outpatient management were obtained by micro-costing. Costs were expressed in 2015 euros and the mean cost was $1,000 USD=3.00%.

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 $3.6 billion savings. From the single health plan perspective, an average of $60, 56 and $9 patients with VTE are expected for the third quarter of 2015 and 2016, respectively, and savings of $842,000 and $6,667,000 for the first and second quarter, respectively. Conclusions: Rivaroxaban has potential to yield savings for VTE treatment under the Brazilian private system perspective.

PCV60 IMPACT ON ITALIAN NATIONAL HEALTH SERVICE EXPENDITURE FOR THE TREATMENT OF VENOUS THROMBOEMBOLISM WITH RIVAROXABAN Ruggieri A1, Raggatt D2, Dango S2
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OBJECTIVES: Venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE), represents the third most common cardiovascular condition 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 treatment scenarios 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) (hospitals, drug costs, laboratory costs) and in the perspective of the Italian Ministry of Health (administration costs). Conclusions: The results of the BIA show that an increased use of rivaroxaban leads to an economic benefit for the Spanish health system.

PCV61 BUDGET IMPACT ANALYSIS OF TRIPLIAMB FOR THE TREATMENT OF HYPERTENSION IN ITALY Lanati EF, 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 Tripliamb for the treatment of hypertension in Italy. Tripliamb is the first and only available single-tablet triple combination antihypertensive therapy containing perindopril, amlodipine and indapamide, in line with current evidence-based guidelines for the treatment of hypertension. METHODS: The BIA compared two different scenarios: Scenario 1 without a triple fixed combination therapy vs. Scenario 2 with the introduction of Tripliamb. Population data were obtained from the Local Project Database (C_upper dot) and the timeline horizon considered was 3 years from the introduction of Tripliamb. 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 Tripliamb. The perspective of the Italian National Healthcare Service was considered. RESULTS: The study showed that the introduction of Tripliamb leads to a reduction in the number of pills taken by patients (7 016 644, 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 e/month, the introduction of Tripliamb generates a very limited incremental cost in year 1 and 2 (respectively 2.97 e and 501 e) and a saving in the third year (3 478 e) over the total expenditure of 45 7 519 and 567 54 respectively in year 1, 2 and 3 in the two scenarios. Conclusions: The present study indicates that the introduction of Tripliamb 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 CARBOXYLATE IN PATIENTS WITH CHRONIC HEART FAILURE AND IRON DEFICIENCY IN AUSTRALIA Ressl S, Walter E, Bauer M
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OBJECTIVES: Ferric iron deficiency (FeID) 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. 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 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 treatment intensity and substitute iron and subsequently lead to a positive budget impact. RESULTS: The BIA showed that an increased use of IV iron therapy (based on a IV iron treatment scenario- treated patients +20% and IV treated patients +10%) in 2015 to 2016 would lead to a positive budget impact. By treating all patients with 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 at $125,115 in 2016 to 689,443 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 hospitalizations and improved CHF functional class (NYHA).

PCV63 AN ASSESSMENT OF ENOXAPARINE BENEFIT ON HEALTHCARE BUDGET IN SPAIN Delgado M1, Restovic G2, Planellis L2, Rubio M2, Miñarro C2
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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 (PE) 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 alone from a societal perspective and from a SPH perspective. An Economic model was performed considering the current treatment setting with all heparins available in the market versus a projected scenario where all patients receive enoxaparin. 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: The result of the BIA shows that an increased use 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 1 955 013€ for high-risk patients and 1 345 504€ to 7 412 905€ for moderate risk patients, respectively. In the treatment of DVT at national level the average savings come to 8 125 273€ and at regional level these vary between 21.9% and 67.1%. 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. Conclusions: Broader use of enoxaparin 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 VENOUS THROMBOEMBOLISM IN SPAIN Pinoy C1, Navarro B2, Fernandez-Lomana JM2, Gutierrez C2
1Innoiva Strategic Consulting, Terrassa (Barcelona), Spain, 2Laboratorios Farmacéuticos Rovi S.A., Madrid, 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 includes anticoagulation with LMWH or enoxaparin. In the last few years, new oral 抗-DVT and PE is associated with a reduction in the quantity of pills needed to treat patients and a reduction in the number of hospitalizations. This reduction, together with the absence of laboratory monitoring costs for patients treated with rivaroxaban leads to an expense 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.

