Assess costs to the health system. The largest effect being the combined increased intake of potassium and vitamin 1HEVA HEOR Sarl, Lyon, France, 2Merck Serono Sas, Lyon, France

RESULTS: In both models, apixaban is the strategy producing the least thromboembolic and hemorrhagic events whereas AVK strategies are the cheapest treatments (2 to 2.5 times less than NOAC treatments). The use of the software for the treatment and prevention of VTE allows to save €3,150 per avoided event and for the AF treatment €7,557 per extra QALY gained and €6,688 per avoided event. CONCLUSIONS: Based on French guidelines for economic evaluation, apixaban and VKA + PAS are efficient strategies in AF.

PCV116
A NEW COST-EFFECTIVENESS MODELLING APPROACH IN CHRONIC HEART FAILURE WITH REDUCED EJECTION FRACTION
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OBJECTIVES: As new therapies for chronic heart failure with reduced ejection fraction (HFrEF) emerge, health technology assessments (HTAs) will require cost-effectiveness analyses to inform decision making. The objective was to develop a new cost-effectiveness analysis model for HTA purposes and to test a new decision model for therapy proposed for the treatment of HFrEF. METHODS: A systematic literature review was performed. Searches were conducted in MEDLINE, EMBASE, EconLit, and Cochrane Library databases with no restrictions on language, and clinical trials and HTA databases. The development of the model follows the Cost-Effectiveness model of a Markov model that will be used to estimate the cost-effectiveness of TEHV compared with current HVS. The results will be used to inform stakeholders about the requirements for TEHV to become cost-effective. Information regarding the costs of each company’s decision to undertake further development of TEHV, focusing on the most promising target groups. set realistic performance-price goals, and design and manage a reimbursement strategy.

PCV117
A Cost-Effectiveness Study on the increased intake of Potassium and Vitamin B2 among Adults in China
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OBJECTIVES: The World Health Organization guidelines recommend that an increase of potassium intake reduce blood pressure in adults. In addition, interaction with vitamin B2 has been shown to lower blood pressure in patients with genotype, specifically in hypertensive patients with premature cardiovascular disease and in patients with the 67C/T polymorphism (TT genotype) in the gene encoding for the enzyme methylene tetrahydrofolate reductase. In the Chinese northern region, the prevalence of this TT genotype was estimated to be 35% of the population. Therefore, 200 adults are hypertensive and 20% adults therefore have a CVD episode. This study aims to evaluate the impact of increased intake of potassium and vitamin B2 on blood pressure, CVD events and quality of life among Chinese adults younger than 65 years. A Markov model of clinical improvements beyond the observed data was considered clinically implausible. Parametric survival models, negative binomial models and multilevel regression models are used to predict mortality, hospitalisation, and HRQL, respectively, allowing extrapolation to a lifetime horizon. The model of HRQL attempts to capture the effects of baseline characteristics, hospitalisation, adverse events and time on EQ-5D. Clinical experts were consulted to validate the regression models and their respective predictions. CONCLUSIONS: The new framework employs similar methods to decision analytic models developed previously in heart failure, however models of both direct and indirect effects in negative binomial models and multilevel models are used to predict mortality, hospitalisation, and HRQL, respectively, allowing extrapolation to a lifetime horizon. The model of HRQL attempts to capture the effects of baseline characteristics, hospitalisation, adverse events and time on EQ-5D. Clinical experts were consulted to validate the regression models and their respective predictions. CONCLUSIONS: The new framework employs similar methods to decision analytic models developed previously in heart failure, however models of both direct and indirect effects in negative binomial models and multilevel models are used to predict mortality, hospitalisation, and HRQL, respectively, allowing extrapolation to a lifetime horizon. The model of HRQL attempts to capture the effects of baseline characteristics, hospitalisation, adverse events and time on EQ-5D. Clinical experts were consulted to validate the regression models and their respective predictions.

PCV119
Cost-Minimization Analysis of Rivaroxaban in Comparison to Vitamin K Antagonist Plus Warfarin in the Treatment of Venous Thromboembolism (VTE) under the Private Healthcare System
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OBJECTIVES: Venous thromboembolism (VTE) which comprises deep vein thrombosis (DVT) and pulmonary embolism (PE) is associated with a significant health-care burden. Currently, the standard of care is parenteral low molecular weight heparin (enoxaparin) plus warfarin. Rivaroxaban is an oral anticoagulant that does not require dose adjustment or routine coagulation monitoring, bringing an important advantage for the treatment of VTE. The EINSTEIN clinical program of rivaroxaban showed that, overall, hospitalized patients who received initial treatment with rivaroxaban for DVT and PE had a significantly shorter length of stay compared to patients who received enoxaparin/VKA. Therefore, the current study was done to evaluate the direct costs of treatment with rivaroxaban versus enoxaparin/warfarin. METHODS: A cost-minimization analysis (CMA) was chosen once the EINSTEIN program showed that rivaroxaban is non-inferior to enoxaparin/VKA with regards to efficacy for treatment of VTE being possible to consider that there is no difference in outcomes. Perspective was from the Brazilian private healthcare system and time horizon was one year. Costs related to hospitalization, outpatient management and adverse events were calculated by micro-costing analysis (VKA and rivaroxaban) using an economic model and expert panel. Costs were expressed in 2015 prices and exchange rate used was $1.00USD=3.0088L. RESULTS: Rivaroxaban use resulted less expensive than enoxaparin/warfarin in the treatment of VTE. Estimated total cost of treatment for one patient with VTE is $2,079 with rivaroxaban and $2,716 with enoxaparin/warfarin. The greater difference in costs was for treatment of PE, which was $685.57 less for rivaroxaban. For DVT treatment, estimated savings for rivaroxaban were $25.41. Robustness of the model was tested with a probabilistic univariate sensitivity analysis in which all results remained cost saving. CONCLUSIONS: Rivaroxaban is a cost-saving alternative compared to the current practice for the treatment of VTE under the perspective of the Brazilian private healthcare system.