CV37
BUDGET IMPACT ANALYSIS OF HYPERTENSIVE TREATMENT WITH INDAPAMIDE AND AMLODIPINE SINGLE-PILL COMBINATION IN THE POLISH SETTING
Ewalski P.1, Stawowczyk P.1, Hulko P.1, Borowiec L.1, Filipiak K.2
1Jagiellonian University Medical College, Krakow, Poland, 2Chair and Department of Cardiology, Medical University of Warsaw, Warsaw, Poland
OBJECTIVES: The aim was to compare public payer and patients’ costs of hypertensive treatment with indapamide 1.5 mg and amlopidine 5 mg or 10 mg single-pill combination (SPC) and free combination (FC), in the Polish setting. METHODS: The analysis compared two scenarios: existing and new. The existing treatment with FC of indapamide 1.5 mg and amlopidine 5 mg or 10 mg and single-pill combination (SPC) and free combination (FC), in the Polish setting.
RESULTS: Costs were analyzed from the perspective of public payer. For the annual budget impact analysis, the following costs were included: drug acquisition costs, hospitalization costs, and pharmaceutical costs. The costs were calculated for patients with mild hypertension and patients with severe hypertension. The analysis was performed using the Healthcare Cost and Utilization Project (HCUP) database. The total budget impact was calculated for the existing treatment and the new treatment. The cost savings were calculated for the first year, second year, and third year. The savings were expressed in Polish zloty (PLN). The average annual exchange rate of May 2014 was used to convert PLN to EUR.
CONCLUSIONS: Treatment with indapamide 1.5 mg and amlopidine 5 mg or 10 mg single-pill combination (SPC) and free combination (FC), in the Polish setting, brings savings compared to the existing treatment. The savings are significant in the first year and in the second year. The savings are modest in the third year. The savings are more significant for patients with severe hypertension.

CV38
MODELING THE IMPACT OF A DIGITAL HEALTH FEEDBACK SYSTEM IN UNCONTROLLED HYPERTENSIVE PATIENTS
Kim YA, Virdi N, Raja P, DiCarlo J
Providence Park Health, Redford, City, CA, USA
OBJECTIVES: Despite the availability of numerous therapeutic agents and management tools, half of all hypertensive patients do not have their blood pressure (BP) under control. A model was developed to estimate the incremental costs of uncontrolled hypertension. RESULTS: The model is a low number of these difficult-to-image patients will result in a positive return on investment over the expected life-time of the scanner.

CV39
BUDGET IMPACT ANALYSIS OF APIXABAN VERSUS OTHER NOACS FOR THE PREVENTION OF STROKE IN ITALIAN NON-VALVULAR ATRIAL FIBRILLATION PATIENTS
Pradella C, Calandrelli M1, Di Vittorio P1, Bellone M1, Tabboro M4
1Adres eHEOR, Turin, Italy, 2HE Or Int - Bristol Myers Squibb S r L, Rome, Italy, 3Pfizer Pharmaceutical, Rome, Italy, 4San Filippo Neri Hospital, Rome, Italy
OBJECTIVES: The objective is to perform a budget impact analysis of the use of three available novel oral anticoagulant agents (NOacs) for preventing thromboembolic events in Italian patients with non-valvular atrial fibrillation (NVAF). METHODS: Estimated Italian population of patients is run through a decision tree/Markov model using the mortality and cost of NVAF patients in national epidemiologic databases. The analysis was performed using the Healthcare Cost and Utilization Project (HCUP) database. The total budget impact was calculated for the existing treatment and the new treatment. The cost savings were calculated for the first year, second year, and third year. The savings were expressed in EUR. The average annual exchange rate of May 2014 was used to convert EUR to PLN.
CONCLUSIONS: The introduction of apixaban could improve health care expenditure control while maintaining or increasing therapeutic appropriateness in the Italian NVAF population.

PCV40
THE BUDGET IMPACT OF NEW GENERATION CT SCANNERS FOR DIFFICULT-TO-IMAGE, LOW-RISK PATIENTS WITH SUSPECTED CAD
Shields GT, Chapman AM
Breast,Sheffield, UK
OBJECTIVES: The National Institute of Health and Care Excellence (NICE) issued diagnostic guidance on new generation computed tomography (CT) scanners recommending them as an option for the first-line imaging of coronary arteries in patients with suspected-low risk coronary artery disease (CAD) in whom imaging with a conventional angiogram would not be possible. The impact of a new generation scanner is considerably more than a standard scanner, which could hamper implementation. Based on the NICE guidance, a model was designed for simulating the system. Results show that if 5% of the patients would be referred for a diagnostic invasive coronary angiography (ICA). Under the new diagnostic pathway these patients can be scanned with a new generation scanner. Whichever possible the NICE guidance was used to guide assumptions and the baseline values. RESULTS: The model estimates that for each difficult-to-image patient a new generation scanner has the potential to save approximately £346.62 in diagnostic costs. Considering the capital investment required, a RACPC looking to replace their standard scanner and considering implementing a new generation CT scanner only need 53 difficult-to-image patients per year to see a positive return on investment over a 10-year period. CONCLUSIONS: The model is likely to be conservative as it focuses on difficult-to-image patients only, yet the scanner is available for all patients who will likely benefit from the better sensitivity and specificity associated with the new scanners. However, it highlights that the number of difficult-to-image patients will result in a positive return on investment over the expected life-time of the scanner.