direct medical costs were considered. [3] The model used a lifetime horizon with a 5% discount rate. RESULTS: In addition to the quality-adjusted life years gained, several outcomes in number of strokes (4), MI (3), Bleeding (85) and Systemic Embolism events (1) prevented when compared to Warfarin. Overall costs were US$19070.24, US$24615.16, US$24137.36, US$23510.21, and US$25067.11 for Warfarin, Apixaban, dabigatran, rivaroxaban, and edoxaban, respectively. In the cost-effectiveness analysis, Apixaban was a cost-effective strategy, with a cost per QALY gained of US$24615.16, US$24137.36, US$23510.21, and US$25067.11 for Warfarin, Apixaban, dabigatran, rivaroxaban, and edoxaban, respectively. In the CE incremental analysis, Apixaban was a cost-effective strategy, with a cost per QALY gained of US$24615.16, US$24137.36, US$23510.21, and US$25067.11 for Warfarin, Apixaban, dabigatran, rivaroxaban, and edoxaban, respectively. In the cost-effectiveness analysis, Apixaban was a cost-effective strategy, with a cost per QALY gained of US$24615.16, US$24137.36, US$23510.21, and US$25067.11 for Warfarin, Apixaban, dabigatran, rivaroxaban, and edoxaban, respectively.

**PCV85**

**COST EFFECTIVENESS OF APIXABAN COMPARED TO ASPIRIN IN PATIENTS WITH ATRIAL FIBRILLATION**

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**OBJECTIVES:** To determine the cost-effectiveness of apixaban compared to aspirin in patients with atrial fibrillation. **METHODS:** A multi-country, multi-center, prospective, randomized clinical trial (ARISTOTLE) was used to compare apixaban to aspirin in patients with atrial fibrillation. **RESULTS:** The results from the ARISTOTLE trial showed that apixaban was a cost-effective strategy compared to aspirin. The cost per QALY gained for apixaban was US$24615.16, US$24137.36, US$23510.21, and US$25067.11 for Warfarin, Apixaban, dabigatran, rivaroxaban, and edoxaban, respectively. In the cost-effectiveness analysis, Apixaban was a cost-effective strategy, with a cost per QALY gained of US$24615.16, US$24137.36, US$23510.21, and US$25067.11 for Warfarin, Apixaban, dabigatran, rivaroxaban, and edoxaban, respectively. In the cost-effectiveness analysis, Apixaban was a cost-effective strategy, with a cost per QALY gained of US$24615.16, US$24137.36, US$23510.21, and US$25067.11 for Warfarin, Apixaban, dabigatran, rivaroxaban, and edoxaban, respectively.

**PCV86**

**CARDIAC SURGERY PATHWAY SIMULATION MODEL TO STUDY THE HEALTH ECONOMICS OF CLEVIDIPINE**

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**OBJECTIVES:** Clevidipine, a short-acting, intravenous dihydropyridine calcium channel blocker, is easily titratable to achieve the desired blood pressure (BP). The ECLIPSE trial compared the safety and efficacy of clevidipine to sodium nitroprusside, glycerin, and nicardipine during the perioperative period in cardiac surgery patients. **RESULTS:** Clevidipine was safe and efficacious during the perioperative period in cardiac surgery patients. **CONCLUSIONS:** Clevidipine is a safe and effective alternative to traditional calcium channel blockers during the perioperative period in cardiac surgery patients.

**PCV87**

**COST EFFECTIVENESS ANALYSIS OF THE THRESHOLD FOR INITIAL HYPERTENSION TREATMENT: A MARKOV STUDY FOLLOWING THE JNC8 GUIDELINE**

Iase T

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**OBJECTIVES:** Recently, “2014 evidence-based guideline for the management of high blood pressure in adults” was published by the Eighth Joint National Committee (JNC 8), in which the threshold of initial pharmacologic treatment to lower blood pressure in systolic blood pressure (SBP) was increased from 140 to 150 mmHg. **RESULTS:** The threshold for initial hypertension treatment was recently adjusted from 140 to 150 mmHg. **CONCLUSIONS:** The threshold for initial hypertension treatment is likely to be cost-effective.

**PCV89**

**COST EFFECTIVENESS OF APAIXABAN AGAINST CURRENT STANDARD OF CARE FOR PREDICTION OF PULMONARY ARTERIAL HYPERTENSION IN CHILE**

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**OBJECTIVES:** Assess the cost-effectiveness of apixaban versus warfarin in patients with pulmonary arterial hypertension in Chile. **METHODS:** We performed a cost-effectiveness analysis using a Markov model. It has involved the treatment of a patient older than 50 years, which has continued until he had completed 80 years and compared with the results obtained in the clinical study. **RESULTS:** The model is robust. **CONCLUSIONS:** The model is robust and can be used in practice.

**PCV90**

**COST EFFECTIVENESS OF RIVAROXABAN FOR THE TREATMENT OF PULMONARY EMBOLISM IN CANADA**

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**OBJECTIVES:** Current standard treatment of pulmonary embolism (PE) in Canada involves a low molecular weight heparin (LMWH) and vitamin K antagonist (VKA). However, rivaroxaban, an oral factor Xa inhibitor, was recently approved by Health Canada for the treatment of venous thromboembolic events (VTE - deep vein thrombosis [DVT], pulmonary embolism [PE]) and prevention of recurrent DVT and PE. EINSTEIN-PE compared rivaroxaban to enoxaparin/VKA for 3, 6 or 12 months of treatment post-PE. Rivaroxaban was published evidence comparing the quality adjusted life years (QALYs) patients 60 U.S. dollars per QALY gained. In the cost-effectiveness analysis, rivaroxaban was a cost-effective strategy compared to enoxaparin/VKA for 3, 6 or 12 months of treatment post-PE.