cost savings at 3 years is estimated to be 11.67€ per patient. CONCLUSIONS: The use of CORDIHEALTH Vascular Graft for infrarenal bypass in the PAD patient population represents a safe, clinically effective, and cost-saving alternative to standard ePTFE vascular grafts.

PCV105 PHARMACOECONOMIC ANALYSIS OF ROSUVASTATIN USE IN PATIENTS WITH HYPERCHOLESTEROLEMIA IN THE HEALTH CARE OF BELARUS
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OBJECTIVES: Pharmacoeconomic analysis of rosuvastatin use in patients with hypercholesterolemia in the health care of Belarus has been performed to determine economic advisability of its applying in Belarus. As there is own production of statins (generics of lovastatin, atorvastatin and simvastatin) in Belarus, the introduction of new generics (rosuvastatin) in the existing protocol requires a pharmacoeconomic study.
METHODS: Overview of statins available in Belarus has been conducted. Equivalent effective dose to achieve target of low density lipoprotein cholesterol (CH-LDL-V) values were established on the basis of published data. Cost-minimization analysis has been used. Results of meta-analysis by Archimedes is a highly detailed, large-scale simulation model of physiology, disease and health care systems. We created a simulation model of physiology, disease and health care systems. We created a cost-effectiveness model of LDL-C or LDL-P in preventing cardiovascular disease
RESULTS: At prices -9.9% vs base-case, SPC is a dominant/cost saving technology vs FC. Better compliance results in lower systolic blood pressure, which reduces CVD events; however, at any LDL-C level, residual risk remains. LDL particle turnover times, and amlodipine products in corresponding doses. All costs present 2014 values, assumed. Cost of FC was calculated as an average cost of reimbursed indapamide dose, followed by the CV risk equivalent (RE) cohort (n=30) and 0.1363 years of quality-adjusted life years (QALY), with an incremental cost of €5,374. The sensitivity analysis showed that ticagrelor was cost-effective versus clopidogrel in >99% of the simulations given a willingness-to-pay threshold of €15,000/QALY. The results were consistent across different subgroups of ACS patients + aspirin for ticagrelor for the cost-effective treatment compared to generic clopidogrel + aspirin in patients with ACS treated inversely or conservatively, based on the findings of the PLATO study and Spanish health care costs.

PCV109 COST-UTILITY ANALYSIS OF CAROTID ARTERY STENTING VERSUS ENDARTERECTOMY FOR SYMPTOMATIC CARDIOTONIC STENOSIS PATIENTS
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OBJECTIVES: This study was conducted to determine the cost-effectiveness of carotid artery stenting (CAS) versus carotid endarterectomy (CEA) in patients with symptomatic >50% carotid stenosis (symptomatic CAS) in Korean health care system perspective. METHODS: We performed a cost-utility analysis. Costs were estimated from retrospective chart review (CAS=346, CEA=333), health insurance claims data (CAS=921, CEA=920). Cost-utility analysis was performed in 2013 KRW (converted to USD). Health states were estimated from retrospective chart and systematic review. Health utility index was assessed for general population using Time Trade Off (TTO) with health state utility values. The base-case analysis was used to validate the robustness of the model. RESULTS: The incremental cost of stenting was $1,691,740 KRW. In the base-case analysis, CEA for patients with symptomatic stenosis had a greater benefit (19.7 QALYs), with lower costs. In subgroup for patients with stenosis more than 70% or patient with over 80 years old, CAS was cost-effective. Sensitivity analyses showed that the major stroke or mortality influenced the results. However the results were consistent across different subgroups of ACS patients + aspirin for ticagrelor for the cost-effective treatment compared to generic clopidogrel + aspirin in patients with ACS treated inversely or conservatively, based on the findings of the PLATO study and Spanish health care costs.

PCV110 BURDEN OF HYPERLIPIDEMIA RESULTING FROM PRODUCTIVITY LOSS - ESTIMATES FROM POPULATION-BASED REGISTER DATA IN SWEDEN
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OBJECTIVES: To estimate productivity loss and associated indirect costs in working-age patients treated for hyperlipidemia. METHODS: A retrospective population-based cohort study was conducted. Subjects were identified using national health registers and the Social Insurance Patient. Subjects included based on a prescription of lipid-lowering therapy between January 1, 2006 and December 21, 2011 and followed until December 30, 2012 for estimation of productivity loss. Indirect costs were stratified based on cardiovascular (CV) risk level. RESULTS: Total mean days lost, measured as the sum of net sick leave and net disability pension days, in the one-year period following study inclusion was highest in the CV high risk event electronic (3,481 days), followed by the CV risk equivalent (RE) cohort (3,226, 131 days) and the low/