sitivity analyses proved the robustness of the results. With a probability of exceeding 90%, the triple combination is cost effective with an incremental cost-effectiveness ratio (ICER) of less than 20,000/quality-adjusted-life-years (QALYs). The single pill combination therapy with AML/VAL/HCTZ is a highly cost-effective alternative antihypertensive choice for the treatment of moderate to severe hypertension.

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**ECONOMIC EVALUATION OF Rivaroxaban IN THE TREATMENT OF DEEP VEIN THROMBOSIS IN GREECE**


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**OBJECTIVES:** To evaluate the economic effectiveness of rivaroxaban relative to standard care with injectable heparins (enoxaparin) followed by dose adjusted vitamin K-antagonists for the treatment of deep vein thrombosis (DVT). **METHODS:** An international Markov model designed to reflect the management and complications of DVT in the course of three month cycles, up to death, was locally adapted. It comprises twelve health states and allows for the comparison of rivaroxaban versus standard treatment in the six-month acute treatment phase. Baseline event rates and the relative treatment effect of rivaroxaban (HRs) were derived from the whole study population of the EINSTEIN DVT trial. Utility values were based on the published literature. Cost data reflect the year 2012 and were extracted from local sources. The incremental cost-effectiveness ratio (ICER) was calculated with quality-adjusted-life-years (QALYs) gained as the outcome measure. One-way sensitivity analyses and probabilistic analysis was undertaken to deal with uncertainty. The analysis was undertaken from a payer perspective and all costs and utilities were discounted at 3.5%. **RESULTS:** The analysis showed that the incremental cost of rivaroxaban in 3-month cycle was €570 higher compared to patients treated with the standard care. Rivaroxaban was associated with additional drug costs (€457), however these were partially offset by reduced monitoring costs (€257). Moreover, rivaroxaban was associated with a small QALY increment (0.019) and the ICER was calculated at 68,795/QALY gained. Sensitivity analysis showed that the base case ICER was most sensitive to HRs for recurrent venous thromboembolism and major bleeds. Excluding the cost of rivaroxaban, the model was also relatively sensitive to mean cohort age. Probabilistic analysis revealed that the likelihood of rivaroxaban being cost-effective at a threshold of €30,000/QALY was 89% and at €40,000 was 93%. **CONCLUSIONS:** Rivaroxaban may represent a cost-effective new alternative for the management of DVT in Greece.