to azipaban. One-way and probabilistic sensitivity analyses indicated that model conclusions were robust over a wide range of inputs. CONCLUSIONS: Azipaban appears to be a dominant alternative to LMWH/edoxaban for the treatment and prevention of VTE.

PCV14
REAL-WORLD EFFECTIVENESS OF AMLODIPINE/VALSARTAN/HYDROCHLORTIAZIDE SINGLE-PILL COMBINATION IN THE TREATMENT OF PATIENTS WITH ESSENTIAL HYPERTENSION

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OBJECTIVES: Uncontrolled hypertension remains a major problem for health care systems worldwide, being strictly related to a persistently elevated burden of cardiovascular mortality and morbidity. Because of the multifactorial nature of hypertension, optimal treatment can require combination therapy to achieve blood pressure (BP) control. This analysis aimed to further investigate the effectiveness of amlooxidine/valsartan/hydrochlorothiazide (A+V+h) single-pill combination in lowering the BP of hypertensive patients, previous assessed in an observational study. METHODS: This was a retrospective study, using data from a large UK national cohort study on hypertension using the electronic health record of 26 million patients. This study was designed to compare all cause hospitalization over 365 days post PCI as a measure of effectiveness, compared to warfarin. The data were analyzed using adjusted standard dose warfarin (warfarin) as a common comparator in patients with index DVT. This research was sponsored by NICE and was conducted with the support of the NIHR Health Technology Assessment (HTA) grant (TA16001) and the statistics from the National Institute for Health and Care Excellence (NICE) Single Technology Appraisal programme for the oral direct factor Xa inhibitor, edoxaban. METHODS: Randomised controlled trials (RCTs) for inclusion were identified using the CS for edoxaban (as part of Technology Appraisal [TA] 600). We assessed RCTs for comparability based on patient population, disease severity, and treatments received. We conducted a Bayesian MTC and explored fixed and random effects models. Odds ratio (OR) was the summary statistic for VTE recurrence and major bleed. RESULTS: The network of five RCTs formed a "radiating star". The Deviance Information Criterion (DIC) and the residual deviance with the number of unconstrained systems appears to be a dominant alternative to LMWH/edoxaban for the treatment and prevention of VTE recurrence compared to warfarin that was statistically significant at the 5% level. We did not identify other significant differences either when comparing NOACs to warfarin or when comparing NOACs with each other.

PCV16
COMPARATIVE EFFECTIVENESS OF TICAGRELOR VS. PRASUGREL IN PATIENTS WITH ACUTE CORONARY SYNDROME (ACS)

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OBJECTIVES: Randomized controlled trials have provided evidence that both prasugrel and ticagrelor can reduce complications in patients with acute coronary syndrome (ACS). However, no head-to-head comparisons were performed between these third-generation drugs. The aim of this study was to compare the hospital admission rates between patients receiving ticagrelor and prasugrel before percutaneous coronary intervention (PCI). METHODS: A Retrospective cohort study was designed to compare all cause hospitalization over 365 days post PCI discharge. Patients who received PCI with an ACS hospitalization between January 2012 and December 2016 were extracted from the MarketScan® Research Database. Eligible patients filled either a prasugrel or ticagrelor prescription within 14 days from the discharge date. To be included in the analytic cohort, patients needed to be continuously enrolled in the data over six months prior to the index admission, and comorbid conditions that over period were assessed using Chi-square and Student t- tests for categorical and continuous variables, respectively. The effectiveness of PCV12 drugs on the time-to-first hospital re-admission was determined using a Cox-proportional hazard regression model. We controlled for potential confounders whose p-values at the baseline comparison were less than 0.1 RESULTS: A total of 9698 patients received PCI with a primary diagnosis of ACS (including acute prasugrel (A) and ticagrelor (T) was 0.09% and 0.11% respectively). The ticagrelor group was older and more likely to have a diagnosis of intracranial hemorrhage, cerebrovascular accident, cardiac disorders and renal disorders than the prasugrel group (OR 0.95 [95% CI: 0.91 – 0.99]). CONCLUSIONS: The selection of third-generation antiplatelet agents following PCI was not associated with a clinically or statistically significant reduction in hospital-readmission.