transition probabilities. We assigned costs and health outcomes to each health state to estimate the cost per quality-adjusted life years (QALY). Economic analyses were made from the National Health System (NHS) perspective, including direct healthcare costs (2015 euros) and a discount rate of 3% was applied to both costs and health outcomes. Time horizon was patient lifetime’s expectancy. We performed various sensitivity analyses, including a base case analysis. Eligible studies were included in this systematic review based on the quality of the results. RESULTS: Compared to standard treatment, edoxaban was cost-effective using the different time horizons (3, 6 and 12 months). At 12 months, edoxaban showed a slight increment in treatment costs of 152€ per VTE patient, but an increase in QALYs and Life Years Gained (LYG) resulting in cost-effectiveness results. Edoxaban demonstrated incremental cost-effectiveness ratios (ICERs) of 6,333€ per QALY and 10,857€ per LYG compared with standard treatment at 12 months. The results of the probabilistic sensitivity analysis supported the cost-effectiveness of edoxaban. CONCLUSIONS: From the Spanish NHS perspective, edoxaban is a cost-effective alternative for the treatment of VTE patients compared to standard therapy.

PCV99 OPPORTUNISTIC SCREENING FOR ATRIAL FIBRILLATION IN PRIMARY CARE – A CLINICAL AND COST-EFFECTIVENESS ANALYSIS

Moran P1, Teljeur C2, Harrington P3, Smith R, Normand C4, Ryan M1
1Health Information and Quality Authority (HIQA), Dublin, Ireland, 2Royal College of Surgeons in Ireland, Dublin, Ireland, 3Trinity College Dublin, Dublin, Ireland

OBJECTIVES: Screening for atrial fibrillation (AF) has been advocated as a way to reduce the burden of stroke. Good quality evidence suggests that while opportunistic and systematic screening produce comparable increases in AF detection, opportunistic screening does so at significantly less cost. However, uncertainty about optimal screening parameters, and the overall costs and benefits of screening has meant that no national AF screening programmes have as yet been implemented. The aim of this study was to evaluate the cost-effectiveness of a probiotic therapy compared with control in subclinical AF. We also examined the clinical and economic consequences of introducing a different risk of stroke than diagnosed AF, as well as the potential impact of increased use of new oral anticoagulant (NOACs) on the cost-effectiveness of screening. The primary analysis was conducted from the perspective of the publicly funded health system in Greece. Older patients and longer screening intervals are likely to improve the cost-effectiveness of the intervention, but result in less absolute benefit. Annual screening from age 65 would not be cost-effective at a threshold of €45,000/QALY if the relative risk of stroke and systemic embolism in subclinical AF is above 0.94. Changes in usage rates of NOACs are unlikely to significantly affect the cost-effectiveness of screening. CONCLUSIONS: Opportunistic screening in primary care increases AF detection, reduces stroke incidence, and is likely to be cost-effective using conventional willingness-to-pay thresholds.

PCV100 ECONOMIC EVALUATION OF TRIMETAZIDINE IN THE MANAGEMENT OF CHRONIC STABLE ANGINA IN GREECE

Kourola G1, Gourzoulidis G2, Tzoufinas K1, Andrikopoulos C3, Beletsi A4, Maniadakis N5
1Collaborative Center for Clinical Epidemiology and Outcomes Research (CLEO), Athens, Greece, 2National School Of Public Health, Athens, Greece, 3Royal College of Surgeons in Ireland, Dublin, Ireland, 4Trinity College Dublin, Dublin, Ireland, 5Serveur Hellas, Athens, Greece

OBJECTIVES: To evaluate the cost-effectiveness of trimetazidine (TMZ) as add-on therapy for stable angina in patients with chronic stable angina who did not respond adequately to first-line therapy with beta-blockers, nitrates or calcium channel antagonists, in Greece. METHODS: A Markov model with monthly cycles and 1-year time horizon was developed to assess the comparability of TMZ to placebo. The analysis was conducted from a third-party payer perspective. The clinical inputs and utility values were extracted from the published literature. Cost inputs considered in the model include anti-anginal drug-acquisition costs, hospitalization costs (with and without vascular interventions), and monitoring costs that encompass outpatient visits, laboratory and diagnostic tests. Resource consumption data were obtained from local experts, using a questionnaire developed for the purpose of the study. These were then combined with unit cost data obtained from official sources. All costs reflect the year 2014. Cost effectiveness was calculated using the incremental cost-effectiveness ratio (ICER). Probabilistic sensitivity analysis (PSA) was performed to account for uncertainty and variation in the input parameters of the model. RESULTS: The analysis showed that the cost of TMZ plus SoC was €1,055 versus €1,040 for SoC alone. In terms of health outcomes, TMZ plus SoC was associated with 0.617 QALYs versus 0.614 QALYs for SoC alone. The incremental analysis resulted in an ICER of €4,148 per QALY gained. PSA revealed that the probability of TMZ plus SoC being cost-effective compared with SoC was 95%, at a threshold of €3,040 per QALY gained (twice the average annual income). CONCLUSIONS: The results indicate that TMZ as add-on treatment is a highly cost-effective option for the management of patients with chronic stable angina in Greece when compared to SoC alone.

