NT$11,100, and NT$6,556, respectively. The 2nd year average total medical costs associated with MI, angina and stroke were NT$63,365, NT$93,469 and NT$52,513, respectively. CONCLUSIONS: Medical costs associated with cardiovascular diseases were substantial to the National Health Insurance program in Taiwan. These results indicate potential benefits from interventions aimed at preventing the risk factors of cardiovascular diseases such as hypertension, hyperlipidemia, and hyperglycemia. 

PCV29 
EXAMPLE OF ANALYSIS UTILIZING REAL WORLD DATA: MEDICAL COST REDUCTION BY AVOIDING UNTREATED-HYPERTENSION PATIENTS TO VISIT DOCTORS 
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OBJECTIVES: We define patients who have not consulted doctors to treat their hypertension, while they have learned their blood pressure levels are high through health check-ups or untreated-hypertension patients. Our research objective is to calculate using real world data how much lower the medical cost would be if the untreated-hypertension patients visit doctors in response to suggestions to do, which represents the cost reduction of cost-effectiveness analysis. METHODS: We used the data of Japan’s health insurance society with linked health check up data of 1.7 million members from health insurance societies in Japan. RESULTS: It is estimated there are around 705 untreated-hypertension patients in a virtual (yet supposed-to-be typical) according to the (JMOD) data health insurance society with 10,000 members. They would leave their conditions as they are for an average of 6 years knowing that their blood pressure levels are high. It is necessary to advise untreated-hypertension patients to visit doctors for treatment. Such advices should be able to start their hypertension treatment in early stages and prevent them from future complicating diseases. According to our calculation, the medical cost after taking antihypertensive would increase by 11% without aging factors by leaving their untreated-hypertension conditions for one year. The health insurance society had all the existing patients with mid-level (560/100 or higher) high blood pressures visit doctors right now, their monthly medical cost would be 0.7% (as the amount that they had to pay in the future (within 3 years)) if they continue to avoid visiting, which represents 1 yen a month per member, and had all the existing patients with mid-level high blood pressures visit doctors retrospectively, its monthly medical cost would have been 0.52 million yen lower now. This amount represents 52 yen a month per member. 

PCV30 
ANTITHROMBOTIC THERAPY AND DIRECT MEDICAL COSTS IN PATIENTS WITH ACUTE CORONARY SYNDROME IN SHANGHAI, CHINA 
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OBJECTIVES: Acute coronary syndrome (ACS) is a leading cause of morbidity and mortality worldwide. This study aims to describe treatment patterns and disease burden for patients with ACS in Shanghai, China. METHODS: A retrospective database study was conducted. Data were obtained from the medical records of seven major Shanghai medical centers. Patients who had at least one primary diagnosis of ACS between January 2006 and July 2012 were included in the study. Patient ACS-related antithrombotic medication use, laboratory tests, key comorbidities, health care utilization and direct medical costs were examined. Logistic regression was conducted to explore the factors associated with total direct medical costs. RESULTS: A total of 6,601 patients were included with a mean age of 69.7 (SD=12.2) yrs, 73% male and 10% mortality rate. 18.2% of studied patients had diabetes as a comorbidity, 21.2% had hypertension, and 8.6% had hyperlipidemia. 666 (98.0%) of patients had been hospitalized for ACS with mean 14.2 (±6.4) days per hospitalization. There were 1,922 patients (30.5%) presented to emergency department. Of those, 95.5% received any antithrombotic therapy, including 92.8% with antiplatelet agents and 20.8% with anticoagulants. The ACS-related direct medical costs were RMB19,621 (±24,741) per hospitalization with medication of RMB6,798 and lab tests of RMB1,355, and RMB2,894 (±6,740) per outpatient visit with medication of RMB624 and lab tests of RMB464. The higher direct medical cost was associated significantly (p<0.01) with aging, being male, antiplatelet and anticoagulant users, diabetes, stroke, hyperlipidemia, hypertension, and chronic kidney disease. CONCLUSIONS: Antithrombotic therapeutic treatments were commonly used among ACS patients in Shanghai, China. ACS poses significant disease burden to the health care systems. The treatment cost for patients with ACS involves antithrombotic use and key comorbidities.

PCV28 
WHAT IS THE VALUE OF AN EPIDEMIOLOGIC STUDY ON THE RELATIONSHIP BETWEEN VKORC1 GENOTYPE AND THE RISK OF MAJOR BLEEDING IN WARFARIN USERS? 
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OBJECTIVES: Rivaroxaban is a new oral anticoagulant subsidised on the Australian Pharmaceutical Benefits Scheme (PBS) for prevention of stroke or systemic embolism in patients with non-valvular atrial fibrillation or undergoing hip and knee replacement. Recent randomized controlled trials (RCTs) have demonstrated its efficacy and safety and cost-effectiveness for treatment of new coronary artery disease. This study was to assess the long-term cost-effectiveness of treating patients with ACS with rivaroxaban for a 12 month period and modelling the lifetime costs and benefits from a third party payer perspective. METHODS: A two-part decision model was constructed to compare treatment with rivaroxaban or current treatment for patients with ACS. The first part was a decision-tree model comprising four health states (infarction, non-fatal stroke, death) and adopted data from health outcomes based on the event rates reported in the RCTs. Health care costs (PBS, hospital cost weights) and quality of life weights (from published literature) for 12 months. Beyond 1-year, treatment outcomes were estimated via a Markov model, with lifetime costs and quality adjusted life years (QALYs) estimated for both arms and an incremental cost-effectiveness ratio (ICER) estimated. A series of sensitivity analyses were performed to test the robustness of the result. RESULTS: One-year treatment with rivaroxaban was associated with both incremental cost and QALY (AUD 30088 vs. 30310, 17.51 vs. 17.39 for rivaroxaban and placebo respectively) over lifetime horizon in the baseline analysis. The ICER of rivaroxaban compared to placebo was AUD 4896 per QALY gained. The probabilistic sensitivity analysis varying the event transition probabilities also showed consistent results. CONCLUSIONS: Based on clinical and health economic evidence, treating ACS patients with rivaroxaban for 12 months was associated with an ICER of AUD 4896/QALY, which is below the willingness-to-pay per QALY threshold in Australia inferred from published literature.
the largest cohort study ever conducted in Thailand. Costs were data based on a Thai database of patient care practices in 2013. Both cost-effective calculations were presented with 3% annually A series of sensitivity analyses were performed. **RESULTS:** The cost-effectiveness results showed that compared with enoxaparin, fondaparinux yielded lower cost with greater effectiveness in both societal and provider perspective. Total cost was €791.32 compared to €1276.46 with fondaparinux, equivalent to a great impact in the amount of cost saved both in societal and provider perspectives. With a threshold of 160,000 THB (€4,857.32 USD), fondaparinux showed above 95% being cost-effective compared with enoxaparin. **CONCLUSIONS:** Fondaparinux might be considered as another cost-effective alternative compared to enoxaparin in the era of limited health care resources in Thailand.

