

An average of 3.35 years follow-up was used. IMSS population with hypertension was estimated using the national prevalence of 30.8% (20 years and older) reported by the National Health Survey of 2006, the proportion (70%) of the Mexican population over 20 years old reported by the National Population Council and the number of total IMSS affiliates. A 5% discount rate was applied to costs. Results are presented in US dollars (exchange rate 13 MXN/dollar). **RESULTS:** Primary hypertension annual treatment cost per patient including related cardiovascular events was \$556.56 for patients treated with candesartan/HCT and \$718.42 with losartan/HCT treatment. Theoretical savings yield by candesartan/HCT are \$161.86 per patient. Calculated hypertension patients affiliated to the IMSS was 10 million. Average annual savings given this population are \$1.707 million for the institution with 1.8 million bed days, 4.4 million physician visits and 5.3 million laboratory tests avoided. **CONCLUSIONS:** This analysis showed that the reduction of cardiovascular events with the use of candesartan/HCT for treating primary hypertension could save \$1.707 million to the IMSS.

PCV35

THE BUDGET IMPACT ANALYSIS OF AMBRISENTAN IN 2ND LINE TREATMENT OF ADULT PATIENTS WITH IDIOPATHIC, FAMILIAR OR ASSOCIATED WITH CONNECTIVE TISSUE DISEASE PULMONARY HYPERTENSION OF III NYHA STAGE

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OBJECTIVES: To evaluate the costs of ambrisentan within therapeutic health program in 2nd phase line treatment of adult patients with idiopathic, familiar or associated with connective tissue disease pulmonary hypertension of III NYHA stage. **METHODS:** The analysis compared two scenarios: existing and new. The existing one assumed application of bosentan, iloprost, treprostinil or sildenafil in patients with pulmonary hypertension of III NYHA stage in case of 1st line treatment with bosentan or sildenafil failure. The new one included also administration of ambrisentan. Population's abundance and market shares of drugs used in presented indication were estimated on the basis of PHPOL Registry. Cost data were collected from public payer's perspective (National Health Fund) in Poland and calculated in five years horizon. Official *ex factore* price of Volibris® was provided by the producer. Cost analysis was performed under assumption that ambrisentan would be financed within the framework of Catalogue of active substances used in therapeutic health programs. A range of variables was checked in a sensitivity analysis. **RESULTS:** Introduction of ambrisentan to Catalogue of active substances used in therapeutic health programs and administration in 2nd line treatment of adult patients with idiopathic, familiar or associated with connective tissue disease pulmonary hypertension of III NYHA stage brought savings from public payer's perspective amounted to: 178,782PLN (64,719PLN–342,497PLN) in first year, 385,054PLN (132,673PLN–769,277PLN) in second year, 614,006PLN (203,224PLN–1,266,372PLN) in third year, 646,137PLN (206,854PLN–1,366,336PLN) in fourth year and 674,573PLN (210,053PLN–1,455,310PLN) in fifth following year. **CONCLUSIONS:** Treatment with ambrisentan leads to savings from public payer's perspective and constitutes substantial therapeutic achievement (it is administered orally and only once a day unlike other drugs currently used in presented indication).

PCV36

BUDGET IMPACT MODEL OF VENOUS THROMBOEMBOLISM PREVENTION AFTER TOTAL HIP AND KNEE REPLACEMENT

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OBJECTIVES: The purpose of this study was to perform comparative pharmacoeconomic analysis of antithrombotic therapy with rivaroxaban (Xarelto®) and enoxaparin (Clexane®) in the conditions of real clinical practice of total hip (THR) and knee (TKR) replacement. **METHODS:** The method of budget impact modeling was used. **RESULTS:** At equal duration of venous thromboembolism (VTE) prophylaxis at THR (35 days) rivaroxaban turned out to be more budget saving than enoxaparin by 2399 RUB (62.71€), reducing the quantity of complications cases (pulmonary embolism, deep venous thrombosis, death) by 26 cases per one thousand patients. At various duration of prophylaxis at THR—rivaroxaban (35 days) and enoxaparin (14 days)—rivaroxaban application has also demonstrated budget savings by 100 RUB(2.63€) thus reducing the quantity of complications by 74 cases per one thousand patients. The results of comparison of two weeks VTE prophylaxis after TKR have shown the most sizeable economy after rivaroxaban application by 7734 RUB(202.164€) and simultaneous complications decrease by 92 cases per one thousand patients. **CONCLUSIONS:** Rivaroxaban demonstrated budget savings compared to enoxaparin at all prophylaxis regimens at THR and TKR by reducing thrombosis complications.

