

outpatient management were obtained by micro-costing. Costs were expressed in 2015 prices and exchange rate was \$1.00USD=3.00BRL. **RESULTS:** It was estimated 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 540, 56 and 9 patients with VTE are expected for the three profiles and would result in savings of \$343.0, \$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 sensitivity analysis in which results remained 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

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**OBJECTIVES:** Venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE) represents the third most common cardiovascular pathology after acute coronary syndrome and stroke. Rivaroxaban, a novel oral simplified therapy approved for treatment of DVT and PE leads to reduction in thromboembolic and haemorrhagic events and does not need laboratory monitoring. This study aims to evaluate the economic impact of the use of rivaroxaban for preventing DVT and PE in Italy. **METHODS:** The present analysis estimates clinical outcomes and economic consequences of the substitution of rivaroxaban versus standard therapy (low molecular weight heparin (LMWH) + vitamin K antagonists (VKA)) for the treatment of VTE. In the analysis we considered a progressive replacement of LMWH/VKA with rivaroxaban (22%, 25%, and 27% in DVT and 12%, 16%, and 20% in PE) over a three years time horizon. Clinical outcomes with the two alternative treatments available were estimated using data from the EINSTEIN studies, which directly compare rivaroxaban with LMWH/VKA. Direct healthcare costs have been estimated in the perspective of Italian National Health Service (INHS) (drugs, hospitalizations, visits and laboratory monitoring). **RESULTS:** The replacement of LMWH/VKA with rivaroxaban in DVT and PE is associated with a reduction in events (recurrent symptomatic thromboembolism, major bleeding, vascular events and mortality). This reduction, together with the absence of laboratory monitoring costs for patients treated with rivaroxaban leads to an expenditure saving for the INHS in the first three years of about € 8.4 million in DVT and € 3.2 million in PE. **CONCLUSIONS:** The simplified therapy with rivaroxaban, as confirmed by the clinical trials, may provide significant clinical advantages in terms of avoided events and related costs. Moreover, without the need for laboratory monitoring, the increase in pharmacological expenditure is completely compensated leading overall to significant cost savings to the INHS.

## PCV61

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

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**OBJECTIVES:** The objective of this study was to perform a Budget Impact Analysis (BIA) assessing 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, amlodipine and indapamide, in line with current evidence-based recommendations for the treatment and management of hypertension. **METHODS:** The BIA compared two different scenarios: Scenario 1 without a triple fixed combination therapy vs. Scenario 2 with the introduction of Tripliam. Population data were obtained from a Local Project Database by Cegedim. The time horizon considered was 3 years from the introduction of Tripliam. 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 or triple combinations to the fixed dose treatment with Tripliam. The perspective of 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, 7,762,951 and 8,657,031 in Scenario 2, respectively in year 1, 2 and 3). With a cost of 11,26 €/month, the introduction of Tripliam generates a very limited incremental costs in year 1 and 2 (respectively 2,977 € and 501 €) and a saving in the third year (3,478 €) over the total expenditure of 45.7, 51.9 and 56.7 respectively in year 1, 2 and 3 in the two scenarios. **CONCLUSIONS:** The present study indicates that the introduction of Tripliam does not imply additional treatment costs, but improves the adherence to the therapy, thanks to the reduction in the number of pills taken by patients. Better adherence is also linked to a reduction in the number of hospitalizations and related costs.

## PCV62

## BUDGET-IMPACT-ANALYSIS OF IRON TREATMENT USING INTRAVENOUS FERRIC CARBOXYMALTOSIDE IN PATIENTS WITH CHRONIC HEART FAILURE AND IRON DEFICIENCY IN AUSTRIA

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**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 diagnosed. Thus, 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 objec-

tive of the model was to assess the change of disease progression due to higher percentage of treated patients with iv iron and subsequently the impact on the health care costs. Disease progression was modelled by using a sequential Markov model with monthly transitions of NYHA health states of the cohort. The model takes into account direct costs (NYHA, hospital, outpatient and iron therapy) from 2014 and data from a systematic literature review (RCT, cohort studies and clinical guidelines). **RESULTS:** The result of the BIA shows that an increased use of iv iron therapy (based on a iv iron treatment scenario- treated patients +20% and iv iron treated patients +10%) in Austria 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 associated with substantial cost savings based on reduced hospitalizations and improved CHF functional class (NYHA).

## PCV63

## AN ASSESSMENT OF ENOXAPARINE BENEFIT ON HEALTHCARE BUDGET IN SPAIN

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**OBJECTIVES:** Assessing the benefit of enoxaparine 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 enoxaparine from a scenario with only bempiparine. 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 enoxaparine. Cost estimation was based on real sales 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 Royal Decrees. **RESULTS:** In the scenario comparing enoxaparine to bempiparine, 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 1.952.898€ and from 2.314€ to 162.328€ in patients with high and moderate risk, respectively. In the treatment of DVT at national level the average savings come to 8.125.273€, and at regional level these vary between 21.969€ and 1.671.395€. Savings obtained when comparing a scenario with only enoxaparine versus the current setting with all heparins come to 3.368.555€ and 9.813.120€ for prophylaxis of VTE and treatment of DVT, respectively, at national level. **CONCLUSIONS:** Broader use of enoxaparine for the prophylaxis of VTE and 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

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**OBJECTIVES:** Venous thromboembolism (VTE) is the third most common cause of death from cardiovascular disease after acute MI and stroke. Initial treatment of VTE using heparin or LMWH has been recommended by different international guidelines. The aim of this study was to analyze the economic impact that could represent the use of bempiparin compared with the conventional treatment in Spain. **METHODS:** An interactive Excel model for 3 years was developed using data obtained through a published literature review, including treatment costs and complications costs, for the Spanish National Health System. Public prices + VAT of bempiparin and enoxaparin were used. We consider a conservative co-payment of 40% for all patients. Patients were treated with LMWH for 7 days. Percentages and costs of complications were obtain from the literature. Three scenarios were designed: In the first scenario, patients were treated with bempiparin or enoxaparin using the current market share, in the second 100% of patients were treated with bempiparin and, in the third scenario, 100% of patients were treated with enoxaparin. **RESULTS:** The budget impact (per year, same during the 3 years) of the use of only bempiparin resulted in a 13% of cost savings related to the current scenario and in a 17% of cost savings compared with only enoxaparin. Enoxaparin compared with the current scenario resulted in a 4% of incremental costs. Bempiparin represents savings of around € 700,000 per year compared with current treatment and around € 900,000 per year when it is used in a 100% of patients instead of enoxaparin. **CONCLUSIONS:** The budget impact analysis may be important when deciding which LMWH to use for the treatment of VTE. This analysis provides evidence reinforcing the use of bempiparin as the LMWH of choice, because its use resulted in a budget impact reduction for the Spanish National Health System.

## PCV65

## PRESCRIPTION ALGORITHMS: IMPACT ON STATINS

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**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 choice 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. Check whether the prescription of statins has been moved towards cost effective alternatives. **METHODS:** Cross-sectional study