clinical course of DVT may also be complicated by recurrent episodes of DVT, the development of chronic venous disease from acute thromboembolic pulmonary hypertension (CTEPH). The aim of the study was to estimate the cost of VTE treatment in Turkey. METHODS: The study was undertaken from the Turkish health care payer perspective (SSSI). An Excel sheet was formed to determine the health care cost within treatment of the diseases were categorized according to predominant treatment strategy by antiagulant use, monitoring INR, recurrent DVT, recurrent PE, non IC major bleeding (GIS), Intracranial bleed, CTEPH and PTS long term costs. Resource utilization data were obtained via expert clinical visits, and included diagnosis costs and treatment costs. Unit costs were taken from the Social Security Institution’s Health Implementation Guideline. RESULTS: According to the results of the study, cost of anticoagulants were €66,597, monitoring INR costs were €9,900, recurrent DVT costs were €19,335, recurrent PE costs were €30,110, non IC major bleeding (GIS) costs were €1,482,49, Intracranial bleed costs were €3,868,976, CTEPH costs were €22,228,12 TL and PTS long term costs were €74,297 TL in Turkey. CONCLUSIONS: The study found that the total hospital treatment cost increases over time due to recurrence and OAC complications in the Turkish health care system.

PCV88 ECONOMIC BURDEN OF ACUTE MYOCARDIAL INFARCTION IN VIETNAM Nguyen TP1, Nguyen T2, Postma M3
1Groningen University, Groningen, The Netherlands, 2Thai Nguyen General Hospital, Thai Nguyen, Vietnam
OBJECTIVES: Vietnam spends 6% of its GDP to health care. In context of insufficient evidence on quantifying the economic burden of cardiovascular disease in Vietnam, we conducted a study on the costs of Acute Myocardial Infarction (AMI). Costs were estimated from the perspective of the health care payer, including health insurance providers and patients. METHODS: Data was extracted from the database of a regional hospital in Vietnam. All patients with the single code I21 according to the International Classification of Disease 10 were included in the study. Costs were calculated in year 2013. Out-of-pockets payment was quantified as the net of health insurance (HI) reimbursement and actual payments. RESULTS: 89 patient medical records were included in the study. AMI patients who underwent percutaneous coronary intervention had a mean of 24.5 cases requiring medicine only. This study builds upon previously presented Canadian CHF hospitalizations per patient per total treatment duration with DVT came to €61 (16%) per patient per total treatment duration with moderate risk. Average saving to Royal Decrees. Value-added tax of each LMWH discounting the corresponding deduction accord-

PCV89 A COMPARISON OF TWO LOW-MOLECULAR-WEIGHT HEPARINS (LMWHs) IN TERMS OF COST PER PATIENT Planellas L1, Misirlio C2, Restovic G1, Delgado M1, Rubio M3
1MICHE, Barcelona, Spain, 2IMIS Health, Madrid, Spain, 3Sant Pau, Hospital Universitari, Barcelona, Spain
OBJECTIVES: To evaluate the costs and benefits of Yindanxintai dropping pills (YANG) compared to fondaparinux (FMX), in the treatment of chronic venous disease MRDx (ICD-10 I00 – I99), excluding CHF) or non-cardiovascular disease (ICD-10 C00 – C99) of which 10%, 13% and 21% of the respective group abstracts resulted in death. Whereas a death outcome incurred a high national mean hospitalization visit cost at $9,222, $19,899, and $19,036 whereas a death outcome incurred a high national mean hospitalization visit cost at $18,087; $27,642; and $29,887, respectively. CONCLUSIONS: Cardiovascular and non-cardiovascular hospitalizations result in higher mean hospitalization costs than medical discharges and Yindanxintai drops hospitalizations. A389

PCV90 THE COST OF ACUTE CARE HOSPITALIZATIONS ASSOCIATED WITH CHRONIC HEART FAILURE IN CANADA Fischer AA1, Liu N1, Borelli R3, Barbeau M2, Zauor N1
1IMS Brogan, Mississauga, ON, Canada, 2Novartis Pharmaceuticals Canada Inc., Dorval, QC, Canada
OBJECTIVES: Chronic heart failure (CHF) affects more than 600,000 Canadians, resulting in thousands of hospitalizations and deaths each year. This study’s objective is to evaluate the costs of hospital care (HCA) for CHF due to acute care hospitalization associated with chronic heart failure among acute care treated CHF diagnosed patients. This study builds upon previously presented Canadian CHF hospitalization costing research. METHODS: Hospital discharge abstracts recorded between 2009 and 2013 were extracted from the Canadian Institute for Health Information’s

