direct medical costs were considered. [3] The model used a lifetime horizon with a 5% discount rate, with all benefits realized every year, and all costs only the first year. The model also incorporated the outcomes in number of strokes (4), MI (3), Bleeding (5) and Systemic Embolic events (1) prevented when compared to Warfarin. Overall costs were US$19077.24, US$24615.16, US$24137.36, US$23510.21, and US$25067.11 for Warfarin, Apixaban, Dabigatran 110 mg, Dabigatran 150 mg and Rivaroxaban respectively. In terms of Cost Effectiveness, Apixaban provided a 70% cost-saving compared to other anticoagulants. According to Trinidad’s Willingness to Pay (3), Apixaban gained 0.19 YoLS for each QALY’s gained. Apixaban obtained the highest probability of being cost-effective (70%).

CONCLUSIONS: Apixaban is a Cost-Effective option for the Trinidad’s Private Health System.

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 in the elderly with high risk of stroke.

METHODS: We sought to gain an initial understanding of economic properties. By extrapolating data from the Apixaban Versus Acetylsalicylic acid to prevent Stroke in Atrial Fibrillation (AVERTROSE) trial, a Markov model with yearly cycles was developed to simulate the costs and effects of apixaban compared to aspirin over 10 years. The model comprised five health states: ‘Alive without thromboembolic disease’ (stroke, myocardial infarction and other systemic embolism), ‘Alive without the disease, but without prior MB’, ‘Alive without thromboembolic disease, but with prior MB’, ‘Alive with thromboembolic disease and prior MB’, and ‘Dead’. Costs, from an Australian health care perspective, were estimated from published sources. The main outcome of interest was incremental cost-effectiveness ratio (ICER) per quality adjusted life year (QALY) saved and per year of life saved (Y0Ls). Costs and benefits were discounted at 5% per annum. RESULTS: The main cycle of the model predicted that compared to aspirin, apixaban would lead to a 0.19 YoLS (discounted) and 0.20 QALY’s saved (discounted), at a net cost of AUD $5,025 (discounted). This equated to ICERs of AUD $27,090 per Y0Ls and AUD $25,095 per QALY saved. In one-way and probabilistic sensitivity analyses the results to be robust. CONCLUSIONS: Compared to aspirin, apixaban is likely to be cost-effective in preventing thromboembolic disease among patients with atrial fibrillation who are intolerant to warfarin.

PCV86 CARDIAC SURGERY PATHWAY MICROSIMULATION FRAMEWORK 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 trials compared the safety and efficacy of clevidipine to sodium nitroprusside, nitroglycerin, and nicardipine during the perioperative period in cardiac surgery patients. The results showed a safe and significant understanding on minimising hypotension and patient outcomes. This decision-analytic microsimulation framework was developed to follow patients from hospital admission; assigned characteristics reflected the pooled ECLIPSE population. Costs were estimated and discounted at 3.5% per year and expressed in 2013 CHF as of 2014. Extrapolative multivariate regression analyses of the ECLIPSE data identified potential clinical and economic effects of clevidipine. Additional inputs came from administrative and clinical databases, published literature, and an interview with a patient care coordinator from a US health system perspective. Unit costs for intensive care and normal ward were covered room and board costs only. Economic endpoints included costs per death avoided at day 30 and cost per quality-adjusted life year (QALY) gained. A life-long time horizon was used; all direct costs with sequelae were discounted at 3.5% per year. RESULTS: The model predicted that compared to clevidipine, bosentan is reimbursed with an approximate cost of CHF 1,175,304 (USD) for each year of life free of death, the incremental cost-effectiveness ratio was CHF 1,345,503 (USD). The variable that more affected the final result was the drug price. Sensitivity analysis showed that the model is robust, and to changes in price and effect in the drug, the results are stable, and ambrisentan remains cost-effective. Conclusion: With the data obtained 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.

PCV87 COST EFFECTIVENESS ANALYSIS OF VARIKOVAROXAN 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 in VKA 3, 6 or 12 months of treatment post-PE. Rivaroxaban was