PCV65 PROPHYLAXIS, PRESCRIPTION ALGORITHMS: IMPACT ON STATINS Brugués-Pastor L1, Sánchez-Chorro JJ2, Mendoza-Valera P3, Muxó-Fernández JJ3
1Valencian Regional Government - Spain, Valencia, Spain, 2Extremadura’s Regional Government - Spain, Cáceres, 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 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. METHODS: Cross-sectional study.
PCV66 
**DEVELOPMENT OF PRESCRIPTION E-PROTOCOLS FOR MEDICINES AND INTEGRATION ON THE GREEK NATIONAL E-PRESCRIPTION SYSTEM**

Karanikas N, Papadakis M, Thrivitz E

**OBJECTIVES:** The Prescription e-Protocols for Medicines (PePM), which developed under the coordination of the Athens Medical Society (AMS), are to be used by all Greek public hospitals. The main objective of the prescription e-protocol is to support the pharmacist in the process of clinical appropriate prescription. The difference between the real medical practice and the prescription e-protocol is based on up-to-date clinical evidence. The process of prescribing according to PePM includes: select protocol according to patient characteristics, insert input parameters, select medication and finalize prescription. Their cost impact was measured by comparing the periods of using e-prescription system and measure the cost impact.

**RESULTS:** the proportion has increased from 73.45% in 2012 to 82.40% in 2014. In both regions the number of DHD of statins increases (in Extremadura from 106.75 DHD in 2012 to 120.14 DHD in 2014; in Comunitat Valenciana from 98.08 DHD in 2012 to 104.15 DHD in 2014). However, in Comunitat Valenciana the increase in consumption has not resulted in increased drug sales but in a drop of 7.41%. By contrast, Extremadura’s pharmaceutical expenditure decreases, resulting in savings that can be spent elsewhere.

**PCV67**

**MEDICAL COST OF PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION (NVA) AND TREATED WITH VITAMIN K ANTAGONISTS (VKAS) ACCORDING TO INR CONTROL STATUS IN SPAIN**


**OBJECTIVES:** To estimate hospital costs for cardiovascular (CV) events and revascularisation procedures associated with inpatient care analysing data from 14 acute care hospitals (RECH network) and to compare these costs with national tariffs for the corresponding diagnosis-related groups (DRGs) for similar events. **METHODS:** A retrospective study (period: 2009-2013) collecting data from discharge records (~1,950,000) from adult patients was performed. Mean costs and length of stay for non-fatal events according primary diagnosis procedures and CV death were estimated according per-patient cost information from the RECH database, that included both AP-DRG and APR-DRG groups which are used for alternative cost comparisons. Subsequently, observed costs per DRG were compared with national DRG tariffs. All costs were expressed in € for the year 2014.

**RESULTS:** Mean costs based on patient-level data from the RECH network for non-fatal acute MI, unstable angina, CHF with hospitalisation, stroke and revascularisation procedures were €8,669, €13,162, €3,353, €4,644 and €10,159 respectively. Average length of stay of non-fatal events ranged between 5.3 and 10.2 hospitalisation days and between 6.4 and 19.5 for revascularisation procedures. The comparison of costs from the RECH network with national tariffs for AP-DRG and APR-DRG procedures was carried out.

**CONCLUSIONS:** Average per-patient costs based on the sample of inpatients for CV events and revascularisation procedures were higher than the national tariffs for AP-DRGs of similar events and procedures. These differences may result in important economic consequences for the Spanish health system.