BURDEN IMPACT OF ATRIAL FIBRILLATION (AF BI) IN RUSSIAN FEDERATION

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OBJECTIVES: AF is a big problem of the Russian Health Care System because cardiovascular diseases are the leaders in the structure of morbidity and mortality. Systemic statistics of AF and AF BI are unknown. Aim: To calculate the AF BI based on regional data and extrapolate the received data for Russia. **METHODS:** Evaluation of AF incidence and prevalence in dynamic (1995–2005) in the North-West region of Russia, calculation of direct and indirect costs and perspective modeling. **RESULTS:** As estimation—AF prevalence in Russia is 3.2/1000, incidence is 1,766/100,000, paroxysmal and persistent AF are increased from 0.6 to 1.8 and 0.25 to 0.6/1,000 accordingly. Hypertension (73%), ischemic heart disease (65.2%), diabetes (9%) occurred in the first episode of AF. Hospitalization rate is increased by 66%, estimated rate is 1.23 mln. pts./year, and its length is 6.9 days on the average, AF lethality is 1%. Disability rate is 40%, estimated amount of disability days is 3.3 mln/year. Calculated hospitalization cost for one year is 11.35 bln RUR (€298 mln), cost for out-patients' day-service—29.6 mln RUR (€778 ths) and cost of out-patient treatment for all patients is no less than 32.5 bln RUR (€855 mln) including drugs cost—19.6 bln RUR (Euro). Estimated surgery cost is 260 mln RUR (€6.8 mln). Undirected adjusted cost is no less than 3 bln RUR (€80 mln). **CONCLUSIONS:** AF BI in the Russian Federation leads to the biggest governmental, insurance and personal expenditures as compared to the developed countries. Annual BI AF without deficiant GDP per person is no less than €5.5 ths. Decreasing of AF BI can be particularly achieved in case of a better pharmaceutical control of AF aimed at saving budget charges due to the less hospitalization and surgeon rates.

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PCV38

CLINICAL AND ECONOMICAL BENEFITS OF THE USE OF REMOTE MONITORING WITH CARELINK® IN CENTRO MÉDICO NACIONAL "LA RAZA", IMSS MEXICO

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OBJECTIVES: The majority of cardiac device recipients are routinely followed. Implantable Cardioverter Defibrillators (ICDs) devices must be systematically and continually monitored, with follow-up frequency adjusted for the patient's underlying medical condition, device-related issues, and patient preferences. In México, in CMN-IMSS La Raza, the current implant rate for ICD is 5 per million (equating to 30 new implants per year) and every year an average of 180 patients implanted with ICD are attending follow-up visits at La Raza hospital in Mexico. This simulation provides evidence to support the use of remote follow up and monitoring of ICDs via the CareLink Network as an alternative to follow-up consultations in attending an outpatient clinic setting. **METHODS:** The simulation considers patients implanted with ICD (without CareLink) will on average require 4 in-clinic follow-up consultations per year whilst those with CareLink will only require 1 in-clinic follow-up consultation (4–6 weeks post implant) and 3 remote follow-up consultations. Reviewing patient data provided via the CareLink Network (remote monitoring consultation) requires an average 8.4 minutes of cardiac physiologist time compared to 25.8 minutes for an in-clinic follow-up consultation. **RESULTS:** For each patient per year the introduction of a remote monitor to support device follow-ups, lead to a reduction in cardiac physiologist time of 52.2 minutes equivalent to \$17,970 MXP (\$30,686 MXP without CareLink versus \$12,716 MXP on CareLink). The cost of a cardiac physiologist time is \$2630.00 MXP (per hour) equating to MXP 368.20 per remote follow-up versus \$1130.90 MXP per in-clinic follow-up. **CONCLUSIONS:** The use of CareLink can potentially generate economic benefits for the health professional, institution, health system and the patient.

PCV39

CLINICAL OUTCOMES AND COSTS OF A POCKET-SIZED ULTRASOUND DEVICE FOR SCREENING FOR ABDOMINAL AORTIC ANEURYSM IN ITALY

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OBJECTIVES: To develop a model to assess the clinical and economic impact of a pocket-sized ultrasound (PSU) versus standard ultrasound for abdominal aortic aneurysm (AAA) screening in Italy. **METHODS:** The model was developed from the perspective of the Servizio Sanitario Nazionale, the national health care system in Italy, during an 8-year time horizon for 65–74-year-old males who had smoked in their lifetime. Our model assumed 100% of eligible males could be screened with the PSU, as compared to 29% actually screened with standard ultrasound, and that screening with a PSU would incur no additional cost. Model inputs were derived from major clinical trials (4-year rates of mortality, aortic rupture, and elective and emergency surgeries) and DRG reimbursement rates (costs). Model outputs of number of deaths, ruptures and costs (2010 euros) were calculated. One-way sensitivity analyses were conducted. **RESULTS:** A PSU strategy yielded a 33.8% (0.32% vs. 0.48%) and 46.6%