cost savings at 3 years is estimated to be 11.671 € per patient. CONCLUSIONS: The use of CLOD 2D+G (20 mg daily of LDL-C lowering agent) is associated with the use of LDL-C alone were $7,952 at 5 years and $8,913 at 20 years and with the use of both markers were $142,825 at 5 years and $25,505 at 20 years. In high-risk subpopulations, the use of LDL-C alone was cost-saving at 5 years; whereas the cost per QALY for both markers was $52,334 at 5 years, $859 at 20 years for high-risk dyslipidemics, $19,192 at 5 years and $649 at 20 years for diabetics, and $9,000 at 5 years and $7,268 at 20 years for patients with prior CHD. CONCLUSIONS: Use of LDL-C plus a P2Y12 inhibitor is a cost-effective strategy in the long term for the general population, and cost-saving or cost-effective in the short term for high-risk patients.

PCV108 COST EFFECTIVENESS ANALYSIS OF TICAGRELOR VERSUS GENERIC CLOPIDOGREL IN THE TREATMENT OF PATIENTS WITH ACUTE CORONARY SYNDROME IN SPAIN

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OBJECTIVES: The aim of this study was to estimate the long-term cost-effectiveness of ticagrelor compared with clopidogrel in patients with acute coronary syndrome (ACS) treated for 12 months in Spain. METHODS: The cost effectiveness model consisted of a decision tree (1st year) based on the PLATO study and a long-term Markov model (2nd year onwards). This allowed estimation of cardiovascular events (death, myocardial infarction and non-fatal stroke), survival, health costs, and health related quality of life. A life time horizon was applied. The daily drug cost was €0.60 and €9.26 for generic clopidogrel and ticagrelor, respectively. Spanish unit costs and life tables were used; outcomes and costs were discounted at 3%. A sensitivity analysis across subgroups was carried out, and probabilistic sensitivity analysis was used to validate the robustness of the model. RESULTS: Ticagrelor compared to clopidogrel was associated with a gain of 0.1586 life years and 0.1363 years of quality-adjusted life years (QALYs), with an incremental cost of €5,586. This incremental cost-effectiveness ratio was 3,734 QALYs. The probabilistic sensitivity analysis showed that ticagrelor was cost effective versus clopidogrel in >99% of the simulations given a willingness-to-pay threshold of €15,000/QALY. The results were consistent across different subgroups of ACS patients and were cost-effective in a long-term perspective compared to generic clopidogrel + aspirin in patients with ACS treated irrevocably or conservatively, or based on the findings of the PLATO study and Spanish health care costs.

PCV109 COST-UTILITY ANALYSIS OF CAROTID ARTERY STENTING VERSUS ENDARTERECTOMY FOR SYMPTOMATIC CAROTID STENOSIS PATIENTS

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OBJECTIVES: This study was conducted to determine the cost-effectiveness of carotid artery stenting (CAS) versus carotid endarterectomy (CEA) in patients with symptomatic carotid stenosis (50% to 99% stenosis) in Korean health care system perspective. METHODS: We performed a cost-utility analysis. Costs were estimated from retrospective chart review (CAS=346, CEA=331), health insurance claims data (CAS=5,807, CEA=5,394), and Society of Vascular Surgery data (CAS=16,008, CEA=18,000). Probabilites were estimated from retrospective chart and systematic review. Health utility index was assessed for general population using Time Trade Off (TTO) with health related quality of life. A Markov model was used to model the CEA cost and utility discounted at 5% yearly for a lifetime horizon. The analysis was performed using a Monte Carlo simulation. RESULTS: In the base case analysis, CAS produced 6.49 QALYs, compared with 6.71 QALYs for CEA. The incremental cost-effectiveness ratio was €4,374 per QALY gained. CONCLUSIONS: Our results demonstrated that CAS is a cost-effective treatment compared to generic clopidogrel + aspirin in patients with CAS treated irrevocably or conservatively, or based on the findings of the PLATO study and Spanish health care costs.

PCV107 COST-EFFECTIVENESS OF LDL-C-GUIDED STATIN THERAPY

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OBJECTIVES: Numerous trials have shown that lowering LDL cholesterol (LDL-C) reduces cardiovascular morbidity and mortality in patients with established cardiovascular disease in diabetic patients. METHODS: Archimedes is a highly detailed, large-scale clinical model of a representative cohort of patients with diabetes, which uses validated models of cardiovascular disease, myocardial infarction, and cerebrovascular disease to estimate risks of these outcomes. The model takes account of the effect of reducing LDL-C on the risk of cardiovascular disease in diabetic patients. METHODS: Archimedes is a highly detailed, large-scale clinical model of a representative cohort of patients with diabetes, which uses validated models of cardiovascular disease, myocardial infarction, and cerebrovascular disease to estimate risks of these outcomes. The model takes account of the effect of reducing LDL-C on the risk of cardiovascular disease in diabetic patients. RESULTS: The primary results of the Archimedes trial are presented at this meeting. The Archimedes trial is a randomized controlled trial of LDL-C reduction in diabetic patients with type 2 diabetes. The trial will randomize 2,000 patients to standard of care or to a goal of LDL-C <100 mg/dL. The primary endpoint is cardiovascular disease. The trial is expected to follow-up for 5 years. CONCLUSIONS: The primary analysis of the Archimedes trial will be presented at this meeting. The Archimedes trial is a randomized controlled trial of LDL-C reduction in diabetic patients with type 2 diabetes. The trial will randomize 2,000 patients to standard of care or to a goal of LDL-C <100 mg/dL. The primary endpoint is cardiovascular disease. The trial is expected to follow-up for 5 years.