direct medical costs were considered. [3] The model used a lifetime horizon with a 5% discount rate. The effects of all therapies, with the exception of apixaban, were the only ones considered in the model. The model used the quality-adjusted life year (QALY) as the outcome measure, with outcomes in number of strokes (M), (M), (M), (M), and (M) per YL gained. Both incremental cost-effectiveness and probabilistic sensitivity analysis were conducted to explore the uncertainty of variables. RESULTS: The ICER for the base case of the new guideline versus the original one was 59,298 US$ per QALY gained. Compared with the original one, there is no variance that would significantly influence results. There would be a 32% of more effective and less costly using new guideline threshold, and overall 83% chance of being cost-effective compared with the original one. CONCLUSIONS: The results indicated that it is safe to use the new guideline of treatment for atrial fibrillation, which could be given to all the patients over 150 mmHg.

PCV86

COST-EFFECTIVENESS ANALYSIS OF AMBRISENTAN VERSUS BOSENTAN IN THE TREATMENT OF PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION

FUNCTIONAL CLASS III

OBJECTIVES: Assess the cost-effectiveness of ambrisentan versus bosentan for treatment of pulmonary arterial hypertension in patients with FMS functional class III for World Health System perspective. Unit costs for intensive care and normal ward covered room and board costs only. Economic endpoints included cost per death avoided and cost per QALY gained. Sensitivity analysis was performed using a Markov model and the incremental cost-effectiveness ratio by patient was $143.505,23 (USD). The variable that more affected the final result was the drug price. Sensitivity analysis showed that by changing the drug price, the results are stable, and ambrisentan remains cost-effective. Conclusion: With the obtained data in the study, the use of ambrisentan in the treatment of pulmonary arterial hypertension in Colombia is presented as an efficient alternative despite currently the bosentan is reimbursed.

PCV89

COST-EFFECTIVENESS OF APIXABAN AGAINST CURRENT STANDARD OF CARE FOR STROKE PREVENTION IN ATRIAL FIBRILLATION IN CHILE

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OBJECTIVES: To assess the cost-effectiveness of apixaban compared with current standard of care for stroke prevention in patients with atrial fibrillation (AF) in Chile. While ARISTOTLE enrolled warfarin as a comparator, evidence is deemed applicable to patients treated with apixaban due to the similarity of these patients. The incremental cost-effectiveness ratio by patient was $143,505.23 (USD). The variable that more affected the final result was the drug price. Sensitivity analysis showed that the model is robust, and changes in price and efficacy of the drug do not significantly influence results. The results are stable, and ambrisentan remains cost-effective.