non-adherent patients. CONCLUSIONS: Compared to two-pill and three-pill tri-
ple combination therapy, single pill combination therapy was more cost-
effective by considering SBP as the effectiveness outcome in the short term. Further
analysis accounting for indirect medical costs from the societal perspective and
using other outcome measures like quality adjusted life years (QALYs) in the
long term need to be further investigated. A BSCDD decision analytic model, cost-
effectiveness, hypertension, combination therapy.

PCV49
THE REAL-WORLD COST-EFFECTIVENESS OF CORONARY ARTERY BYPASS
GRAFTING VERSUS STENTING IN HIGH-RISK PATIENTS: PROPENSITY SCORE
ANALYSIS OF A SINGLE CENTRE EXPERIENCE
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OBJECTIVES: To date, several studies have evaluated the cost-effectiveness of coro-
nary artery bypass grafting (CABG) surgery versus percutaneous coronary
intervention (PCI) using data from randomised controlled trials. This study will
investigate the real-world cost-effectiveness of CABG compared with PCI using
longitudinal data from patients with multi-vascular coronary artery disease (MVCAD).
An Australian public hospital payer perspective will be adopted. METHODS: Data for
3,508 patients (CABG: N=1,440, PCI:N=2,068) admitted to a major metropolitan hos-
ital was obtained from two clinical registries, the Melbourne Interventional Group (MIG) and the
Australian & New Zealand Society of Cardiac & Thoracic Surgeons (ANZCTS).
Hospital readmissions and related patient-level costs were obtained for
the period of June 2009 to December 2014, from the same institution. The maxi-
mum follow-up period was five years. Adjustments for inflation and discounting
will be performed over this period. Propensity score matching through the Nearest
Neighbour technique will be used to balance the characteristics between the treat-
ment (CABG) and comparator (PCI) groups. The primary and secondary measures of
effectiveness will be major adverse cerebrovascular and cardiac events (MACCE), and
mortality, respectively. The incremental cost-effectiveness ratios (ICERs) per MACCE
avoided, and life years gained will be evaluated. Propensity score bin strap-
ning (PSB) will be performed to further validate the results. RESULTS: Although
several limitations apply to this analysis, we expect results to be similar to existing
literature, which favours CABG compared with PCI in stents in the medium to
long term. We expect highly favourable ICERs for CABG in sub-groups of patients
at highest risk of complications. CONCLUSIONS: This study will reveal the cost-
effectiveness of CABG compared with PCI using real-world data and new propensity
score techniques.

PCV50
REDEVALUATING THE VALUE OF EZEZITIME IN THE UNITED STATES IN THE
PERSPECTIVE OF CLOPIDOGREL INCREASED DOSAGE BASED ON THE IMPROVE-IT
RESULT
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OBJECTIVES: The IMPROVE-IT study has shown that ezetimibe (EZ) added to statin
therapy provides additional benefit with respect to CV outcomes. The objective of
this study is to assess the economic value of EZ in CVD patients in the US healthcare
system by calculating the potential change in patient cost savings associated
with EZ development to model the project long term cost and benefits of EZ added to statin
therapy in patients with CVD and LDL-C values $70 mg/dL. Risk reduction in CVD
events is lower compared to patients with LDL-C levels in the range of 50-70 mg/dL.
We expect highly favourable ICERs for EZ in subgroups of patients at highest
risk of complications. Conclusions: This study will reveal the cost-
effectiveness of EZ in CVD patients with increased dosages of CLOP based on
the IMPROVE-IT result.

PCV51
COST EFFECTIVENESS ANALYSIS APIXABAN IN THE PREVENTION OF VENOUS
THROMBOEmBOLISM AFTER TOTAL HIP OR KNEE REPLACEMENT IN ADULTS IN
COSTA RICA IN 2015
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BACKGROUND: Patients to require total hip replacement (THR) or total knee
replacement (TKR) are at high risk of developing post-operative deep vein thrombosis
(DVT) and pulmonary embolism (PE), known as venous thromboembolism (VTE)
[1,2]. An anticoagulant prophylaxis is recommended, low-molecular-weight hepar-
in (LMWH) and unfractionated heparin (UFH) are commonly used. IMR: Determine the cost-
effectiveness of different options of VTE prevention (VTPr) after THR or TKR in adults from perspective of Costa Rica’s
Public Health System (CSCS). METHODS: A tree-decision model (short-term) and a
markovian model (long-term) were designed using clinical trials data (effec-
tiveness and clinical events) to evaluate lifetime costs and quality-adjusted-life
years (QALYs) of apixaban (2-5mg BID) in comparison of enoxaparin (40mg/day).
Costs and benefits over a horizon of 30 years were discounted. An initial age of
65 years and 71 years average[4]. The distribution of surgery is 51% THR and 49% TKR[4]. The patients were
identified and distributed each therapy to analyze the probability of suffering clinical events.
The time horizon is 90 days (short-term) and 5 years (long-term) before surgery.
The clinical events evaluated are: total VTE events (PE, distal and proximal DVT)
and total bleeding events (Intracranial Hemorrhage, non-major clinically relevant,
Major bleeding or death) in the first year after THR or TKR event and post thrombotic syndrome
(PTS) in long-term. Costs were obtained from databases of CSSCS[5]. Sensitivity
analysis was also performed and 5% discount rate. RESULTS: The events present
for 1,000 hypothetical patients (51%THR/49%TKR) short-term are: 68 vs 118 total VTE and
83 total bleeds (apixaban vs enoxaparin); in large term are: 20.6 vs 35.8 total VTE and 18.8 vs 32.6 PTS (apixaban vs enoxaparin). Overall costs and QALY per
patient are: US$542.53 and 4.9587 QALY for apixaban, US$540.82 and 4.9479 QALY for
oxaparin. CONCLUSION: Apixaban is highly effective by considering SBP as the
effectiveness outcome compared to enoxaparin after THR or TKR in the social security of Costa Rica.