in lifetime costs and utilities of $17,208 and 10.4124 QALYs compared with $16,780 and 10.4057 QALYs for prasugrel therapy. The ICER for clopidogrel was $63,840/QALY. The acceptability curve showed that prasugrel was not likely cost-effective with >80% certainty at any WTP threshold. One-way sensitivity analyses (WTP decision threshold: $100,000/QALY) showed that prasugrel was the most cost-effecti-}

## PCV44

### COST-EFFECTIVENESS ANALYSIS OF RIVAROXaban VERSUS DABIGATRAN AND ENOXAPARIN FOR THE PREVENTION OF VENOUS THROMBOEMBOLISM AFTER TOTAL HIP REPLACEMENT

**OBJECTIVES:** To evaluate the cost-effectiveness of rivaroxaban compared with dabigatran and enoxaparin for the prophylaxis of venous thromboembolism in patients undergoing elective total hip replacement (THR) in the context of Russian health care system. **METHODS:** A decision-tree model on the choice of regimens for thromboprophylaxis after THR was adopted from the model, developed by McCullagh et al. (2009). Primary outcomes were mortality, occurrence of distal and proximal deep vein thrombosis (DVT) and pulmonary embolism (PE), and incidence of gastrointestinal bleeding. **RESULTS:** Adjusting for demographic mix, the estimated real-world CE improved by 5.2% and was $20.11/QALY. An additional 0.07% of the replications of the rivaroxaban trial showed that patients with DVT were treated for 90 days, patients with PE— for 180 days. All patients in the model received thromboprophylaxis with one of three regimens: rivaroxaban dose of 10 mg/day orally for 31-39 days (RECORD 2), dabigatran dose of 220 mg/day orally for 28-35 days (RE-NOVETE), enoxaparin dose of 40 mg/day subcutaneously for 14-15 days (RECORD 2). Incremental cost-effectiveness ratios (ICERs) were calculated. **RESULTS:** Cost of prophylaxis with enoxaparin was $691, US$, with dabigatran - $706, US$, and rivaroxaban - $714, US$. Although rivaroxaban has more effectiveness in preventing DVT (0.016 vs. 0.012 vs. 0.005) and PE (0.0012 vs. 0.005 vs. 0.004) than enoxaparin and dabigatran correspondingly. ICER to prevent 1 case of deep vein thrombosis after THR in rivaroxaban versus enoxaparin was $23, US$, and in dabigatran versus enoxaparin was $22, US$. ICER to prevent 1 case of pulmonary thromboembolism after THR in rivaroxaban versus enoxaparin was $556, US$, and in dabigatran versus enoxaparin was $850, US$. **CONCLUSIONS:** Despite of higher cost of prophylaxis of DVT and PE with rivaroxaban, comparing to enoxaparin and dabigatran, prophylaxis with rivaroxaban was more effective with acceptable ICERs.

## PCV43

### VALUE IN HEALTH 14 (2011) A1–A214

**OBJECTIVES:** To evaluate and compared the long-term costs and outcomes of four warfarin treatment strategies of CYP2C9, VKORCI, both CYP2C9 and VKORCI genotype-guided dosing, and standard warfarin dosing among nonvalvular VTE patients in the societal perspective. **METHODS:** A discrete event simulation model was developed using as the disease model and captured its associated costs (2007 U.S. dollars) and quality of life. Data was extrapolated with the criteria of including VTE patients of age > 18 years on warfarin with INR target of 2-3. Probabilities, costs and humanistic properties were obtained from literature, HCUP (Nationwide Inpatient Sample), Medicare Reimbursement Sched-}

## PCV46

### LONG-TERM COSTS AND HEALTH OUTCOMES OF TREATING ACUTE CORONARY SYNDROME PATIENTS WITH TICAGRELOR BASED ON THE EU LABEL - COST- EFFECTIVENESS ANALYSIS BASED ON THE PLATO STUDY

