repeat procedure rates (TLR - target lesion revascularization) over 1 year. The model was developed using a national health care system with a 5-year time horizon. A systematic literature review was carried out on TLR rates in patients with femoral-popliteal disease treated with one of the four treatment choices. Costs associated to each treatment are derived from the average DRG tariffs used in peripheral angioplasty procedures. A decision analytic model was developed to estimate total costs over 12 months of index procedures and possible revascularizations. RESULTS: Pooled 12-month TLR rates show clear benefit with DEB compared to PTA (8.6% vs 28.6%) and non-inferiority of DEB vs DES (9.4%). CONCLUSIONS: The analysis suggests clear patient benefit for DEB, with significant reductions in total investment, DEB represents a cost-saving alternative to other technologies according to the NHS perspective.

PCV41
BUDGET IMPACT ANALYSIS OF RIVAROXABAN IN THE PREVENTION OF STROKE IN NON-VALVULAR ATRIAL FIBRILLATION PATIENTS IN ITALY
Capiati S!, Venetianico MP, Ricciardi WC!, D’Ausilio A!, Pedone MP!, Bianchi IM!,
1Institute of Economics, Castellanza, Italy, 2Catholic University of Sacred Heart, Roma, Italy,
3Catholic University of Sacred Heart, Rome, Italy, 4Creativ Ceutical, Luxembourg, Luxembourg,
5Rayer Pharma, Milano, Italy
OBJECTIVES: In Italy about 500,000 non-valvular atrial fibrillation (NVAF) patients have atrial fibrillation, a medical need as they do not receive adequate anticoagulation therapy for stroke prophylaxis: many patients receive antplatelet therapy, even when the guidelines recommend vitamin K antagonists (VKA), or are not treated at all or treated with sub-therapeutic international normalized ratio (INR). The aim of this study is to evaluate the cost-effectiveness of rivaroxaban in the national scenario is beneficial because it will provide a substantial reduction in the disease burden for patients and in costs for the SSN.

PCV42
COMPARISON OF DABIGATRAN ETIXELATE VERSUS WARFARIN, ASPRIN & NO TREATMENT FOR STROKE PREVENTION IN ATRIAL FIBRILLATION IN ENGLAND, UNITED KINGDOM OVER 5 YEARS
Sunderland T!, Zahi V!, McCarron C!
1Boehringer Ingelheim, Berkshirke, UK, 2Boehringer Ingelheim, Mississauga ON, Canada
OBJECTIVES: To compare per-patient costs of dabigatran etexilate (dabigatran) versus combination of aspirin, warfarin and no treatment for stroke prevention in atrial fibrillation (AF) patients in England, UK, setting over 5 years. METHODS: An interactive model was built in Microsoft Excel to calculate the following: Total number of AF patients eligible for dabigatran • Number of clinical events for dabigatran, warfarin, aspirin and no treatment patients over a 5 year time horizon. Clinical events included were stroke (ischaemic, haemorrhagic, systemic embolism); major bleeding (intracranial and extracranial), all cause mortality; acute myocardial infarction • Total costs of clinical events for each treatment. The total cost per day for dabigatran is £2.20 per day; warfarin is £1.18 per day; aspirin is £0.09; no treatment is £0.00. Warfarin had a TTR of 55% (From Jones et al 2005), aspirin and no treatment clinical event rates were from Roskel et al (2010). Dabigatran data was from the RE-LY trial. RESULTS: The estimate includes £82,527 per patient with AF in England, of which 78% are eligible for dabigatran (641,571). After 5 years, patients treated with dabigatran versus 80% with warfarin; 10% aspirin; 10% no treatment are associated with: 1) 27,357 fewer strokes; 2) 57,737 fewer deaths; 3) an increase of £28,167,361 in drug burden; however there is an overall cost saving of £11,240,201. The overall cost saving is predominantly driven by savings in disability following stroke. CONCLUSIONS: Study indicates that due to a superior clinical profile, dabigatran may be more than offset the increase drug burdens, resulting in cost savings, if used preferentially versus warfarin, aspirin or no treatment.

PCV43
COMPARISON OF DABIGATRAN ETIXELATE VERSUS WARFARIN FOR STROKE PREVENTION IN ATRIAL FIBRILLATION IN IRELAND OVER 5 YEARS
McCarron C!, Sunderland T!, Zahi V!
1Boehringer Ingelheim, Berkshirke, UK, 2Boehringer Ingelheim, Mississauga ON, Canada
OBJECTIVES: To compare per-patient costs of dabigatran etexilate (dabigatran) versus combination of aspirin, warfarin and no treatment for stroke prevention in atrial fibrillation (AF) patients in Ireland. METHODS: A model was built in Microsoft Excel and included an estimate of the number of Irish patients diagnosed with AF and eligible for treatment with dabigatran. It is assumed that all diagnosed AF patients eligible for freedom to receive warfarin and that all patients switch to dabigatran in Year 1, regardless of International Normalised Ratio (INR) control amongst warfarin patients. Differences in numbers of clinical events expected to occur based on a patient’s antithrombotic treatment were estimated by applying event rates from literature and was estimated for dabigatran drug costs were estimated at €7,680,770. Cost savings due to clinical events avoided amounted to €2,894,743 and on savings on disability costs at €5,663,439, giving a total potential saving of €8,560,016 (of which €8,271,923. CONCLUSIONS: Use of dabigatran as compared to warfarin for stroke prevention in AF in the Irish setting may avoid a significant number of clinical events and result in overall cost savings.