PCV101 THE COST-EFFECTIVENESS OF TREATMENT FOR CHRONIC HEART FAILURE: A SYSTEMATIC REVIEW

Webb N1, Lowe MR2, Taylor M1, Briggs A1, Cohen A1, de Pouvoirville C1, Haroun R,1,2,3,4
1Thomson Reuters Ltd, Dorset, UK, 2Emory University, Atlanta, Georgia, USA, 3De Pouvourville Gents, Basel, Switzerland

OBJECTIVES: To identify published cost-effectiveness analyses and health technology assessment (HTA) submissions for NOACs (oral anticoagulants) in chronic heart failure (CHF) to inform future cost-effectiveness modeling in CHF. METHODS: A systematic review was performed. Literature searches were conducted in MEDLINE, EMBASE, EconLit, and the Cochrane Library, with supplementary hand searching of conferences and HTA websites. Eligible studies were those that reported the cost outcomes of the results. RESULTS: Compared to standard treatment, edoxaban was cost-effective using the different time horizons (3, 6 and 12 months). At 12 months, edoxaban showed a slight increment in treatment costs of 152€ per VTE patient, but an increase in QALYs and Life Years Gained (LYG) resulting in cost-effectiveness results. Edoxaban demonstrated incremental cost-effectiveness ratios (ICERs) of 6,333€ per QALY and 10,857€ per LYG compared with standard treatment at 12 months. The results of the probabilistic sensitivity analysis supported the cost-effectiveness of edoxaban. CONCLUSIONS: From the Spanish NHS perspective, edoxaban is a cost-effective alternative for the treatment of VTE patients compared to standard therapy.

PCV102 DEVELOPMENT OF A MODEL TO PROVIDE INSIGHT IN THE VALUE OF FIBRINOGEN CONCENTRATE FOR TREATING EXCESSIVE BLEEDINGS DURING COMPLEX CARDIOVASCULAR SURGERY

Van der Maas MJ1, Legge-Nendel KK1, van,hout DR2,3,4,5,6,7,8,9
1Health Information and Quality Authority (HIQA), Dublin, Ireland, 2Royal College of Surgeons in Ireland, Dublin, Ireland, 3Trinity College Dublin, Dublin, Ireland

OBJECTIVES: Bleeding during complex cardiac surgery is associated with several negative clinical outcomes. Fibrinogen concentrate (FC) is a coagulation factor concentrate that may positively affect these clinical outcomes. The objective of this study was to compare health economic outcomes between using a hemostatic therapy protocol with FC and a protocol without FC during complex cardiac surgery. METHODS: The input data of the model was based on a systematic literature search, and interviews with experts. Costs were retrieved from national databases. The primary effectiveness parameters were the number of blood transfusions avoided and the amount of blood loss avoided. One-way and probabilistic sensitivity analysis (PSA) were performed to account for uncertainty in the model. RESULTS: Five studies were included, representing 143 patients. The incremental costs per blood transfusion avoided were €63 and per unit blood loss avoided €24. The average number of blood transfusions reduced from 10 with 1 units per patient [95% CI 8 - 12] and blood loss with 391ml/12hrs [95% CI 81ml/12hrs - 711ml/12hrs] in the with FC protocol compared to the without FC protocol, whilst costs slightly increased (+€611 [95% CI -€2,220 to €3,399]). The FC protocol reduced the number of blood transfusions and blood loss in 100% of the simulations of the PSA, and reduced these clinical outcomes and costs in 33.3%. The FC dosage was the main cost driver in the model. The FC protocol would be cost-saving if lower FC dosages were used (e.g. 2 or 4 grams of fibrinogen concentrate that may positively affect these clinical outcomes). Further studies need to provide clinical evidence that a lower dosage of FC will still suffice to ensure similar health outcomes.

PCV103 THE COST-EFFECTIVENESS OF NOVEL ORAL ANTICOAGULANTS FOR THE PREVENTION OF STROKE IN ATRIAL FIBRILLATION IN ENGLAND AND WALES

1University of Bristol, Bristol, UK, 2University College London Hospitals, London, UK

OBJECTIVES: Determine the most cost-effective, licensed, first-line anticoagulant for the prevention of ischemic stroke in patients with non-valvular atrial fibrillation (AF) in England and Wales from the perspective of the UK National Health Service. METHODS: We developed a cost-effectiveness model based on a review of previous models and expert clinical opinion. We compared warfarin (International Normalized Ratio 2-3) with novel oral anticoagulants (NOACs) apixaban (5mg bd), dabigatran (150mg bd), edoxaban (60mg od) and rivaroxaban (20mg od), over 30 years post treatment initiation. Parameters were informed by a systematic literature search, and competing risks were used to model the competing events of stroke and death. RESULTS: At a willingness-to-pay threshold of £20,000 per QALY, all NOACs have positive expected incremental net benefit compared to warfarin, suggesting they may be a cost effective use of NHS resources. Apixaban (5mg bd) has the highest expected incremental net benefit (£29,644). CONCLUSIONS: Our model estimated total costs, QALYs and Adjusted Life Years (QALYs/10,000 ADLs) for patients with AF, and showed Futility and safety of the anticoagulants and baseline hazard of warfarin. Utilities and resource use were estimated from the literature. Our model estimated total costs, QALYs and Adjusted Life Years (QALYs/10,000 ADLs) for patients with AF, and showed