**OBJECTIVES:** To evaluate and compared the long-term costs and outcomes of four warfarin treatment strategies of CYP2C9, VKORCI, both CYP2C9 and VKORCI genotype-guided dosing, and standard warfarin dosing among nonvalvular VTE patients in the societal perspective. **METHODS:** A discrete event simulation model was developed using as the disease model and captured its associated costs (2007 U.S. dollars) and quality of life. Data was extrapolated with the criteria of including VTE patients of age > 18 years on warfarin with INR target of 2-3. Probabilities, costs and humanistic properties were obtained from literature, HCUP (Nationwide Inpatient Sample), Medicare Reimbursement Sched-}

## PCV47

### COST-EFFECTIVENESS OF FONDAPARINUX AND ENOXAPARIN IN PATIENTS WITH NON ST-SEGMENT ELEVATION ACUTE CORONARY SYNDROME IN BRAZIL

**OBJECTIVES:** To evaluate and compared the long-term costs and outcomes of four warfarin treatment strategies of CYP2C9, VKORCI, both CYP2C9 and VKORCI genotype-guided dosing, and standard warfarin dosing among nonvalvular VTE patients in the societal perspective. **METHODS:** A discrete event simulation model was developed using as the disease model and captured its associated costs (2007 U.S. dollars) and quality of life. Data was extrapolated with the criteria of including VTE patients of age > 18 years on warfarin with INR target of 2-3. Probabilities, costs and humanistic properties were obtained from literature, HCUP (Nationwide Inpatient Sample), Medicare Reimbursement Sched-}

## EVENTS SIMULATION MODEL ON THE NATURAL HISTORY OF VENOUS WARFARIN ANTICOAGULATION CARE: THE IMPLEMENTATION OF DISCRETE COST-EFFECTIVENESS OF CYP2C9 AND VKORC1 GENOTYPE-GUIDED PCV45

### OBJECTIVES: To evaluate and compared the long-term costs and outcomes of four warfarin treatment strategies of CYP2C9, VKORCI, both CYP2C9 and VKORCI genotype-guided dosing, and standard warfarin dosing among nonvalvular VTE patients in the societal perspective. **METHODS:** A discrete event simulation model was developed using as the disease model and captured its associated costs (2007 U.S. dollars) and quality of life. Data was extrapolated with the criteria of including VTE patients of age > 18 years on warfarin with INR target of 2-3. Probabilities, costs and humanistic properties were obtained from literature, HCUP (Nationwide Inpatient Sample), Medicare Reimbursement Sched-}

## PCV48

### COST-EFFECTIVENESS OF CYP2C9 AND VKORC1 GENOTYPE-GUIDED WARFARIN ANTICOAGULATION CARE: THE IMPLEMENTATION OF DISCRETE EVENT SIMULATION MODEL ON THE NATURAL HISTORY OF VENOUS THROMBOEMBOLISM

**OBJECTIVES:** To evaluate and compared the long-term costs and outcomes of four warfarin treatment strategies of CYP2C9, VKORCI, both CYP2C9 and VKORCI genotype-guided dosing, and standard warfarin dosing among nonvalvular VTE patients in the societal perspective. **METHODS:** A discrete event simulation model was developed using as the disease model and captured its associated costs (2007 U.S. dollars) and quality of life. Data was extrapolated with the criteria of including VTE patients of age > 18 years on warfarin with INR target of 2-3. Probabilities, costs and humanistic properties were obtained from literature, HCUP (Nationwide Inpatient Sample), Medicare Reimbursement Sched-}

## PCV49

### VALUE IN HEALTH 14 (2011) A1–A214

**OBJECTIVES:** To evaluate and compared the long-term costs and outcomes of four warfarin treatment strategies of CYP2C9, VKORCI, both CYP2C9 and VKORCI genotype-guided dosing, and standard warfarin dosing among nonvalvular VTE patients in the societal perspective. **METHODS:** A discrete event simulation model was developed using as the disease model and captured its associated costs (2007 U.S. dollars) and quality of life. Data was extrapolated with the criteria of including VTE patients of age > 18 years on warfarin with INR target of 2-3. Probabilities, costs and humanistic properties were obtained from literature, HCUP (Nationwide Inpatient Sample), Medicare Reimbursement Sched-}