outpatient management were obtained by micro-costing. Costs were expressed in 2015 Euros. The cost of iv iron was $1.00USD=3.00RIL. Results: It was estimated 60,279 patients with VTE in the entire private health system, which by switching to rivaroxaban, would result in overall $38.4 million savings. From the single health plan system perspective.

PCV60
IMPACT ON ITALIAN NATIONAL HEALTH SERVICE EXPENDITURE FOR THE TREATMENT OF VENOUS THROMBOEMBOLISM WITH RIVAROXABAN
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OBJECTIVES: Venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE) represents the third most common cardiovascular disease affecting acute coronary syndrome and stroke. Rivaroxaban, a novel oral simplified therapy approved for treatment of DVT and PE leads to reduction in thromboembolic and haemorrhagic events and does not need laboratory monitoring. This study aims to evaluate the economic impact of the use of rivaroxaban for treating patients with VTE in the Italian market. Tripliam is the first and only available single-tablet triple combination of oral anticoagulants (BIA) assessing the introduction of Tripliam for the treatment of hypertension into the market. The simplified therapy with rivaroxaban, as confirmed by the clinical trials, may provide significant clinical advantages in terms of avoided events and related costs. Moreover, without the need for laboratory monitoring, the increase in pharmacological expenditure is completely compensated leading overall to significant cost savings to the INHS.

PCV61
BUDGET IMPACT ANALYSIS OF TRIPLIAM FOR THE TREATMENT OF HYPERTENSION IN ITALY
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OBJECTIVES: The objective of this study was to perform a Budget Impact Analysis (BIA) estimating the introduction of Tripliam for the treatment of hypertension into the Italian market. Tripliam is the first and only available single-tablet triple combination antihypertensive therapy containing perindopril, amlopidine and indapamide in a fixed-dose. The aim of the study was to assess the cost-efficacy of rivaroxaban and standard of care in the management of hypertension. METHODS: The BIA compared two different scenarios: Scenario 1 without a triple fixed combination therapy vs. Scenario 2 with a triple fixed combination therapy. Budget impact was based on a model of 3 years of patients treated with rivaroxaban. The indirect cost savings were estimated through the impact on their outcome. CHF with ID is a major reason for hospitalization and readmissions. Thus, the objective of this analysis was to evaluate the cost saving potential through an increased use of intravenous iron therapy with ferric carboxymaltose (FCM) based on clinical trial evidence. METHODS: A budget impact analysis (BIA) with a four-year time horizon was developed from the health insurance perspective. The main objective of the model was to assess the change of disease progression due to higher iron deficiency and subsequent hospitalizations. The incremental cost associated to each CV event was calculated as $38.4 million savings from the single health plan system perspective.

PCV64
COST SAVINGS BY THE USE OF BEMIPARIN IN THE TREATMENT OF PATIENTS WITH VENOUS THROMBOEMBOLISM IN SPAIN
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OBJECTIVES: Assessing the benefit of enoxaparin on healthcare budget for the prophylaxis of the venous thromboembolism disease (VTE) and the treatment of deep vein thrombosis (DVT) with and without pulmonary embolism (PE) in Spain and its Autonomous Communities (ACs). METHODS: Prophylaxis patients were classified as moderate or high-risk according to the surgery type. The budget impact was estimated by comparing the cost in a scenario where 100% of the market is covered with enoxaparin vs. one from a scenario where no costs are included. An univariate sensitivity analysis was performed considering the current treatment setting with all heparins available in the market versus a projected scenario where all patients receive enoxaparin. Costs estimation was based on a product and pack over a year (March 2014 to February 2015) obtained from IMS Health database (Dataview), and on the retail price plus the value-added tax in 2015, discounting the deductions according to Royal Decrees. RESULTS: Savings were estimated as $38.4 million savings from the single health plan system perspective. The administration of enoxaparin for VTE prophylaxis would lead to a cost saving for the national health system of 10.138.123 € for high-risk patients and 744.684 € for moderate risk patients, depending on the AC savings range from 22.524.021 € to 1.955.318 €. Savings were calculated as 21.960% and 1.671.395% of savings obtained when comparing a scenario with only enoxaparin versus the current setting with all heparins come to 3.368.554€ and 9.813.120€ for prophylaxis of DVT and treatment of DVT, respectively, at national level. CONCLUSIONS: Broader use of enoxaparin for the prophylaxis of VTE and treatment of DVT with and without PE in Spain and its ACs would lead to an economic benefit for the Spanish health system.

PCV65
PRESCRIPTION ALGORITHMS: IMPACT ON STATINS
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OBJECTIVES: Assessing the benefit of statins on healthcare budget. The present analysis estimates clinical outcomes and incremental costs of statins. The objective of this study was to evaluate the cost-effectiveness of the introduction of "prescription algorithms" into the electronic prescribing tool for physicians. Check whether the prescription of statins has been moved towards cost effective alternatives. METHODS: Cross-sectional study