidence by approximately 50%. A recent management study showed that tailored duration of ECS therapy on individual patient characteristics may result in a reduction of ECS therapy of 7% higher in IND, the treatment seizes to be cost-effective.

PCV89
THE COST-EFFECTIVENESS OF SCREENING FOR SILENT ATRIAL FIBRILLATION AFTER ISCHEMIC STROKE
Lévy L1, Bulbring M2, Rosenqvist M3, Sobosinski-Doliwa F3, Friberg L1, Frykman-Kull V2, Davidson TH6
1Linköping University, Linköping, Sweden, 2Karolinska Institutet, Stockholm, Sweden
OBJECTIVES: Prolonged brief intermittent anticoagulation screening has been suggested to substantially improve detection of silent paroxysmal atrial fibrillation (AF) in patients with a recent ischemic stroke/TIA. The purpose of this study was to estimate the cost-effectiveness of screening. METHODS: A decision analytic model was developed to simulate the decision to screen patients with a recent ischemic stroke. RESULTS: Brief intermittent long-term ECG recordings at regular temporal intervals and short-term 24-hours continuous ECG (Holter-ECC) and to compare them to a no screening alternative in patients with a recent ischemic stroke. METHODS: The long-term 200 million in patient out of pocket costs and 470,000 hours of lost productivity due to avoided INR testing. Importantly, 4,059 strokes and 802 resultant deaths could have been avoided in this time compared to current practice. CONCLUSIONS: Dabigatran is a cost-effective strategy for stroke prevention in patients with nonvalvular AF and is cost saving compared to current therapy (warfarin, aspirin and no treatment) when a societal perspective is taken.

PCV90
ISSUES WITH COST-EFFECTIVENESS MODELING OF DIAGNOSTIC TESTS – CASE STUDY OF ISCHEAMIC CARDIOMYOPATHY
Thokala P, Thomas S, Campbell F
University of Sheffield, Sheffield, UK
OBJECTIVES: To estimate the cost-effectiveness of diagnostic pathways for assessing patients with ischaemic cardiomyopathy to identify patients with viable myocardium with a view to revascularisation. METHODS: A decision analytic model was developed to estimate the cost-effectiveness of diagnostic strategies for assessing patients with ischaemic cardiomyopathy. The different diagnostic pathways were applied to a hypothetical cohort of patients with ischaemic cardiomyopathy and the probability of successful identification of viable myocardium and non-viable myocardium was assessed in the diagnostic pathways. RESULTS: The results of the deterministic sensitivity analysis of the model demonstrated that patients diagnosed with viable myocardium would be managed promptly by revascularisation and that the patients diagnosed with non-viable myocardium would be on medical therapy. The model assigned each patient a risk of death and whether or not they were true-positive or false-positive. The results showed that the model was accurate in identifying whether they had revascularisation or not. Each patient then accrued lifetime QALYs. Health care costs were also accrued through measuring diagnostic costs and treatment costs, depending on the pathway and their treatment status. RESULTS: All the diagnostic pathways are cost-effective when compared with no testing at current NICE threshold, this suggests that all the current services for diagnosing viable myocardium are a cost-effective use of NHS resources irrespective of the diagnostic pathway used. Sensitivity analysis of all the most cost-effective model when simulated from scratch, then Stress CMR is the most cost-effective strategy. CONCLUSIONS: There are a number of issues with abstracting the data for cost-effectiveness modelling of diagnostic tests. For example, the diagnostic accuracy depends upon the type of index test, gold standard test and threshold used. Furthermore, the benefits of treatments after diagnosis are not always clear and might be linked to the type of diagnostic test. Appropriate caution needs to be taken when evaluating diagnostic tests.

PCV91
ECONOMIC EVALUATION OF IBRANIDVE FOR CHRONIC HEART FAILURE NYHA III TO IV CLASS WITH SYSTOLIC DYSFUNCTION IN IRELAND
Lacey J1, Mculling P2, Poisson M1
1Lancy Solutions Ltd., Skerries, Ireland, 2Sorvick Ireland, Dun Laoghaire, Ireland, 3Laboratories de Diagnostic de Prognostics, France
OBJECTIVES: Ibranidve is approved by the European Medicine Agency for the treatment of Chronic Heart Failure (CHF) NYHA II to IV class with systolic dysfunction in patients in sinus rhythm and whose heart rate is ≥ 75 bpm, in combination with standard therapy including beta-blocker therapy or non beta-blocker therapy is contraindicated or not tolerated. The study objective was to perform a cost-effectiveness analysis of ibranidve based on the outcomes of the SHIFT clinical trial from the perspective of the Irish Health Service Executive (HSE). METHODS: A six health state Markov model with health states for CHF NYHA classes I to IV, alive, and dead was adapted to the Irish health care setting. The economic evaluation compared the cost-effectiveness of ibranidve in combination with standard therapy versus standard therapy alone. A lifetime horizon was chosen in the base case analysis. Costs and effects were discounted at 4% per year. Deterministic and probabilistic sensitivity analyses were performed. Health state utilities were estimated from EQ-5D index scores obtained from the SHIFT clinical trial. The base case analysis was based on heart failure outcomes and associated costs. RESULTS: When used in addition to standard therapy, ibranidve increased discounted health care costs by €2169 for a 0.23 QALY gain, resulting in an incremental cost per QALY gained of €9,426. In no case of the deterministic sensitivity analysis did the cost per QALY gained increase above €20,000. The probability of the cost-effectiveness of ibranidve at a willingness to pay threshold of €45,000 per QALY gained was estimated to be approximately 100%. CONCLUSIONS: When used in addition to standard therapy, based on heart failure outcomes and associated costs, ibranidve had an incremental cost per QALY gained of €9,426 with an approximately 100% probability of being cost-effective at a willingness to pay threshold of €45,000 per QALY gained.