2011. One-year costs were identified by applying cost data to medical informa-
tion obtained by review of medical records. Costs included those for mediations,
labratory and diagnostic tests, clinic visits, emergency room visits and hospital
stays. Contemporary data were obtained from epidemiological studies, government
datasets, and other sources to estimate prevalence. National costs (US dollar 2012)
of treatment for PAH were estimated by extrapolation of mean cost estimate per
person to national incidence data for PAH. Because of uncertainties surrounding
some of our estimates such as prevalence, one way sensitivity analyses were under-
taken. The 113 PAH patients were identified and their demographic and
clinical characteristics, patterns of care were examined. The mean age was 38
years, and 83% were female. The average per patient annual cost was $10,869
with out specific treatment (min $137; max $155,928). The annual cost for the
management of a single PAH patient per year with specific therapy (bosentan) was calculated in $31,433. Aggregate national health care expenditures for treatment of PAH were USD 46.6 million. In multivariate analysis, length of hospital stay, stay in ICU, were all significant independent predictors of treatment costs. A single regression
pective, cost-of-illness study was conducted between August 2008 and July 2009. In
total, 464 consecutive patients were recruited (370 were subjected to PM implantation and 94 to ICD). Resource data set included mean costs and mean per patient’s enrolment” in the study and at 6th and 12th months of patients’ follow-up. Then, the procedure, the total hospitalization cost as well as the annual patients’ follow ups costs were cal-
culated using a bottom-up approach. RESULTS: The mean (95% confidence interval)
procedure cost and annual PM follow-up cost were $4,598 (3,215–6,241) and $2,091
practitioner, other supplies, and personnel’s) was calculated to be $1,803 ($1,758–1,858)
and $2,667 ($2,603–2,731), respectively. The mean total hospitalization cost includ-
ing procedure cost, hospitalization cost, cost of laboratory and diagnostic imag-
examinations and the indirect cost attributed to productivity lost due to patient’s hospitalization was $3,992 (3,711–4,176) for PM and $7,174 (6,152–8,192) for ICD. The mean annual cost (direct and indirect) was $1,816 (1,433–2,421) for PM and $2,819 (2,115–3,524) for ICD. The difference was determined with initial implantation and replacement. CONCLUSIONS: These data revealed that although these devices are associated with a relatively high upfront cost, the annual societal cost following the implantation is low. Therefore, implantation of such devices should be encouraged since these devices reduce the morbidity and mortality without a high economic burden to society.

PCV18 ECONOMIC BURDEN OF CORONARY HEART DISEASE IN THE PATIENTS ATTENDING NATIONAL HEART CENTER, KATHMANDU, NEPAL Dangi A.1, Lohani S.P.2

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Objectives: To determine the cost of illness due to the patients attending National Heart Center, Kathmandu, Nepal. METHODS: Descriptive cross sectional survey was conducted. The total number of sample was 120. The sam-
ple was selected by non-probability purposive sampling method. Data entry and analysis was done using SPSS 16.0. Categorical variables were compared using chi-square test and independent Sample t-test. Results: The mean costs attributable to coronary heart disease was $39,261 (€39,26–18,692) for ICD and $18,692 (€18,16–39,261) for PM. The difference was determined with initial implantation and replacement. CONCLUSIONS: The incremental cost-effectiveness ratio (ICER) was computed as incremental costs per life-year, discounted at 3%. Deterministic sensitivity analyses were performed.

PCV20 TREATMENT COSTS OF ISCHEMIC STROKE PREVENTION AND MANAGEMENT IN PATIENTS WITH ATRIAL FIBRILLATION (AF) IN LATIN AMERICA: ARGENTINA, BRAZIL, CHILE, AND VENEZUELA Serrano MA1, Leyva-Braico V1, González-Rojas GL1, Medina-Farina M2, Duarte MA1

1Evidencias, Campinas, Brazil, 2Sociedade Brasileira de Hemodinâmica e Cardiologia Intervencionistas (SBHCI), São Paulo, Brazil

Objectives: Atrial fibrillation (AF) is the most common arrhythmia worldwide. Most patients with AF need lifelong treatment to be protected from ischemic stroke. The aim of the study was to estimate the mean annual cost of care in each Latin American country and to identify predictors of the cost among patients with AF. METHODS: A cross-sectional study was conducted in patients with AF [SAF & SMAT] in 4 Latin American countries. Overall the costs of SAF & SMAT were determined through face-to-face interviews with cardiologists in Argentina, Brazil, Chile and Venezuela. Treatment costs were estimated using benchmarks from major private and public hospitals in each coun-
try. RESULTS: On average, the largest component of real-life medical expenditures for SAF, under appropriate treatment given CHADS2 score, was prescription drugs, which ranged from 68% in private to 75% in public. Annual SAF treatment ranged in price from US$425 in Argentina to US$1,955 in Chile in private institutions and US$BS in Brazil to US$1,199 in Venezuela in public institutions. Moreover, overall treatment costs of patients with AF remained lower than the least expensive option in each sector. For SMAT, using rivaroxaban vs the common Vitamin K antagonists resulted in a 24%-46% cost reduction for disease treatment at a national level due to better patient adher-
ce and increased consumption/year, which decreased the annual cost to up to $1,943 to M/y in savings. CONCLUSIONS: AF is an important source of health care resource utilizat