**PCV69**

**HOSPITALIZATION EXPENSES ANALYSIS OF CHINESE STROKE PATIENTS WITH URBAN EMPLOYEE BASIC MEDICAL INSURANCE**

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**OBJECTIVES:** To understand the hospitalization expenses and the cost-sharing situation among Chinese stroke patients covered by Urban Employee Basic Medical Insurance (UEBMI). **METHODS:** The data are derived from China Health Insurance Research Association’s (CHIRA) Survey 2012. The survey adopts the systematic random sampling methodology to draw samples from the inpatients with UEBMI of the previous year. A total of 2,729 patients was selected, among which 1,059 in the previous year and gets details about their disease diagnosis, medical service utilization and expenses. The sampling rate varies with different regions with an average rate of 2%-10%. SPSS17.0 is used to conduct the statistical analysis. **RESULTS:** A total of 2,726 stroke patients were obtained from the sampling. The proportion of male stroke patients (59%) was obviously higher than female patients (41%). As for stroke patients aged 70-79 accounted for the highest ratio (32%), followed by 60-69 (27%) and 50-59 (19%). The average LOS of stroke patients was 16.2 days, which was longer in the tier-3 hospitals (17.4 days) than in the tier-2 ones (15.3 days). The average hospitalization expenses were 8,598 yuan, the average drug expenses were 5,049 yuan, accounting for about 55% of the total hospitalization expenses. About 47% of the total hospitalization expenses were for the cost of the hospital stays. Patients’ co-payment proportion was higher in tier-3 hospitals than other hospitals, which was lower in the tier-3 hospitals (27%) than in the tier-2 ones (12%). The average hospitalization expenses of patients with acute coronary syndrome was 13,381 yuan and the average drug expenses were 7,318 yuan. The proportion of payment about 55% of the total hospitalization expenses accounted for about 69% of the total hospitalization expenses and about 79% of the drug costs. Patients’ co-payment proportion was higher in hospital stays than other hospitals. **CONCLUSIONS:** Chinese stroke patients are mostly over 50 years old, more male patients than female patients. The average hospitalization expenses are 8,598 yuan and payer’s payment proportion is lower than 70%. Expenses of the tier-3 hospitals are apparently higher than other hospitals. Medicine charges take up more than half of the hospitalization expenses.

**PCV70**

**PHARMACOECONOMIC ANALYSIS OF TREATMENT OF PATIENTS WITH ACUTE CORONARY SYNDROME WITHOUT ST-SEGMENT ELEVATION IN UKRAINE**

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**OBJECTIVES:** Comparative evaluation of the cost effectiveness of treatment of patients with acute coronary syndrome without ST segment elevation (ACS) efficiency using two therapy schemes in Ukraine. **METHODS:** “The cost-efficiency” method was used to carry out the study. Analysis was based on the results of an international multicenter randomized trial of efficiency of tiazotic acid (hydrochloride) and potassium acid amorphous salt in ACS. The clinical trial involved 190 patients randomized into main and control groups (each group contained 50 patients). Standard therapy: antithrombotic drugs, nitrates, beta blockers, calcium channel blockers, ACE inhibitors and angiotensin converting enzyme inhibitors. The method was used to carry out the study. Analysis was based on the results of opened international multicenter randomized trial of efficiency of tiazotic acid (hydrochloride) and potassium acid amorphous salt in ACS. The clinical trial involved 190 patients randomized into main and control groups (each group contained 50 patients). Standard therapy: antithrombotic drugs, nitrates, beta blockers, calcium channel blockers, ACEs, sartans and statins and injections of tiazotic acid amorphous salt were administered in the main group. The treatment of the group was carried out during 14 days. For determining the cost of a course therapy for a patient with cranio-cerebral injury only the direct costs in the studied regimen were taken into account. Drugs prices were taken from Morison’s information system. **RESULTS:** The treatment efficiency in main group patients was 84% and 54% in controls. Treatment during 2012, 2013 and 2014. Two health regions of Spain (Comunitat Valenciana with 4.949 inhabitants and Extremaduram with 1.093.587 total population: 6.421.806) were compared. In order to make it comparable, DDDs where measured as numbers of DDDs/1000 inhabitants/day (DHDs). **RESULTS:** Atorvastatin and simvastatin are the most prescribed statins in both regions. However in Extremadura, the proportion of DHDs of statins increases (in Extremadura from 106.75 DHD in 2012 to 120.14 DHD in 2014; in Comunitat Valenciana from 98.08 DHD in 2012 to 104.15 DHD in 2014). However, in Comunitat Valenciana the increase in consumption has not resulted in increased drug sales but in a drop of 7.41%. By contrast, Extremadura’s pharmaceutical expenditure decreases, resulting in savings that can be spent elsewhere.