quitting smoking. Cost of 5-year reimbursement warfarine was estimated to be €60 million, while smoking cessation avoided costs reached €99.9 million, which compared with €21.1 million savings in the not-reimbursed scenario: a net incremental cost-saving of €15.9 million. Savings were observed in the third year of modelling. CONCLUSIONS: The BI of the reimbursement of warfarine in smoking cessation is a cost-saving health policy for the Polish NHS, and could produce cost-savings since the 3rd year of implementation.

PCV27 BUDGET IMPACT ANALYSIS OF HYPERTENSIVE TREATMENT WITH INDAPAMIDE AND AMLODIPINE SINGLE-PILL COMBINATION IN THE POLISH SETTING

Kwiecień P, Stawowczyk K, Holko P, Borowiec L, Filipiak K

The aim of the study was to calculate public payer and patients’ costs of hypertensive treatment with indapamide 1.5 mg and amiodipine 5 mg or 10 mg single-pill combination (SPC) and free combination (FC), in the Polish setting. METHODS: The analysis compared two scenarios: existing and new (National Health Fund) and from patient perspective, in a three-year horizon. SPC cost is based on average pharmacy price reported in April 2014 (28.13PLN and 19.75PLN respectively). Patient compliance is assumed at 110% and 155% of prescribed dosage. SPC was assumed as a cost-saving combination since the 3rd year of implementation. RESULTS: The new SPC could save €509,255 from a public payer perspective and from patient perspective amounting to: €509,255 in the first year, €7,833,005PLN (1,874,373EUR) in second year, €725,965PLN (173,717EUR) and €99,911PLN (24,024EUR) in third year respectively. Patient compliance is assumed at 110% and 155% of prescribed dosage. CONCLUSIONS: The new SPC could save €509,255 from a public payer perspective and from patient perspective amounting to: €509,255, €7,833,005PLN (1,874,373EUR) in second year, €725,965PLN (173,717EUR) and €99,911PLN (24,024EUR) in third year respectively.

PCV28 MODELING THE IMPACT OF A DIGITAL HEALTH FEEDBACK SYSTEM IN UNCONTROLLED HYPERTENSION PATIENTS

Kim YA, Virdi N, Raja P, DiCarlo J

OBJECTIVES: Despite the availability of numerous therapeutic agents and management tools, half of all hypertensive patients do not have their blood pressure (BP) under control. A model was developed to estimate the incremental costs of controlled vs. uncontrolled hypertension and the impact of a digital health feedback system (DHS) via a unique digital health feedback system. This Proteus system utilizes an ingestible Sensor to determine medication-taking patterns, and a wearable 7-day sensor. RESULTS: Based on a real-world study evaluating this technology in 164 patients with a history of uncontrolled hypertension. RESULTS: In a health plan of 1 million members, 7.9% (78,656) were uncontrolled hypertension patients receiving care who were eligible for the Proteus system. The direct annual medical costs of uncontrolled hypertension were estimated to be €60.9 million over the costs for controlled disease. The Proteus system was estimated to cost €7.3–3.8 million in savings (€328–€177 per BP at goal), and lead to a 3–9% reduction in the number of coronary artery disease and stroke events in one year. CONCLUSIONS: Even in the short-term, a digital health feedback system can provide an effective way to mitigate the substantial costs of uncontrolled hypertension.

PCV29 BUDGET IMPACT ANALYSIS OF APIXABAN VERSUS OTHER NOACS FOR THE PREVENTION OF STROKE IN ITALIAN NON-VALVULAR ATRIAL FIBRILLATION PATIENTS

Fradeti C, Candalisbelli M, Di Virgilio P, Bellone M, Taburro M

OBJECTIVES: To perform a budget impact analysis of the use of three available novel oral anticoagulant agents (NOACs) for preventing thromboembolic events in Italian patients with non-valvular atrial fibrillation (NVAF). METHODS: Estimated Italian population of patients is run through a decision tree/Markov model. Data were obtained from published sources. Sensitivity analysis was performed with a 1-year time horizon. RESULTS: A cost-effectiveness analysis was performed with a 1-year time horizon. RESULTS: A total of 7,551,718 NVAF patients were included in the analysis. CONCLUSIONS: The introduction of apixaban into the cardiovascular prevention arm for NVAF patients would result in a significant cost saving compared to other NOACs, which would be €13.70 (9.2%–16.27) and €16.71 (15.23–22.93) per patient per year, respectively. The cost of apixaban is significantly higher than other NOACs, which makes apixaban more expensive for the public payer. Therefore, the introduction of apixaban could improve health care expenditure control while maintaining or increasing therapeutic appropriateness in the Italian NVAF population.

PCV40 THE BUDGET IMPACT OF NEW GENERATION CT SCANNERS FOR DIFFICULT-TO-IMAGE, LOW-RISK PATIENTS WITH SUSPECTED CAD

Shields CT, Chapman AM

Objective: To evaluate the effectiveness of switching patients already treated with the multi-antiplatelet therapy of ticagrelor and clopidogrel to new generation intravascular ultrasound (IVUS) imaging. METHODS: The model was developed to estimate the incremental costs of using new generation IVUS in comparison to standard IVUS. The model was developed to estimate the incremental costs of using new generation IVUS in comparison to standard IVUS. RESULTS: The incremental cost of new generation IVUS was estimated to be €2,535 (95% CI €2,336 – €2,734) per patient. CONCLUSIONS: The introduction of new generation IVUS could improve patient outcomes and significant cost savings compared to standard IVUS in low-risk patients with chest pain.

PCV41 SIMVASTATIN PLUS FENOFIBRATE AS A FIXED DOSE COMBINATION IN THE TREATMENT OF MIXED DYSLIPIDEMIA IN GREECE: BUDGET IMPACT ANALYSIS

Koulabra G, Maniadakis N

OBJECTIVES: To evaluate the effectiveness of switching patients already treated with the multi-antiplatelet therapy of ticagrelor and clopidogrel to new generation intravascular ultrasound (IVUS) imaging. METHODS: The model was developed to estimate the incremental costs of using new generation IVUS in comparison to standard IVUS. The model was developed to estimate the incremental costs of using new generation IVUS in comparison to standard IVUS. RESULTS: The incremental cost of new generation IVUS was estimated to be €2,535 (95% CI €2,336 – €2,734) per patient. CONCLUSIONS: The introduction of new generation IVUS could improve patient outcomes and significant cost savings compared to standard IVUS in low-risk patients with chest pain.