for any avoided severe complication. In the univariate sensitivity analysis the ICER result was especially sensitive to CA total cost and in a lesser extension to MICS total costs. The probabilistic sensitivity analysis shows the robustness of the results. The 37.8% of the results were cost saving respect to CA. The Willingness To Pay (WTP) acceptability curves show that MICS compared to CA, had a higher probability to be accepted than all the WTP values above US$50,000. This indicates that MICS have a better cost-effectiveness ratio than CA, with an ICER of US$8,326. The univariate sensitivity analysis shows the ICER result was especially sensitive to CA total costs. The probabilistic analysis shows that in 36.8% of Monte Carlo simulations, MICS was cost saving respect to CA.

PCV74
ECONOMIC EVALUATION OF CLOPIDOGREL VERSUS TICAGRELOR, IN PATIENTS WITH ACUTE CORONARY SYNDROME, FROM THE PERSPECTIVE OF THE MEXICAN PUBLIC HEALTH CARE SYSTEM

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OBJECTIVES: To compare clopidogrel/aspirin with ticagrelor/aspirin in terms of cost-effectiveness.

METHODS: A markov model was designed to take into account all relevant outcomes reported in the PLATO study, allowing the evaluation of two different cohorts of patients according to their renal function (<60 ml/min). The effectiveness measures analyzed were life years gained and events (bleeding, stroke and MI) averted. Annual cost of antiplatelet therapy was estimated with unit prices of the IMS, while costs of diseases were taken from DRGs of the IMSS. 5 years horizon was discounted at 5% discount rate. Probabilistic sensitivity analysis was performed with 1000 iterations via Monte Carlo simulations.

RESULTS: Total expected costs per patient for US$17,605 and other two cohorts of clopidogrel, while the costs for the two cohorts of ticagrelor were US$18,430 and US$18,261 respectively. The treatment with ticagrelor resulted in less outcomes per patient (bleeding: 0.08; stroke: 0.003; MI: 0.03 and 0.06 vs. 0.11; 0.05; and 0.09 vs. 0.18 and 0.25 respectively). The incremental costs per quality-adjusted life years (QALY) gained were -0.36 (0.45); 0.36 (0.42); -0.18 (0.33) for ticagrelor compared to clopidogrel. CONCLUSIONS: The economic evaluation of clopidogrel/aspirin versus ticagrelor/aspirin, taking into account relevant outcomes as well as primary endpoints of clinical trials, has proven that cost-effectiveness results may vary depending of the renal function of patients, thus giving a broader picture of the problem to decision makers.

PCV75
PHARMACO-ECONOMIC ANALYSIS OF DABIGATRAN IN PATIENTS WITH ATRIAL FIBRILLATION: COMPARISON WITH RIVAROXaban AND APAxiban

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OBJECTIVES: To compare the incremental cost-effectiveness ratio (ICER) of the treatment with dabigatran to rivaroxaban and apixaban, in patients with atrial fibrillation.

METHODS: A Markov model was used to reproduce the progression of atrial fibrillation in 1000 simulated patients with NVAF. The model was divided into a cohort treated with rivaroxaban, dabigatran and apixaban. Each cohort was divided into two groups: with and without cardiovascular disease. The model was simulated for 5 years, during which time the expected annual costs were calculated based on indirect comparisons of published phase III clinical trials. Costs were calculated using published literature and governmental data. We performed a systematic review of published literature to identify relevant outcomes used in the model. The annual costs are based on Mexican prices for medications and medical procedures. We included the cost of inpatient hospitalization, specific antithrombotic medications, and medical equipment.

RESULTS: Results showed that dabigatran was cost-effective compared to rivaroxaban and apixaban, with ICERs of 69,972.13 USD per QALY and 55,576.76 USD per QALY respectively. These results indicate that dabigatran is a cost-effective treatment option for patients with atrial fibrillation. CONCLUSIONS: This study provides valuable insights into the cost-effectiveness of dabigatran in the treatment of atrial fibrillation, and can inform healthcare decisions in Mexico.

PCV76
ECONOMIC ASSESSMENT OF THE USE OF TRANSCATHETER AORTIC VALVE REPLACEMENT IN INOPERABLE STENOTIC PATIENTS IN MEXICO

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OBJECTIVES: To identify the incremental cost-effectiveness ratio (ICER) for the treatment with transcatheter aortic valve replacement (TAVR) in patients with symptomatic aortic valve stenosis (AS) compared to medical therapy (MT) with aortic valve stenosis (AS) in Mexico.

METHODS: A decision analysis model was developed for the Mexican Setting to predict clinical endpoints and costs over 10 years and discounted at 5%, Mexican epidemiological data were applied. We performed a systematic review of published literature, critical review of the necessary clinical information to validate the impact of TAVR and SoC in the short and long term evolution of patients. Direct public health care costs were estimated from published literature and governmental data. The resource utilization patterns were derived from Mexican Clinical Practice Guidelines (CPG) and incremental costs were life year gained (LYG). Probabilistic and deterministic sensitivity analyses were conducted to estimate the confidence around the results.

