of treating minor bleeding adverse events related to VTEp was estimated as 2.36%. The most common drugs prescribed in the study were Metformin, Glibenclamide, glitazones, insulin, ramipril, amlodipine, telmisartan, metoprolol, hydroychlorothiazide, furosemide, atorvastatin, and aspirin. The most comprehensive laboratory tests include FBS/PPBS/RBS/HbA1C, lipids profile, urinalysis, HBs, electrolytes, and Sr-Creatinine. The average total healthcare cost for two months was found to be Rs 2115 per patient. CONCLUSIONS: In summary, this is the first Indian healthcare cost study conducted in the community setting. Diabetes imposes an enormous economic burden on the healthcare system worldwide. This burden will continue to increase in the next two decades. More prevention efforts and resources are required to reduce this burden and to provide basic diabetes care in the low- and middle-income countries.

PCV46
ASSESSING THE COST-EFFECTIVENESS OF THE RECOMMENDED ANTIHYPERTENSIVE DRUG CLASSES IN FRANCE USING A LIFETIME MARKOV MODEL
Gerlier L1, Mody P2, Lièvre M2, Cohn H3, Vellopoulou K1, Maurel F4, Lamotte M1
1IMS Health Consulting Group, Vilvoorde, Belgium, 2Haute Autorité de Santé, Saint-Denis La Plaine, France, 3Université Claude Bernard, Lyon, France, 4IMS Health Consulting Group, Puteaux, France

OBJECTIVES: The management of arterial hypertension in France starts with an evaluation of the patient’s cardiovascular risk (function of age, sex, cholesterol level, systolic blood pressure [SBP]) and if necessary, the prescription of a recommended class among angiotensin converting enzyme (ACE)-inhibitors, angiotensin receptor blockers (ARBs), beta-blockers, calcium channel blockers (CCBs) and thiazide diuretics. The objective of this study was to assess, for different patient’s profiles, the costs and benefits of the recommended antihypertensive treatment classes in France. METHODS: A cohort of newly treated patients entered a Markov model, using 1-month cycles in the first year, 1-year cycles up to 10 years then 1-year lifetime extrapolation of costs and benefits. The cohort was characterized by its cardiovascular risk profile, its SBP, and its French health system setting. The model estimated the number of ischaemic and haemorrhagic strokes, systemic embolisms, intracranial hemorrhages, transient ischaemic attacks, extracranial hemorrhages, minor bleeds and acute myocardial infarctions associated with the respective treatments. To each clinical event costs, disutilities and/or reduction in quality of life, and risk of death were assigned. Only direct medical costs were considered and a discount rate of 5% was assumed, according to Brazilian HTA guidelines. A probabilistic sensitivity analysis was designed to assess uncertainty. RESULTS: Under both, the private and public perspective, DAB was dominant with additional 0.31 life-years gained (LY), additional 0.60 QALYs and demonstrated a lower incidence of intracranial events versus ASP, resulting in a lower event costs (~$1,057.84 and ~$3,006.07) for the ICER. The ICER for DAB versus ASA was $38,511.06/LY and $31,379.80/QALY from the public perspective and DAB was dominant from the private perspective. CONCLUSIONS: Findings suggest that DAB can be cost-effective for stroke prevention when used instead of ASA in NVAf patients in Brazil, given that DAB was not dominant in the private sector and ICERS were below the threshold of other technologies reimbursed in the public health care sector.

PCV49
COST-EFFECTIVENESS OF DIABETIC ENTECALIDE VERSUS ACETYLSALICYLIC ACID FOR STROKE PREVENTION IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION UNDER THE PRIVATE AND PUBLIC HEALTH CARE SYSTEM IN BRAZIL
Nascimento VN1, Figueiredo MD2, Martins SC, Peggs LSP3
1Boehringer Ingelheim Brazil, Sao Paulo, SP, Brazil, 2UNICAMP, Campinas, SP, Brazil, 3Hospital Clinica de Porto Alegre, Porto Alegre, RS, Brazil, 4Danta Pizzazzino Institute, Sao Paulo, SP, Brazil

OBJECTIVES: To compare costs and effectiveness of dabigatran etexilate (DAB) versus acetylsalicylic acid (ASA) in patients with Non-Valvular Atrial Fibrillation (NVAF) in a private and public health care system perspective in Brazil. METHODS: A Markov model was built to compare DAB versus ASA to derive incremental cost-effectiveness ratio (ICER) of DAB based on a mixed treatment comparison and a modified Delphi panel with Brazilian experts (local clinical practice patterns on the management of NVAF patients). The model estimated the number of ischaemic and haemorrhagic strokes, systemic embolisms, intracranial hemorrhages, transient ischaemic attacks, extracranial hemorrhages, minor bleeds and acute myocardial infarctions associated with the respective treatments. To each clinical event costs, disutilities and/or reduction in quality of life, and risk of death were assigned. Only direct medical costs were considered and a discount rate of 5% was assumed, according to Brazilian HTA guidelines. A probabilistic sensitivity analysis was designed to assess uncertainty. RESULTS: Under both, the private and public perspective, DAB was dominant with additional 0.31 life-years gained (LY), additional 0.60 QALYs and demonstrated a lower incidence of intracranial events versus ASP, resulting in a lower event costs (~$1,057.84 and ~$3,006.07) for the ICER. The ICER for DAB versus ASA was ~$38,511.06/LY and ~$31,379.80/QALY from the public perspective and DAB was dominant from the private perspective. CONCLUSIONS: Findings suggest that DAB can be cost-effective for stroke prevention when used instead of ASA in NVAf patients in Brazil, given that DAB was not dominant in the private sector and ICERS were below the threshold of other technologies reimbursed in the public health care sector.

COST-EFFECTIVENESS OF PULMONARY ARTERIAL HYPERTENSION (PAH) AS A CHRONIC DISEASE WITHIN THE PRIVATE HEALTHCARE SECTOR IN BRAZIL
Anitha Balakrishnan2
1South Dakota University, Sioux Falls, SD, USA, 2University of Michigan, Ann Arbor, MI, USA

OBJECTIVES: Although medication advice is a key component in cardiac rehabilitation (CR) program, little is known about its effectiveness on patient medication use behaviors. This project aimed to assess the cost-effectiveness of CR program on patient adherence to cardiac medication and the number of hospitalizations avoided. METHODS: Using MarketScan® Medicaid database, patients with acute myocardial infarction (AMI) were identified. By using propensity scores, patients receiving CR programs during 2003–2007 were 1:1 matched with 471 controls (without CR) on patient demographics, comorbidities and healthcare costs before the CR started. The economic perspective was that of third-party payer and only direct medical costs were included (costs attributed to CR program and non-CR cardiac specific medical services and medications). Main outcomes were patient adherence to medication prescribed by CR and the number of hospitalizations. Results: The cardiac medications studied were β1-selective blockers, angiotensin converting enzyme inhibitors and angiotensin receptor blockers. The outcomes were estimated every 4 months during 1-year follow-up. Cost-effectiveness of CR program was determined by the incremental cost-