PCV21 HEALTH-ECONOMIC ASSESSMENT OF THE USE OF CATHETER-BASED RENAL DENERVATION IN PATIENTS WITH RESISTANT HYPERTENSION IN MEXICO Ceballos RM1, Sanchez-Kiobashi R2, Gay JO1, Peterson JB2, Geisler BP1

1Medtronic, Mexico DF, Mexico, 2Medtronic, Mexico, Mexico City, 3Hospital Barros Luco, Santiago, Chile, 4Hospital Militar Carlos Arvelo, Caracas, Venezuela

Objectives: To determine the mean annual cost of illness to be NRs. 30,888.14 (US $ 360) for an outpatient episode with medications and office visits and NRs. 22,320.14 (US $ 260) for hospitalization for SPAF, under appropriate treatment given CHADS2 score, was prescription drugs, which ranged from 68% in private to 75% in public. Annual SAF treatment ranged in price from US$425 in Argentina to US$1,955 in Chile in private institutions and US$BS in Brazil to US$1,199 in Venezuela in public institutions. Moreover, overall treatment costs of patients with AF remained lower than the least expensive option in each sector. For SMAT, using rivaroxaban vs the common Vitamin K antagonists resulted in a 24%-46% cost reduction for disease treatment at a national level due to better patient adher-
ce and increased consumption/year, which decreased the annual cost to up to $1,943 to M/y in savings. CONCLUSIONS: AF is an important source of health care resource utilizat

PCV22 COST-EFFECTIVENESS OF TRANSCATHETER AORTIC-VALVE IMPLANTATION FOR SEVERE SYMPTOMATIC AORTIC STENOSIS IN INOPERABLE PATIENTS IN THE BRAZILIAN PUBLIC HEALTH CARE SYSTEM Salmikhanic AM1, Paladini L1, Borges L1, Queiroga M2, Lemos P3, Clark OA2

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Objectives: Aortic stenosis is the most common valvular heart disease in the elderly - its prevalence is estimated to be up to 5% in individuals over 75 years. Surgical replacement of the aortic valve is considered the standard care and in the absence of serious coexisting conditions, the surgery is recommended. However, even when there is a high surgical risk associated with advanced age or with the presence of multiple coexisting conditions. Treatment with transcatheter aortic-valve implantation (TAVI) is a less invasive procedure compared to open surgery and is used as a therapeutic option in this group of patients considered inoperable. Therefore, this study aims to develop a cost-effectiveness analysis of TAVI in patients with severe aortic stenosis who are not suitable for surgical treatment. METHODS: A Markov model was developed to compare the TAVI versus standard therapy (drug treatment for each generic was used to estimate one month’s cost of hypertension treatment, considering the minimum and maximum dosage for each generic. The affordability of treatments was calculated by comparing the total cost of medicines to the official minimum wage ($63.12MXN, 2013 prices) RESULTS: The number of days’ wages required to pay one month of antihypertensive therapy ranged from: 0.08-1.32, for diuretics, 0.7-1.90 for β blockers, 0.7-1.30 for calcium channel blockers, 0.71-3.31 for ACE inhibitors and 2.3-8.11 for ARBs. CONCLUSIONS: Cost could be a substantial barrier for permanence in hypertensive treatment, so that should be discussed measures to prevent this from happening.

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with or without aortic balloon valvuloplasty). Outcomes in the model were based on safety and effectiveness (as measured by clinical outcomes of chance of successful implantation procedure and survival from PARTNER cohort B trial). Resource use included early periprocedural complications (30 days) and late events. Cost data were obtained from Brazilian public lists (DATASUS and IFS). Results were expressed as the ratio of incremental effectiveness to incremental costs (ICER) per years gained. Probabilistic sensitivity analysis was performed to confirm robustness of the results. RESULTS: Compared with standard therapy with or without aortic balloon valvuloplasty, the use of TAVI improves survival in 0.97 life years with an incremental cost of US$35,071, resulting an ICER of US$36,260/life year gained. CONCLUSIONS: Use of TAVI results in improved survival with a low risk of serious adverse events, and demonstrates a cost-effectiveness profile when compared to other technologies already incorporated by the Brazilian public health system.

PCV27
COST-EFFECTIVENESS OF CLOPIDOGREL VERSUS TICAGRELOR, AMBOS EN COMBINACIÓN CON ASA, PARA EL MANEJO DEL SÍNDROME CORONARIO AGUDO, DESDE LA PERSPECTIVA DEL SISTEMA DE SALUD PRIVADO EN MÉXICO

PCV28
COST-UTILITY OF DABIGATRAN FOR CHRONIC ATRIAL FIBRILLATION IN ARGENTINA

PCV29
COST-UTILITY OF APIXABAN COMPARED TO WARFARIN FOR STROKE PREVENTION IN PATIENTS WITH ATRIAL FIBRILLATION IN ARGENTINA

PCV25
ANÁLISIS DE COSTO-EFECTIVIDAD DEL USO DE INOXALGATO VERSUS IODIXOLAN EN ANGIOGRAFÍA CORONARIA

PCV22
ANÁLISIS DE COSTO-EFECTIVIDAD DE USO DE OCLIJORES SEPTAIS NO FECHAMIENTO DE COMUNICACIÓN INTERATRAL (CIA) DEL TIPO OSEUM SECUNDUM COMPARADO CON LA CIRUGÍA CONVENCIONAL

PCV21
ANÁLISIS DE LA UTILIZACIÓN DE HCII Y HCCII EN PACIENTES CON HIPERCOAGULABLES EN MÉXICO.