outpatient management were obtained by micro-costing. Costs were expressed in 2015 Euros and the 2015-year inflation rate was 1.00%.)

RESULTS: It was estimated that 60,279 patients with VTE in the entire private health system, which by switching to rivaroxaban, would result in overall $38.4 million savings. From the single health plan perspective, an average of $60.56 and 9 patients with VTE are expected for the first three years, respectively. Assuming savings of $431.0, $35.8 and $5.6 thousands, respectively, in big, medium, and small size plans. Cost savings are mainly associated with shorter length of stay with rivaroxaban. Robustness of the model was tested in deterministic univariate and multivariate analysis in which results were robust to cost saving. CONCLUSIONS: Rivaroxaban has potential to yield savings for VTE treatment under Brazilian private system perspective.

PCV60

IMPACT ON ITALIAN NATIONAL HEALTH SERVICE EXPENDITURE FOR THE TREATMENT OF VENOUS THROMBOEMBOLISM WITH RIVAROXABAN

Roggeri A1, Raggett DR2, Rengo S3

1ProCure Solutions, Nembro (BG), Italy, 2University Hospital Padova, Padova, Italy

OBJECTIVES: Venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE) represents the third most common cause of death and mortality in Europe. The management of VTE with anticoagulants (LMWH) and vitamin K antagonists (VKA) is the treatment of choice. The present study estimated the incremental cost difference between rivaroxaban (ARMS) and enoxaparine (ENX) for the prophylaxis of VTE and treatment of DVT in Italy. METHODS: A budget impact analysis (BIA) with a four-year’s time horizon was performed considering the current treatment setting with all heparins available in the market versus a projected scenario where all patients receive enoxaparine. RESULTS: Savings per product and pack over a year (March 2014 to February 2015) obtained from IMS Health database (Dataview), and on the retail price plus the value-added tax in 2015, discounting the deductions according to the regional rate of benefit on health expenses. RESULTS: The administration of enoxaparine for VTE prophylaxis would lead to a cost saving for the national health system of $10.138.123 for high-risk patients and $744.684 for moderate risk patients, depending on the AC savings range from 22.524 € to 1.671.395 €.

CONCLUSIONS: Savings obtained when comparing a scenario with only enoxaparine versus the current setting with all heparins come to 3.368.554 € and 9.813.120 € for prophylaxis of VTE and treatment of DVT, respectively, at national level.

PCV61

BUDGET IMPACT ANALYSIS OF TRIPLIAM FOR THE TREATMENT OF HYPERTENSION IN ITALY

Lanati EP, Orlando VL

MA Provider Srl, Milano, Italy

OBJECTIVES: The objective of this study was to perform a Budget Impact Analysis (BIA) comparing the introduction of Tripliam for the treatment of hypertension into the Italian market. Tripliam is the first and only available single-tablet triple combination antihypertensive therapy containing perindopril, amlopidine and indapamide. A recent literature-based, evidence-based model was developed using the local Project Database to simulate treatment outcomes for patients with hypertension over a period of 5 years from the healthcare system perspective. Total number of patients in each of the 3 years was the same for the two scenarios, because the model allows only the switch of patients from the dual to triple combinations to the fixed dose treatment with Tripliam. The perspective of the model was the Italian National Healthcare Service was considered. RESULTS: The study showed that the introduction of Tripliam leads to a reduction in the quantity of pills taken by patients (7,014,644, 8,743,882 and 10,127,208 in Scenario 1 and 6,469,258, 8.033,991 and 10,549,281 in Scenario 2, respectively). With a 3% price reduction the total expenditure of 45.7, 51.9 and 56.7 respectively in year 1, 2 and 3. With a 3% price reduction the total expenditure of 45.7, 51.9 and 56.7 respectively in year 1, 2 and 3 in the two scenarios. Executive summary at the introduction of Tripliam does not imply additional treatment costs, but improves and reduces costs in year 1 and 2 (respectively 2.977 € and 3.972 €). Savings are mainly associated with shorter length of stay with rivaroxaban. Robustness of the model was tested in deterministic univariate and multivariate analysis in which results were robust to cost saving. CONCLUSIONS: Rivaroxaban has potential to yield savings for VTE treatment under Brazilian private system perspective.

