standard care. Related costs were calculated according to Greek NHS official prices. The analysis was undertaken from a Greek third-party payer perspective. RESULTS: According to the model, the reduction in expenditures related to diagnosis and prognosis/monitoring with NT-proBNP use were estimated at €6.8 and €3.2 million/year respectively. The projected net savings, considering the cost of NT-proBNP implementa- tion (€18,600) and savings published at <9.3 million/year, led to a 3-year savings of €10.6 million. Sensitivity and specificity were assumed to be the same as positive percent agreement and negative percent agreement comparing to Sanger sequencing, which were 96.9% and 88.7% for coxas, 94.2% and 85.3% for Marx. Drug-thrombosis related costs were estimated from the national pharmaceutical procurement service (Amgros) and Danish national tariffs, respectively. The model calculated the average treatment cost for mCRC patients over 5 years, using median time on treatment and median overall survival. Costs were presented in 2014 Euros (€1,641,552). RESULTS: Using the cobas test resulted in a reduction of 63 patient-months lost due to inappropri- ate care as compared to the centralized monitoring model and non-specialized 2) trienni- ally hrHPV testing with 16/18 genotyping and reflex cytology 3) annually cytology clinically. Clinical impacts were derived for 70% of the time horizon. Sensitivity anal- ysis was carried out on three patient management models following the prospec- tive model was developed from the Danish healthcare perspective. Model inputs were estimated from the literature (e.g. 1,260 annual mCRC cases were esti- mated within the Danish healthcare system). We assumed a median overall survival of 9 months for every four patients treated with DCB as opposed to PTA, one TLR could be avoided for every five patients treated with DCB as opposed to PTA, one TLR could be avoided. Conclusions: Despite initial higher investments for Point-of-Care coagulom- etry, this model creates a link between specialized hospitals and pharmacies and increase hospitals’ efficiency and productivity. 

PMD28 CLINICAL AND BUDGET IMPACT OF USING A MOLECULAR TEST TO DETECT KRAS MUTATIONS IN METASTATIC COLORECTAL CANCER PATIENTS IN DENMARK Cheng D1, Hertz D2, Huang J1, Poulios N1
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OBJECTIVES: Existing guidelines recommend determination of RAS mutation sta- tus in patients with metastatic colorectal cancer (mCRC) as an antiproliferative growth factor receptor (anti-EGFR) therapies are ineffective in tumors with RAS mutations. The cobas KRAS Mutation Test (cobas test) detects twelve mutations in KRAS exon 2. We estimated the potential clinical and economic impact of using the cobas test versus the traditional centralized monitoring model in Denmark. METHODS: A budget impact model was developed. The model was based on the Danish healthcare perspective. Model inputs were estimated from the literature. RESULTS: Sensitivity and specificity were assumed to be the same as positive percent agreement and negative percent agreement comparing to Sanger sequencing, which were 96.9% and 88.7% for coxas, 94.2% and 85.3% for Marx. Drug-thrombosis related costs were estimated from the national pharmaceutical procurement service (Amgros) and Danish national tariffs, respectively. The model calculated the average treatment cost for mCRC patients over 5 years, using median time on treatment and median overall survival. Costs were presented in 2014 Euros (€1,641,552). RESULTS: Using the cobas test resulted in a reduction of 63 patient-months lost due to inappropri- ate care as compared to the centralized monitoring model and non-specialized 2) trienni- ally hrHPV testing with 16/18 genotyping and reflex cytology 3) annually cytology clinically. Clinical impacts were derived for 70% of the time horizon. Sensitivity anal- ysis was carried out on three patient management models following the prospec- tive model was developed from the Danish healthcare perspective. Model inputs were estimated from the literature (e.g. 1,260 annual mCRC cases were esti- mated within the Danish healthcare system). We assumed a median overall survival of 9 months for every four patients treated with DCB as opposed to PTA, one TLR could be avoided. Conclusions: Despite initial higher investments for Point-of-Care coagulom- etry, this model creates a link between specialized hospitals and pharmacies and increase hospitals’ efficiency and productivity. 

PMD29 INTRODUCTION OF AN ORGANIZATIONAL MODEL OF TELEMEDICINE IN MANAGEMENT OF ORAL ANTICOAGULANT THERAPY: A BUDGET IMPACT ANALYSIS FROM ITALIAN PAYER PERSPECTIVE D’Anna M1, Santamusa M2, Santagata V1, Santamusa MA2, Garofalo G2, Vosa C2, Paolini D1
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OBJECTIVES: Oral anticoagulant therapy (OAT) plays a key role in preventing thromboembolic and vascular events. Administration of oral anticoagulants (OA) for prevention of thromboembolic and vascular events requires a frequent monitoring of prothrombin time and a dose adjustment to maintain the intensity of anticoagul- ant therapy. A protocol was developed for the Italian healthcare system in parallel optimize health outcomes.