PCV91 AN EPIDEMIOLOGICAL EVALUATION OF THE IMPACT OF PERCUTANEOUS CORONARY INTERVENTIONS ON THE HOSPITALIZATIONS COST, LENGTH OF STAY AND MORTALITY OF PATIENTS HOSPITALIZED WITH ACUTE CORONARY SYNDROMES Chevalier P, Lamotte M
1IMS Health, Vilvoorde, Belgium
OBJECTIVES: Randomized clinical trials comparing percutaneous coronary interventions (PCI) and non-invasive treatment of acute coronary syndromes mostly favour the invasive approach. This study aimed at assessing whether in a real life scenario, PCI outcomes included in hospital discharge costs resulted in higher or lower national mean hospitalization visit costs. RESULTS: The number of any CHF related hospitalization to ease the burden on healthcare.

PCV92 COST-Benefit ANALYSIS OF YINDANXINTAI DROPPING PILLS IN THE TREATMENT OF ANGINA PECTORIS CAUSED BY CORONARY HEART DISEASE Wu H, Shi Q
1Guizhou Medical University, Guiyang, China
OBJECTIVES: To evaluate the costs and benefits of Yindanxintai dropping pills (Guizhou Junzhigang Pharmaceutical Company) for angina pectoris caused by coronary heart disease from the societal perspective. METHODS: The com-

PCV93 DISCHARGE ABSTRACT Database and National Ambulatory Care Reporting System (NACRS) data were used to compare the discharge abstract and medical discharge abstract (ICD-10 code IS0.0) recorded as the most responsible diagnosis (MRDs) or contributing diagnosis amongst patients aged 65 years or older were included in the study. Abstracts with a CHF MRDs were categorized in the CHF group. The remaining abstracts were categorized as non-cardiovascular disease system disease MRDs (ICD-10 – 199), excluding CHF) or non-cardiovascular system disease (non-circulatory system disease MRDs). Discharge abstracts with missing discharge codes for acute care hospitalization associated with either congestive heart failure (CHF) or cardiovascular, and non-cardiovascular system disease MRDs were excluded. RESULTS: 156,847, 66,056, and 127,847 CHF, cardiovascular, and non-cardiovascular system disease MRDs were, respectively. For each CHF, cardiovascular, and non-cardiovascular group, a survival outcome incurred a lower national mean hospitalization visit cost at $9,222, $19,899, and $19,036 whereas a death outcome incurred a high national mean hospitalization visit cost at $18,087; $27,642; and $29,887, respectively. CONCLUSIONS: Cardiovascular and non-cardiovascular hospitalizations result in higher mean hospitalization costs than medical discharges and Yindanxintai drops hospitalizations. A389
PCV95: COST-EFFECTIVENESS OF INCORPORATING LEVOSIMENDAN INTO CARDIAC SURGERY PRACTICE: GERMAN BASE CASE
Hendrich J1, Marquardt S1, Smare C1, Bertranou E1, Kvikka M1, Lattalla T1
1HERON Commercialization, LONDON, UK, 2Orion Pharma, ESPOO, Finland
OBJECTIVES: To assess the cost-effectiveness of using levosimendan compared with dobutamine, in the perioperative treatment of patients undergoing cardiac surgery who require isotropic support. METHODS: A two-part Markov model was designed to simulate health state transitions of patients undergoing cardiac surgery, and estimate the short- and long-term health benefits of treatment. Hospital length of stay (LOS), mortality, medication and adverse events were key clinical and cost inputs. Treatment cost-effectiveness was evaluated in terms of costs, incremental cost per Life Years (LYs), and incremental cost per Quality-Adjusted Life Years (QALYs) gained within the German healthcare system. Drug prices were calculated from the German Drug Directory (6/2014) and published literature, with a 3% yearly discount rate applied. The base case analysis was for a one year time horizon. RESULTS: The use of levosimendan versus dobutamine was associated with cost savings of €4787 per patient from the German hospital perspective. These cost savings were due to reduced adverse events and shorter hospital LOS, leading to decreased bed capacity and hospital revenue. Excluding reevaluation gains, the incremental cost per LY was €9115 and incremental cost per QALY was €11,919 for levosimendan versus dobutamin. Levosimendan was 95% to 100% likely to be cost-effective at a willingness to pay threshold of €20,000 to €40,000 per QALY. Probabilistic sensitivity analyses demonstrated that results were robust to parameter changes. CONCLUSIONS: The use of levosimendan in patients undergoing cardiac surgery who require isotropic support is cost-effective and potentially cost-saving compared with dobutamine.

