term effect of antihypertensive treatment on blood pressure was extracted from relative risks, these data were generated through the Health Outcomes and Framingham risk equations, estimating the long-term survival and quality-adjusted life-years (QALYs) gained. Costs and outcomes were evaluated over lifetime, divided into annual cycles and were discounted at 3.0% with 2014 as reference year.

The analysis was conducted from the Greek third-party payer perspective (EOPY). RESULTS: The total lifetime cost related to V/A/H combination was estimated to be lower (€10,970) compared to that of the O/A/H combination (€11,080), despite the higher drug acquisition cost. Moreover, the estimated QALYs gained with the V/A/H combination were 10.88 vs. 10.80 for O/A/H combination. Therefore, the V/A/H combination was found to be a dominant alternative over O/A/H combination, as it was associated with lower cost and greater efficacy. In a scenario where the add-on blood pressure measurements were taken into account, the V/A/H was far lower than the Greek GDP per capita (€6,845/QALY). Cost-effectiveness analysis was performed using a decision-tree model and the Markov model in the base case. Extensive sensitivity analyses were performed: no random effects in the base case, and probabilistic sensitivity analysis using a Markov model in the base case. The probabilistic sensitivity analysis also demonstrated that there was about 80% probability for the V/A/H combination to be cost-effective at a willingness-to-pay threshold of €16,000/QALY. CONCLUSIONS: This is the first study performed to compare the cost-utility of single-pill triple antihypertensive therapies. The V/A/H combination was proven dominant over the O/A/H combination for the treatment of moderate to severe hypertension.

PCV100

**COST-EFFECTIVENESS OF HIGH-SENSITIVITY TROPONIN ASSAYS FOR THE EARLY RULE-OUT ON DIAGNOSIS OF ACUTE MYOCARDIAL INFARCTION (AMI) IN PEOPLE WITH ACUTE CHEST PAIN: A NICE DYNAMIC ASSESSMENT**

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**OBJECTIVES:** To assess cost-effectiveness of high sensitivity troponin (hs-tCN) assays for the management of adults presenting with acute chest pain at the emergency department (ED). An incremental net benefit (INB) method was used to estimate the lifetime costs and QALYs of hs-tCN management compared to standard troponin (sTn) management. INB was calculated as the difference between the net benefit of the additional strategy and the base-case strategy (INB = QALYs gained – cost differences). A threshold analysis of the cost-effectiveness was performed. RESULTS: The total lifetime cost related to hs-tCN management was lower (€9,984) compared to standard comparable troponin (sTn) testing strategy at presentation and at 10–12 hours, which was considered the reference standard. In the base case, it was assumed that sTn testing had perfect accuracy for diagnosing AMI and only patients with a positive test for sTn were at increased risk for adverse events and would undergo treatment. In a secondary analysis, a proportion of patients with a positive hs-tCN test and a negative sTn test were at increased risk for adverse events and would benefit from immediate treatment. RESULTS: Base case: Strategies considered cost-effective depending upon INB threshold were Abbott ARCHITECT hs-tCN 99th centile (thresholds <€6,597), Beckman Coulter hs-tCN 99th centile (thresholds >€6,597, -€30,042), Abbott ARCHITECT hs-tCN optimal strategy (thresholds >€30,042, -€103,194), and sTn and sTn test (thresholds >€103,194, -€4,188). Secondary analysis: The incremental net benefit of the additional strategy (INB) was calculated for different strategies of rehabilitation: hospital, day care and home care. The decision tree model was simulated using Markov model in the base case and probabilistic sensitivity analysis. CONCLUSIONS: There is no strong evidence to prefer one hs-tCN strategy over the other. The present study is a first study performed to compare the cost utility of single-pill triple antihypertensive therapies. The V/A/H combination was proven dominant over the O/A/H combination for the treatment of moderate to severe hypertension.

PCV101

**COST EFFECTIVENESS OF BLOOD PRESSURE MANAGEMENT IN THE NETHERLANDS:**

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**OBJECTIVES:** Recent studies have demonstrated the safety and efficacy of catheter-based renal denervation (RDN) for the treatment of resistant hypertension. These studies have been used to estimate the cost effectiveness of this approach, however, there is no such published estimation in the Dutch health care setting. We aimed to determine the cost-effectiveness of RDN from the perspective of the health care payer in The Netherlands. METHODS: A Markov state-transition model previously constructed in TreeAge® was adapted to Microsoft Excel®. The Excel-based model was updated with costs and quality-adjusted life years (QALYs) for patients after renal sympathetic denervation (RDN) treatment and with standard of care (SoC) for patients with resistant hypertension. The efficacy of RDN treatment was modelled as a reduction in the risk of cardiovascular events compared with standard of care (SoC) for patients with resistant hypertension. The efficacy of RDN treatment was modelled as a reduction in the risk of cardiovascular events compared with standard of care (SoC) for patients with resistant hypertension. The efficacy of RDN treatment was modelled as a reduction in the risk of cardiovascular events compared with standard of care (SoC) for patients with resistant hypertension.

PCV102

**EFFICACY OF REHABILITATION PROGRAMS FOR PATIENTS AFTER TRAUMATIC BRAIN INJURY AND ACUTE CEREBROVASCULAR ACCIDENT (STROKE) IN RUSSIA:**

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**OBJECTIVES:** The objective of the present study was to assess efficiency of rehabilitation programs for patients after traumatic brain injury and acute cerebrovascular accident (stroke) in Russia. METHODS: Short-term clinical and social outcomes (health status and disability rates) of rehabilitation were analyzed in the database of the Moscow Center of Speech Pathology and Neurological Rehabilitation. Changes in the quality of life, functional ability and social outcomes were assessed for 3 different strategies of rehabilitation: hospital, day care and home care. The decision tree model was constructed to simulate disability rates, direct and indirect costs of rehabilitation. The long-term scenario under conditions when officially registered disability correlates with real health and functional status of patients. TreeAge Pro 2009 and Microsoft Excel 2010 software were used for modeling. RESULTS: Use of officially registered disability as an endpoint does not reflect the actual effective impact of rehabilitation strategies. The single-piller triple antihypertensive therapies. The V/A/H combination was proven dominant over the O/A/H combination for the treatment of moderate to severe hypertension.