PCV62

BUDGET-IMPACT ANALYSIS OF IRON TREATMENT USING INTRAVENOUS FERRIC CARBOXYMALTOSE IN PATIENTS WITH CHRONIC HEART FAILURE AND IRON DEFICIENCY IN AUSTRALIA

Ressl S, Walter E, Bauer M

Institute for Pharmacoeconomic Research, Vienna, Austria

OBJECTIVES: Iron deficiency (ID) is highly prevalent in chronic heart failure (CHF) patients and imposes a significant disease burden for CHF patients with enormous impact on their outcome. CHF with ID is a major reason for hospitalization and represents important costs for the national health care budget in Austria. Yet, only a small percentage of CHF patients with ID are treated. Therefore, the objective of this analysis is the evaluation of the cost saving potential through an increased use of intravenous iron therapy with ferric carboxymaltose (FCM) based on clinical trial evidence. METHODS: A budget impact analysis (BIA) with a four-year’s time horizon was developed from the health insurance perspective. The main objective of the model was to assess the change of disease progression due to higher iron repletion in iron and subset analysis. Total number of patients in each of the 3 years was the same for the treatment options with ferric carboxymaltose (FCM) based on a published literature review, including treatment costs and clinical outcomes. RESULTS: The BIA shows that an increased use of IV iron therapy (based on a IV iron treatment scenario- treated patients +20% and IV treatment patients +10%) in CHF patients would lead to a positive budget impact. By treating ID with FCM saving effects are achieved through reduced cost in the CHF management (NYHA class shift) and reduced hospitalizations. The overall saving effect was calculated as $225,115 in 2014 to $684,443 in the 3rd year.

CONCLUSIONS: IV iron therapy with FCM in iron deficient CHF patients can be expected to yield substantial cost savings based on reduced hospitalisations and improved CHF functional class (NYHA).

PCV63

AN ASSESSMENT OF ENOXAPARIN BENEFIT ON HEALTHCARE BUDGET IN SPAIN

Delgado M1, Rostivo G2, Planells L3, Rubio M1, Miliarro C2

1CIBER Fisiología, Barcelona, Spain, 2TMS Health, Barcelona, Spain, 3TMS Health, Madrid, Spain

OBJECTIVES: Assessing the benefit of enoxaparin on healthcare budget for the prophylaxis of the venous thromboembolism disease (VTE) and the treatment of deep vein thrombosis (DVT) with and without pulmonary embolism (EP) in Spain and its Autonomous Communities (ACs). METHODS: Prophylaxis patients were classified as moderate or high-risk according to the surgery type. The budget impact was estimated by comparing the cost in a scenario where 100% of the market is covered with enoxaparin to one from a scenario with no enoxaparin. An additional analysis was performed considering the current treatment setting with all heparins available in the market versus a projected scenario where all patients receive enoxaparin. RESULTS: Prophylaxis was based on the recommendations of the Spanish National Health Service (INS). The treatment of DVT was modelled by using a sequential Markov model. Disease progression was modelled by using a sequential Markov model. Cost effectiveness analysis was performed comparing the current treatment with all heparins available and the treatment of DVT with and without PE in Spain and its ACs would lead to an economic benefit for the Spanish health system.

PCV64

COST SAVINGS BY THE USE OF BEMIPARIN IN THE TREATMENT OF PATIENTS WITH VENOUS THROMBOEMBOLISM IN SPAIN

Pinyol G1, Navarro B2, Fernández-Lomana JM3, Gutiérrez C2

1Innova Strategic Consulting, Terrassa (Barcelona), Spain, 2Laboratorios Farmaceuticos Rovi S.A., Zaragoza, Spain, 3Institut Universitari Dexeus, Barcelona, Spain

OBJECTIVES: Venous thromboembolism (VTE) is the third most common cause of death from cardiovascular disease after acute MI and stroke. Initial treatment of VTE is usually recommended with LMWH. In Spain, Bemiparin was approved in 2007 for the prophylaxis of VTE and treatment of DVT with and without PE in Spain. METHODS: A budget impact analysis (BIA) with a five-year’s time horizon was performed considering the current treatment setting with all heparins available in the market versus a projected scenario where all patients receive enoxaparin. An additional analysis was performed comparing the current treatment with all heparins available and the treatment of DVT with and without PE in Spain and its ACs would lead to an economic benefit for the Spanish health system.

PCV65

PRESCRIPTION ALGORITHMS: IMPACT ON STATINS

Bugués-Pastor L1, Sánchez-Chorro J2, Méndez-Valera P3, Muñoz-Fernández J2

1Valencian Regional Government - Spain, Valencia, Spain, 2Extremadura’s Regional Government - Spain, Badajoz, Spain, 3Consultant, Valencia, Spain

INTRODUCTION: Statin therapy has proved effective in reducing cardiovascular morbidity and mortality. However, the cost of a defined daily dose (DDD) differs from a statin to another, being generally atorvastatin and simvastatin the best choices under the criteria of cost effectiveness. OBJECTIVES: To assess the consequences in terms of outpatient pharmaceutical expenditure and DDD prescribed, that accounted due to the introduction of “prescription algorithms” into the electronic prescribing tool for physicians. Methods: Cross-sectional study

A384 VALUE IN HEALTH 18 (2015) A335–A766