PCV96: COST-EFFECTIVENESS ANALYSIS OF ALTERNATIVE STRATEGIES OF MONITORING FOR AMIODARONE-RELATED THYROID TOXICITY IN UK PRIMARY CARE
Brennan V, Avery AJ, Elliott RA
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OBJECTIVES: Thyroid function testing during amiodarone therapy is recommended every 6 months in order to control for the risk of hypothyroidism and thyrotoxicity, although the evidence for the effect of regular amiodarone-related ADEs, cost and utility is sparse. This study investigated the cost-effectiveness of alternative frequency of monitoring amiodarone therapy in UK general practice. METHODS: A cost-effectiveness analysis compared alternative frequency of monitoring (once in 6 months (recommended frequency), less than once in 6 months (less frequent), more than once in 6 months (more frequent)). A Markov model with cycle length of 90 days and 5 year horizon simulated progression through the ADE pathways: hypothyroidism, thyrotoxicity, cardiac complications, cost-effectiveness was assessed to a 10 year time horizon. Results were discounted according to the national guidelines. RESULTS: Amiodarone associated with Cerebrolysin amounted to £61,468 and 3.77 QALYs and 6.70 LYs. Costs with Cerebrolysin amounted to €257,88, achieve 3.87 QALYs and 6.87 LYs. The treatment strategy with Cerebrolysin dominates the strategy without Cerebrolysin. Assessing the disaggregated costs it becomes apparent that costs savings are due to lower acute stroke costs (€493.28) and nursing-home costs mainly after first stroke (€2,503). Economic analysis found that Cerebrolysin is a cost-effective therapy, it mainly reduces event costs due to early remobilization and, in addition, rehabilitation and nursing-home cost.

PCV97: COST-EFFECTIVENESS OF A NOVEL PHARMACIST GUIDED WARFARIN PHARMACOGENOMIC SERVICE
Eze D1, Kim K2, Quinmeeuwstra S1, Galanter W1, You J1, Walton SM1, Garefalo J1, Duarte J1, Krishnan JA1, Bauman JL1, Nutseca EA
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OBJECTIVES: A novel pharmacist guided pharmacogenomic service (PGx) for patients newly started on warfarin has been implemented at the University of Illinois Hospital and Health Science System (UI-Health). Although the PGx service was found to be beneficial and cost-effective in reducing warfarin doses, the cost-effectiveness of the PGx service at 90 days post warfarin initiation compared to usual care, the cost of the genotype test and the PGx consult service warrants economic evaluation beyond 90 days of follow-up. The objective of this analysis was to evaluate the long-term cost-effectiveness of this novel pharmacist guided warfarin PGx service compared to usual care. METHODS: A cost-effectiveness model was developed in TreeAge Pro 2014, ICN Healthcare, MA, USA. Patients in either the PGx or the usual care cohort followed by Ultrascan were included as comparable costs and costs and QALYs were estimated over a 5 year horizon. Warfarin related (i.e., bleeding or thrombosis) readmissions at 30 and 90 days were modeled in a decision tree. Patients in the model without a fatal event within 90 days transitioned to a Markov model with a 3-month cycle. For patients with venous thromboembolism, the Markov states included well, post ICH, post stroke, post myocardial infarction and dead. Utilities, cost inputs and transition probabilities were taken from the literature and an annual 3% discount rate was used. RESULTS: At 5 years, patients managed by the PGx service had expected costs of $7412 and gains of 4.41 QALYs whereas those who received usual care had expected costs of $7962 and gains of 3.99 QALYs. CONCLUSIONS: A novel pharmacist guided warfarin pharmacogenomic service was projected to be cost-saving and to result in similar or higher QALYs by reducing hospitalizations due to warfarin related adverse event.

PCV98: APOIXIBAN A COST-EFFECTIVE ALTERNATIVE TO VENOUS TROMBOEMBOLISM PATIENTS TREATED WITH VITAMIN K ANTAGONISTS IN SPAIN?
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OBJECTIVES: To assess the cost-effectiveness of edoxaban versus standard therapy (low molecular weight heparin overlapped and followed by acenocoumarol) in patients with venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE). METHODS: A Markov model was developed to determine long-term cost-effectiveness of VTE for Spain. We defined a cycle’s length of 2 weeks and different health states to simulate the natural history of VTE patients after suffering DVT and/or PE. Patients were treated with edoxaban or standard therapy for 3, 6 and 12 months, 12 month treatment period being our base case scenario. We used the HUSKUSA1 study and related literature to obtain