and effectiveness data were taken from public health institutions, producer pharmacoeconomic companies or published from public literature. Final outcome was measured in ICER per life year gained (LYG). Cost-effectiveness was determined according to the ICED/capita threshold established by the National Health Council in Mexico. RESULTS: Azilsartan + chloralidone was found to be dominant compared to all other treatment arms and demonstrated a cost-effectiveness of 12.23 LYG. The next most cost-effective comparator, losartan + hydrochlorothiazide, presented an ICER of USD$349.21, however due to a difference in efficacy of 0.68 LYG, azilsartan + chloralidone remained dominant even with a 10% increase in price. CONCLUSIONS: Azilsartan + chloralidone was found to be dominant in comparison with all other included treatments. Azilsartan is therefore a very cost-effective intervention for the Mexican population over 45 with systemic arterial hypertension.

PCV65 COST-EFFECTIVENESS OF DABIGATRAN VERSUS FACTOR XA INHIBITORS FOR STROKE PREVENTION IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION UNDER THE PRIVATE AND PUBLIC HEALTH CARE SYSTEM IN BRAZIL

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OBJECTIVES: To compare costs and effectiveness of dabigatran versus factor Xa inhibitors (apixaban and rivaroxaban) in patients with non-valvular atrial fibrillation (NVAF) from a private and public health care system perspective in Brazil. METHODS: The cost-effectiveness analysis was based on Markov modeling, and estimated the costs and clinical outcomes, in a lifetime horizon, associated to dabigatran and factor Xa inhibitors patients with NVAF. The efficacy data derived from international literature and a modified Delphi panel with Brazilian experts (local clinical practice pattern on the management of NVAF patients). The model estimated the number of events (ischaemic strokes, systemic embolic stroke, transient ischaemic attacks) associated with the respective treatments. To each clinical event costs, disabilities and/or reduction in quality of life, and risk of death, were assigned. Only direct medical costs were considered derived from Brazilian official databases. Costs and benefits were discounted at 5% yearly, according to Brazilian Health Technologies Assessment guidelines. Sensitivity analysis was designed to assess uncertainty. RESULTS: Considering 100 patients, base case analysis showed that dabigatran was associated with additional 4.6 life years (LY), additional 19.3 QALYs, and demonstrated a lower incidence of events (2.8 events avoided). Under both perspectives and versus both comparators, dabigatran was associated with lower costs. Sensitivity analyses confirmed the favorable results of the base case. CONCLUSIONS: Findings suggest that dabigatran could be a cost-effective and safety alternative compared to direct factor Xa inhibitors (apixaban or rivaroxaban) in NVAF patients from the Brazilian public and private health care system perspective.

PCV67 VALIDATION OF THE APIXABAN COST-EFFECTIVENESS MODEL IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION

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OBJECTIVES: The cost-effectiveness analysis was based on Markov modeling, and estimated the number of events (ischaemic strokes, systemic embolic stroke, transient ischaemic attacks) associated with the respective treatments. To each clinical event costs, disabilities and/or reduction in quality of life, and risk of death, were assigned. Only direct medical costs were considered derived from Brazilian official databases. Costs and benefits were discounted at 5% yearly, according to Brazilian Health Technologies Assessment guidelines. Sensitivity analysis was designed to assess uncertainty. RESULTS: Considering 100 patients, base case analysis showed that dabigatran was associated with additional 4.6 life years (LY), additional 19.3 QALYs, and demonstrated a lower incidence of events (2.8 events avoided). Under both perspectives and versus both comparators, dabigatran was associated with lower costs. Sensitivity analyses confirmed the favorable results of the base case. CONCLUSIONS: Findings suggest that dabigatran could be a cost-effective and safety alternative compared to direct factor Xa inhibitors (apixaban or rivaroxaban) in NVAF patients from the Brazilian public and private health care system perspective.

PCV68 COST-EFFECTIVENESS OF DRUG ELUTING BALLOON VERSUS PERCUTANEOUS TRANSLUMINAL BALLOON ANGIOPLASTY, BARE METAL STENT AND DRUG ELUTING STENT IN THE TREATMENT OF PERIPHERAL ARTERIAL DISEASE IN LOWER LIMBS COLOMBIA

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OBJECTIVES: Cost-effectiveness analysis of Drug Eluting Balloon (DEB) versus Percutaneous Transluminal Balloon Angioplasty (PTA), Bare Metal (BMS) and