were each asked to review a different batch of ECGs with differing proportions of AF and Sinus rhythm. After reviewing the images, they were presented with the option of giving diagnoses in two variations: full 12 lead and 10-second rhythm strip only. The diagnoses (AF/SR or unsure) were compared to a Consultant Cardiologist reading the 12-lead ECG. **RESULTS:** Overall, compared to the Consultant Cardiologist, the AF detection rate using a full 12 lead was 81% and using the 10-second rhythm strip was 99%. There was no significant difference (chi squared test, p=0.01) in AF detection rate when the reviewers were divided into 2 groups according to level of cardiology experience. The AF detection rate for the 12-lead ECG amongst specialists vs. non-specialists was 70% (P=0.001) and 92% vs. 73% (P=0.003) for the rhythm strip. **CONCLUSIONS:** Our findings indicate that a 10-second rhythm strip alone has a comparable AF detection rate to a 12-lead ECG in the hands of doctors and nurses when measured against the consultant’s diagnosis. With both the rhythm strip and the 12-lead ECG, the accuracy of AF detection improved with experience. Mass screening using a single strip could be acceptable and inexpensive particularly with mobile phone technology.

PCV78 CONSEQUENCE COMPARISON OF HEMOSTATIC MATRIX AGENTS Beby AV1, Faire F1, Zinck R1, Kunize C2

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**OBJECTIVES:** Hemostatic agents are used to intraoperatively bleeding in the presence of actively flowing blood when applied directly to the bleeding site. Recent published literature on animal studies and real-world outcome data indicated that the hemostatic matrix agent Floseal could stop bleeding and reduce complications more effectively than Surgiifo with thrombin. The objective of this study is to quantify cost consequences in the Netherlands comparing Floseal versus Surgiifo with thrombin. **METHODS:** A cost-consequence model was built on a large retrospective analysis of a Premier’s US Hospital database to assess the value of using Floseal to achieve hemostasis in mixed cardiac surgery procedures over a time horizon of 24 weeks corresponding to the ICU and hospital stay. The model compared the cost implications on the following parameters: (1) operating room time; (2) postoperative bleeding.

**RESULTS:** Postoperative bleeding in both groups was statistically similar, but the Floseal group had an overall cost savings of $3,922 per patient. **CONCLUSIONS:** Our preliminary analysis indicates that using Floseal to stop intraoperative bleeding could lead to significant cost savings for the hospitals in the Netherlands. Further studies are required to confirm these findings.

PCV79 COST-EFFECTIVENESS OF DABIGATRAN COMPARED WITH WARFARIN, APIXABAN, RIVAROXABAN AND LOW MOLECULAR WEIGHT HEPARINS FOR THE TREATMENT AND SECONDARY PREVENTION OF VENOUS THROMBOEMBOLISM IN COP1

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**OBJECTIVES:** To evaluate cost-effectiveness of dabigatran and new oral anticoagulants (NOA) compared to currently reimbursed warfarin and low molecular weight heparins (LMWH) for thromboembolism (TE) and venous thromboembolism (VTE) in an economic perspective in Colombia. **METHODS:** Markov decision model based on efficacy, utilities and safety inputs from clinical trials (CT) (RE-COVER I and II, EINSTEIN-DVT, EINSTEIN-PE, RE-SONATE, RE-MEDY and a meta-analysis of 18 CT plus observational data) and outcomes as locally adapted to evaluate the use ferric carboxymaltose (FCM) in Colombia. **RESULTS:** Costs (€) were derived from published literature, the Dutch guideline for cost research and 2014 national list prices. The model assumed a surgical case load of 100 mixed cardiac surgeries. **RESULTS:** By reducing operating time, but moreover the number of complications such as revision and blood products transfusion, Foseal can lead to a cost saving of €2,993 per patient in comparison to the use of Surgiifo with thrombin.

**CONCLUSIONS:** Our preliminary analysis indicates that using Floseal to stop intraoperative bleeding could lead to significant cost savings for the hospitals in the Netherlands. Further studies are required to confirm these findings.

