non-inferior to enoxaparin/VKA for recurrent VTE (HR: 1.12, 95%CI 0.75-1.68) and demonstrated a statistically significant reduction in major bleeding (HR: 0.49, 95%CI 0.31-0.79, P<0.003). STUDY QUESTION: What is the incremental cost/QALY gained, from a Canadian provincial government perspective, for rivaroxaban compared to LMWH/VKA for treatment of FE, over a 5 year horizon? METHODS: A Markov model was developed for the patient with FE and enrolled in a preferred provider organization type health plan. Clinical inputs were from EINSTEIN-FE and published literature. Economic inputs were from publically available Canadian sources. Consistent with EINSTEIN-FE, a reduction in hospital length of stay was included for admitted patients treated with rivaroxaban. Utility inputs were from published literature. Extensive sensitivity analyses were conducted. RESULTS: Rivaroxaban was associated with lower costs of $29,535 and higher QALY gains of 0.002, 0.004 and 0.005, respectively. Findings were robust to sensitivity analysis. CONCLUSIONS: Rivaroxaban is a cost-effective treatment for FE, eliminating LMWH/VKA for patients requiring up to 12 months treatment. The positive clinical and economic profiles of rivaroxaban together make it a valuable treatment option for Canadian FE patients and payers.

PC93 COST-UTILITY ANALYSIS OF ANGIOTENSIN-CONVERTING ENZYME INHIBITOR-BASED TREATMENT COMPARED TO THIAZIDE DIURETIC-BASED TREATMENT IN AN ELDERLY HYPERTENSION POPULATION CONSIDERING MAJOR COMORBIDITIES AT THE COMMUNITY LEVEL

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OBJECTIVES: Both thiazide-diuretics and angiotensin-converting enzyme inhibitors (ACEI) have similar efficacy in treating hypertension in elderly although ACEI is costlier. Using diuretic is associated with increased risk of developing new-onset diabetes compared to ACEI. To date evidence is lacking on the cost-effectiveness (CE) of ACEI compared to diuretic-based treatment considering diabetes development as part of treatment. This study aims to determine the CE of ACEI compared to thiazide-diuretic based treatment of hypertension in the elderly in an Australian context. METHODS: A cost-utility analysis was undertaken using real data from the Second Australian National Blood Pressure Study, a randomized clinical trial comparing diuretic-based versus ACEI-based treatment in an elderly (age ≥65yr) hypertensive population over a median 4.1-year period. Three models were used: 1) ‘model A’ includes all study subjects without considering diabetes at any stage (n=6072); 2) ‘model B’ includes all subjects with diabetes (≥65yr), 3% male, 34% female, 63% male, 34% female, 63.4% moderate-to-severe hypertension; 3) ‘model C’ includes subjects with diabetes at the start (n=422) of the trial. One way-probabilistic sensitivity analyses were performed to assess the uncertainty. RESULTS: CE analysis showed that the incremental cost-effectiveness ratio (ICER) per QALY gained was AUD 62,472. For model B, there were 0.009 QALY’s gained per person and the ICER per QALY gained being AUD 1,286 (95%CI 619-2,952) for all subjects. The incremental cost-effectiveness analysis, the ICER per QALY gained for model B and C were always below AUD50,000, whereas for model A the probability was 25%. CONCLUSIONS: Initial treatment with diuretic-based treatment of hypertension in the elderly is less expensive, but considering the potential enhanced likelihood of development of diabetes in addition to costs of cardiovascular disease, ACEI-based treatment might be a cost-effective and safer alternative in this patient group.

PC94 WHAT IS THE VALUE OF CONDUCTING A TRIAL OF R-TPA FOR THE TREATMENT OF MILD STROKE PATIENTS?