**PCV3**

**COST-EFFECTIVENESS OF SINGLE-PILL COMBINATION THERAPY OF AMLODIPINE/ATORVASTATIN COMPARED WITH CONCURRENT TWO-PILL THERAPY IN PATIENTS WITH HYPERTENSION**

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**OBJECTIVES:** Single-pill combination therapy may be more effective compared with two-pill approach in patients requiring concomitant statin therapy. We investigated the cost-effectiveness of single-pill amloidipine/atorvastatin (SP) therapy compared with two-pill co-administration (TP) therapy for prevention of cardiovascular disease (CVD) with consideration to adherence in patients with hypertension using simulation model. **METHODS:** Cohort simulation was performed with 1000 hypertensive patients at an increased risk of CVD or with concomitant dyslipidaemia. The efficacy was defined as the number of CVD prevention, which depends on differences in patients’ adherence to each alternative. ‘Adherence’ was defined as compliance to medication over 80% on proportional day covered (PDC) and ‘non-adherence’ for the remaining. The number of cardiovascular events after TP treatment was based on the ASCOT-LLA trial. The proportion of the adherent patient and the cardiovascular outcome differences in adherence level were searched through systematic reviews. The economic costs and health states were discounted at 3% annually. A series of sensitivity analyses were performed. **RESULTS:** Total cost of major bleeding with revascularization had a great impact on the cost of hypertensive patients which was 2.2 times more than conventional care although QALY scores improved. This study aimed to estimate the cost-effectiveness of Suxiaojin pill, Shexiang baxion pill, Tongxinluo capsule and Compound Danshen dropping pill in the treatment of angina pectoris, to provide reference for reasonable clinical prescription. **METHODS:** A decision-analytic model was developed to estimate the cost-effectiveness of Suxiaojin pill, Shexiang baxion pill, Tongxinluo capsule and Compound Danshen dropping pill from the perspective of the whole society with a time horizon of 4 years. In the model, outcome on effectiveness was based on quantitative synthesis of Meta-analysis and cost data was mainly based on the published data and in combination with China’s practical situation. Uncertainty was investigated with probabilistic sensitivity analysis, and the expected value of effect on drug treatments was understood at a weighted average daily dose. Cost per QALY gained was calculated. **RESULTS:** The results indicate that Suxiaojin pill, Shexiang baxion pill, Tongxinluo capsule and Compound Danshen dropping pill were 89.67%, 87.11%, 85.13%, 83.71%, respectively. Toal costs were €62.31, €64.21, €109.29, €70.08 respectively. **CONCLUSIONS:** The cost-effectiveness of Suxiaojin pill, Shexiang baxion pill, Tongxinluo capsule and Compound Danshen dropping pill appears to be the most cost-effective. The availability of more high-quality clinical data would allow a better adaptation of the model. Further research could be focused on this.

**PCV3**

**COMPARATIVE COST-EFFECTIVENESS OF PCP VS MEMBRANE SUPPLEMENTATION IN PATIENTS WITH CHRONIC LUNG DISEASE**

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**OBJECTIVES:** Coronary heart disease (CHD) remains the leading cause of death in China, and CHD patients are at greater risk for developing such serious conditions as stroke. Therefore, we aimed to estimate the cost-effectiveness of CHD patients with the use of single pill, Tongxinluo capsule and Compound Danshen dropping pill. **METHODS:** A decision-analytic model was developed to estimate the cost-effectiveness of the remaining patients. The cost of medical treatment was mainly based on the published data and in combination with China’s practical situation. Uncertainty was investigated with probabilistic sensitivity analysis, and the expected value of effect on drug treatments was understood at a weighted average daily dose. **RESULTS:** The results indicate that Suxiaojin pill, Shexiang baxion pill, Tongxinluo capsule and Compound Danshen dropping pill were 89.67%, 87.11%, 85.13%, 83.71%, respectively. Total costs were €62.31, €64.21, €109.29, €70.08 respectively. **CONCLUSIONS:** The cost-effectiveness of Suxiaojin pill, Shexiang baxion pill, Tongxinluo capsule and Compound Danshen dropping pill appears to be the most cost-effective. The availability of more high-quality clinical data would allow a better adaptation of the model. Further research could be focused on this.