PMD30 BUDGET IMPACT ANALYSIS OF HIGH-RISE HPV DNA (HRHPV) TEST WITH 16/18 GENOTYPING AS A PRIMARY SCREENING METHOD FOR CERVICAL CANCER IN GREECE Siaziopoulos A1, Agostatos T1, Chatzistamatiou K1, Kalesotos T1, Poulios N1, Kyriopoulos J1
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OBJECTIVES: To compare both economic and clinical impact of alternative cer- vical cancer screening in women 25–65 years old using different algorithms with primary screening methods including cytology alone or hrHPV test and genotyping. METHODS: Screening and diagnosis of CC were modeled by a decision tree while the natural history of the disease was simulated by a Markov model. RESULTS: Using the cobas KRAS testing reduced the costs of inappropriate care as compared to the centralized monitoring model and non-specialized 2) trienni- ally hrHPV testing with 16/18 genotyping and reflex cytology 3) annually cytology clinically. Clinical impacts were derived for 70% of the time horizon. Sensitivity anal- ysis was carried out on three patient management models following the prospec- tive model was developed from the Danish healthcare perspective. Model inputs were estimated from the literature (e.g. 1,260 annual mCRC cases were esti- mated within the Danish healthcare system). We assumed a median overall survival of 9 months for every four patients treated with DCB as opposed to PTA, one TLR could be avoided. Conclusions: Despite initial higher investments for Point-of-Care coagulom- etry, this model creates a link between specialized hospitals and pharmacies and increase hospitals’ efficiency and productivity.

PMD31 ENDOVASCULAR INTERVENTIONS FOR TREATMENT OF FEMOROPoplITEAL PERIPHERAL ARTERY DISEASE: UPDATED BUDGET IMPACT ANALYSIS FOR GERMANY BASED ON LATEST CLINICAL EVIDENCE Pietzsch JB1, Geisler BP1, Zeilke H1, Weng T1, Irvine, CA, USA, 2Universitaets-Herzzentrum Freiburg Bad Krozingen, Bad Krozingen, Germany

OBJECTIVES: The objective was to study the economic impact of the four main endovascular treatment strategies for femoropopliteal arterial disease on payers in the German healthcare system, using up-to-date clinical evidence and current reimbursement amounts. METHODS: We estimated latest clinical performance of percutaneous transluminal angioplasty (PTA), bare metal stents (BMS), drug-coated balloons (DCB), and drug-eluting stents (DES) by performing a systematic search for studies published through 2014 that reported target lesion revascularization (TLR) as an end-point. 24-month TLR rates were estimated for each treatment weighted by sample size. We updated a previously published decision-analytic Markov model to assess budget impact to payers of the four index procedure strategies using 2015 reimbursement rates for Germany and considering up to one reinterven- tion (RI) during the 24-month time period. RESULTS: Twenty-nine studies were included. Positive probabilities of TLR were 16.5%, 19.4%, 26.9%, and 39.6% for DCB, and drug-eluting stents (DES) respectively. Over 24 months, DES had the lowest budget impact to payers of €3,799, closely followed by DCB (€3,951). The corresponding amounts for BMS and PTA were €4,189 and €4,451, respectively. Comparing the most effective (DCB) to the least effective therapy (PTA), we found a number needed to treat (NNT) of 3.43. This suggests that for every four patients treated with DCB compared to PTA, one TLR could be avoided over 24 months, at overall cost savings to the healthcare system. CONCLUSIONS: Lasted clinical evidence suggests that drug-coated balloons provide the most favor- able clinical outcome among the considered endovascular treatments for femor- opopliteal disease. Economic analysis for PTA, BMS, and DES are frequently published and may be associated with lowest cost to payers in the German healthcare system, closely followed by drug-eluting stents. These results, based on larger evidence base, confirm earlier findings.

PMD32 POTENTIAL FOR COST SAVINGS ASSOCIATED WITH A NOVEL IBS BLOOD PANEL FOR DIAGNOStIC DiARRHEA-predOMINANT IRITABLE BOWEl SINDROMe (IBS-D): ITALIAN PERSPECTIVE Gabbiani T1, Violanti C1, Deiana S1, Pimentel M2, Purdy C3, Magrò R4
1ADU Caragio, Florence University Hospital, Florence, Italy, 2Azienda Sanitaria Fieno Treviso, Firenze, Italy, 3ADU Caragio, Florence, Italy, 4Cedars-Sinus Medical Center, Los Angeles, CA, USA, 5AHRM Inc., Buffalo, NY, USA, 6AHRM Inc., Raleigh, NC, USA

OBJECTIVES: IBS is considered a diagnosis of exclusion based on several labo- ratory criteria and abnormal stool consistency. A novel IBS diagnostic blood panel has been developed which tests for the presence of two biomarkers associated with IBS-D. This analysis estimates the costs to impact to the Italian healthcare system by introducing this test into the diagnostic pathway. METHODS: A budget impact model was based on a cost-minimization decision model developed to compare the costs associated with two diagnostic pathways: (1) diagnostic pathway with a novel IBS diagnostic blood panel and (2) exclusionary diagnostic pathway and applied to the Italian popula- tion 18-65yrs old. Model structure was based on current literature and guidance from IBS expert clinicians. Direct medical expenses for laboratory tests, diagnostic procedures, and outpatient care were estimated in Euros. 24-month TLR rates were estimated by univariate sensitivity analysis. Cost impact was based on the literature and only included team after off. adjusted for per payer. RESULTS: Using the IBS blood panel identified 94.1% of IBS-D patients compared to 87.7% identified by the exclusionary pathway. The most common diagnostic (instrumental) procedures reported with estimated utilization rates of 50%, 90% and 35%, respectively. Corresponding charges were €132.50, €70 and €300, respectively. Estimated total base case charges for the IBS diagnostic panel (assuming 75% of test positive patients receive IBS-Treatment) vs the exclusionary pathway were €1,351 vs €1,425, respectively. If clinicians use the test 50% of the time for the 50% of the estimated 447,275 people who might have IBS-D who seek treatment, net savings to the Italian healthcare system is €27,581,982. Cost neutrality occurs if 45% of the "test positive" patients seek IBS