RESULTS: Over the time horizon, compared to TAVR, SoC produced an additional life year at an additional cost to the health care sector of $777,414 MXP. The ICER was thus $483,022 MXP (35,779 USD) per LYG. The sensitivity analysis identified time horizon, discount rate on health benefits, probability of leaving intensive care and stay of time in intensive care, as the variables with the most impact. The model was insensitive to changes in the TAVR acquisition cost, device related complication rates and the probability of cost of additional pacing. CONCLUSIONS: In comparison with SoC, TAVR produces an incremental cost and life expectancy with SAVR via Cardiac Surgery, at an ICER below an internationally accepted cost-effectiveness threshold value. These results, and the improvements in health and quality of life observed in the clinical studies, identify TAVR as both a clinically effective and cost-effective therapy for Mexican patients.

PCV77
COST EFFECTIVENESS OF APOXIBAN, DABIGATRAN RIVAROXaban AND WARfarIN FOR ATRIAL Fibrillation IN GUATEMALA

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OBJECTIVES: Atrial Fibrillation (AF) affects 1–2% of the population, and this figure is likely to increase in the next 50 years. AF is associated with increased rates of death, CV events, hospitalizations, and reduced quality of life. The aim of the study is to assess the incremental cost-effectiveness (CE) of Apixaban as compared to Warfarin for secondary prevention of stroke in patients with AF.

METHODS: A simulated cohort of 1000 patients with NVAF entered a 6-month trial compared to a cohort of patients treated with Warfarin (5 mg/24 hours), Apixaban (5 mg/12 hours), Darapladib (100 mg/12 hours and 150 mg/12 hours), and Rivaroxaban (20 mg/24 hours). Effectiveness measures were: stroke, bleeding, myocardial infarction (MI) rates and deaths. Local costs were gathered from Guatemala's official databases (US$, 2013) and only direct medical costs were considered. The model used a lifetime horizon with a 5% discount rate. RESULTS: Apixaban was the only treatment that consistently prevented all four considered outcomes (3 MIs, 4 strokes and 1 AF transformation to atrial fibrillation) compared to Warfarin. Overall costs were US$33708.34 for warfarin, US$24538.68 for Apixaban, US$24757.57 for Darapladib 110 mg, US$24198.23 for Darapladib 150 mg, and US$24252.46 for Rivaroxaban. In terms of QALYs, Apixaban earned the highest amount with 5.740, followed by Rivaroxaban, Darapladib 150 mg, Darapladib 110 mg and Warfarin. In the CE incremental analysis, Apixaban was a cost-effective option. Apixaban obtained the highest probability of being cost-effective (45%) with a CE threshold of $5000. CONCLUSIONS: Apixaban is a Cost-Effective option for the Guatemala’s Private Health System.

PCV78
THE COST-EFFECTIVENESS OF RIVAROXaban FOR THE PREVENTION OF CARDIOVASCULAR (CV) EVENTS IN PATIENTS WITH ACUTE CORONARY SYNDROME (ACS) IN TURKEY

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OBJECTIVES: To evaluate the cost-effectiveness of rivaroxaban in addition to the standard of care (SoC) therapy in the prevention of the risk of CV events and bleeding in patients with a recent ACS compared to the placebo in addition to the SoC. METHODS: A Markov model demonstrating the progression of ACS patients from stable state towards atherosclerotic and bleeding events and to death was adapted to the Turkish setting: The cycle length was set as six-months. The analysis was undertaken from a payer perspective. Event rates and treatment effects were derived from the ATLAS-2-TIMI clinical trial. Utilities values for events were based on international literature. Costs of each health state included year 2013 local costs of medications, monitoring and events (US$ USD currency rate was set at 1.70, mid 2013). Incremental cost-effectiveness ratios (ICER) per life year (LY) and quality-adjusted LY (QALY) gained were calculated. One-way sensitivity analyses were conducted to test the robustness of the model. The time horizon was set at the time period of patients' events rate was set to 8.4 months and costs and outcomes were discounted at 5%, and the probability of occurrence of each event was estimated from the literature. CONCLUSIONS: Rivaroxaban was somewhat offset by reduced costs of and events and interventions (98USD). Moreover, rivaroxaban was associated with increments of 0.102LYs and 0.088QALY leading to an ICER of 5,691USD/LY gained and 5,990USD/QALY gained. Sensitivity analyses showed that the cost-effectiveness results are fairly insensitive to most inputs. CONCLUSIONS: Rivaroxaban, given its cost-saving effects on consequent CV events, improvement in LYS and QALYs, and ICER values below WTP threshold, is suggested to be a cost-effective alternative for the prevention of CV events in ACS.