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OBJECTIVES: To determine the use of value of information analyses to estimate the value of the prospective Potential of r-tPA for Ischemic Strokes with Mild Symptoms (PRISMS) trial studying recombinant tissue plasminogen activase (r-tPA) for the treatment of mild stroke patients. METHODS: We programmed a value of information (VIO) framework containing the outcomes of mild stroke patients who were treated or not treated with r-tPA. We modeled specific stroke severity health states based on modified Rankin scores using Markov modeling techniques. Probabilistic sensitivity analyses were performed in mild patients were derived from a subset of International Stroke Trial-3 patients. Utility and cost inputs were derived from other published sources. Model simulations assessed the expected value of the prospective trial and the expected value of reducing uncertainty in key trial estimates. RESULTS: A Markov model was adjusted by a reduced life year of $100,000, the PRISMS trial’s expected value of sample information was approximately $1.0 billion. Uncertainty reduction in the absolute difference in nondisabled patients (mRS 0-1) between strategies had the greatest expected value at $963 million, followed by uncertainty reduction in the mRS distribution of r-tPA patients at $466 million. Reducing uncertainty in costs, long-term life expectancy, and utility measures did not offer any additional societal value. CONCLUSIONS: Our analysis suggests a modest stroke trial based on the potential value of r-tPA. The trial’s expected benefits could be compared to those of other competing research proposals when prioritizing future research funding.

PC95 ESTIMATION OF PULMONARY ARTERIAL HYPERTENSION ON PRODUCTIVITY LOSSES IN THE UNITED STATES

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OBJECTIVES: To estimate pulmonary arterial hypertension (PAH) may impact worker productivity. The objective of this study was to estimate indirect costs of PAH in an employed population. METHODS: Data came from Truven’s MarketScan Market for Health and Productivity Management database. PAH workers were identified based on having ≥2 medical claims for primary pulmonary hypertension -ICD-9 code 416.0, and either one claim for right heart catheterization or one claim of echocardiogram. The first medical claim during this period served as the index date. Three non-PAH employees were matched to each PAH worker on age, gender, census region, and plan type. Annual productivity loss was calculated as a sum of absenteeism and short term disability (STD) in the follow-up year and derived by multiplying the reported days off work times the industry-specific average daily wage rate obtained from the 2012 US Department of Labor. RESULTS: 72 and 187 PAH workers met the absenteeism and STD eligibility benefits. The average age was 61.4, 59.6% were female, 62% were ≥65 years old, 48% were retired, 37% were in the South census region and enrolled in a preferred provider organization type health plan. Approximately 90% of PAH patients held a full-time position, majority were either salaried or a non-manual. The annual wage loss per PAH patient was $7,701. Productivity loss among PAH workers was found to be 44% higher than non-PAH employees. CONCLUSIONS: Productivity loss among PAH workers was found to be 44% higher than non-PAH employees.

PC96 RATE OF HOSPITALIZATIONS AMONG PATIENTS WITH SYSTOLIC HEART FAILURE IN A COMMERCIALLY-INSURED UNITED STATES POPULATION

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OBJECTIVES: Heart failure (HF) patients are frequently hospitalized, resulting in reduced quality of life and increased health expenditures. This study estimates recent rates of hospitalizations among systolic HF patients in the US. METHODS: This retrospective study used a large, nationally representative commercial database. Adult patients aged 18-64 years with ≥1 inpatient or ≥2 outpatient diagnoses of systolic HF (ICD-9-CM 428.2, 428.4x) in 2008-2013 with ≥12-months of claims data prior to and ≥ 1-month claims data after the first systolic HF diagnosis were included. Number of hospitalizations per year of all-cause hospitalizations and hospitalizations with HF as a discharge diagnosis during the entire follow-up period were summarized. Hospitalization rates after patients had 1, 2, and 3 all-cause hospitalizations were also reported. RESULTS: A total of 25,850 patients (mean age 64.6 years, 62% female, 43% with ≥3 comorbidities) met the study criteria, with a mean follow-up of 19 (SD 14.7) months. 67.8% of patients were hospitalized during the follow up, 29.3% had ≥2, 16.1% had ≥3 all-cause hospitalizations. During the study follow-up period, the diagnosis, the number of hospitalizations per patient-year was 1.63 (SD=2.62) for all-cause and 1.22 (SD=2.16) for HF hospitalizations. After the first all-cause hospitalization, the median number of subsequent hospitalizations per patient-year was 0.29 (SD=4.38) for all-cause and 0.08 (SD=1.0) for HF hospitalizations. The annualized rates for subsequent hospitalizations were higher after the 2nd and 3rd all-cause hospitalizations. CONCLUSIONS: From the time of diagnosis with systolic HF, hospitalizations are common and some patients experience multiple hospitalizations per year. The risk of subsequent hospitalizations increased in subjects