PCV80 ECONOMIC EVALUATION OF FERRIC CARBOXYMALTOSE IN PATIENTS WITH RESISTANT HEART FAILURE AND IRON DEFICIENCY: AN ANALYSIS FOR GREECE BASED ON FAIR-HF TRIAL

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**OBJECTIVES:** The objective of this economic evaluation of ferric carboxymaltose (FCM), in iron-deficient heart failure (HF) patients in Greece. **METHODS:** An international economic model was locally adapted to evaluate the use ferric carboxymaltose in a 24 weeks corresponding to duration of the FAIR-HF trial. The efficacy of therapy was evaluated based on the clinical response to treatment and the number of QALYs per patient accrued during treatment. Economic costs (drug acquisition, administration and hospitalization costs) were incorporated in the model, as the analysis was conducted from a third-party payer perspective. With respect to administration cost, two alternative scenarios were considered in the base case analysis: administration in day-case unit (80%) and in hospital (20%) at the time of treatment. **RESULTS:** In the base case scenario, QALYs of FCM target group were higher compared to no iron treated patients by 0.04 QALYs. The total 24-week cost of FCM was higher by €569 and €204, if the two scenarios respectively. This difference was mainly attributed to the administration cost and drug acquisition cost related to FMC. Incremental cost-effectiveness analysis (CEA) showed that FCM was a cost-effective option resulting in an ICER of €25,506 and €5,368 per QALY gained in the scenarios respectively. **CONCLUSIONS:** Ferric carboxymaltose may be a cost-effective option in relation to no iron treatment for the management of iron deficiency of HF patients in Greece.

PCV81 POTENTIAL COST-EFFECTIVENESS OF THERAPEUTIC DRUG MONITORING IN PATIENTS WITH RESISTANT HYPERTENSION

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**OBJECTIVES:** Non-adherence to drug therapy poses a significant problem in the treatment of patients with presumed resistant hypertension (RH). It has been shown that therapeutic drug monitoring (TDM) is a useful tool for detecting non-adherence and identifying barriers to treatment adherence, leading to effective blood pressure (BP) control. However, the cost-effectiveness of TDM in the management of RH has not been investigated.  **METHODS:** A Markov model was used to evaluate life-years, quality-adjusted life-years (QALYs), and mean cost per QALY gained. The model was run for 4 years with the CKD, 36,388/€ (COP 2,655) and effectiveness in terms of deaths due to bleeding and Quality Adjusted Life Years (QALYs). A 3% discount rate was used for costs and utilities and safety inputs from clinical trials (CT) (RE-COVER I and II, EINSTEIN-DVT, EINSTEIN-PE, AMPLIFY; RE-SONATE; RE-MEDY and a meta-analysis of 18 CT plus observational data) and outcomes as locally adapted to evaluate the use ferric carboxymaltose (FCM) in Colombia. **RESULTS:** Postoperative bleeding in both groups was statistically similar, but the Floseal group had an overall cost savings of $3,922 per patient. **CONCLUSIONS:** Our preliminary analysis indicates that using Floseal to stop intraoperative bleeding could lead to significant cost savings for the hospitals in the Netherlands. Further studies are required to confirm these findings.

PCV82 COST-EFFECTIVENESS ANALYSIS OF IVABRADINE IN HEART FAILURE WITH REDUCED LEFT VENTRICULAR EJECTION FRACTION IN SPAIN

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**OBJECTIVES:** SHIFT trial demonstrated that, by decreasing heart rate with ivabradine, was reduced in patients with heart failure due to left ventricular systolic dysfunction (LVD) and heart rate (HR) over 70 bpm. A cost-effectiveness analysis demonstrating that this treatment strategy is cost-effective in United Kingdom has been published. In Spain there are no publications. The objective of this analysis is to determine whether treatment with ivabradine in HF due to LVD is a cost-effective strategy in Spain.  **METHODS:** A Markov model with three health states was built (baseline, admission due to HF and death) and was fed with transition probabilities taken from the SHIFT trial. A probabilistic sensitivity analysis was performed. The model took into account quality of life during hospitalizations. Spanish costs were used to feed the model, and it was assumed that quality of life was worse during hospitalizations. A probabilistic sensitivity analysis was performed. The model took into account the incidence of complications related with HF (admission for HF and death) and was fed with transition probabilities taken from the SHIFT trial and the SHIFT-hospitalization trial. Costs were obtained from cost data bases, the National Statistics Institute of Spain, institutions and scientific journals. **RESULTS:** Costs (€) of ivabradine vs. placebo in heart failure due to left ventricular systolic dysfunction was 17,488 i, well below the acceptability threshold accepted in our environment (around 30,000 €). **CONCLUSIONS:** In conclusion, treatment with ivabradine with heart failure due to left ventricular systolic dysfunction is cost-effective in Spain.

PCV83 PHARMACOECONOMIC ASSESSMENT OF APIXABAN VERSUS STANDARD OF CARE FOR THE PREVENTION OF STROKE IN ITALIAN NON-VALVULAR ATRIAL FIBRILLATION PATIENTS

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**OBJECTIVES:** The objective of this economic evaluation of apixaban in the prevention of thromboembolic events in patients with non-valvular atrial fibrillation (NVAF) relatively to standard of care (warfarin or aspirin) from the Italian National Health System (SSN) perspective. **METHODS:** A previously published Markov model was adapted for Italian NVAF patients. Clinical