tiveness of 24-hours Holter and up to 30 days ERL, each with different diagnostic yield, patient compliance, mortality rate, QALYs, associated costs to diagnosis and not having a diagnosis. Third party payer perspective, five year horizon and 3.5% discount rate for medical and non-medical costs were assumed. The cost and model inputs were ascertained from doctor interviews and literature search. Average market prices of US$175 for 24-hours Holter and US$277 for ERL were used. Micro-costing for avoided emergency medical consultation in Brazil were used. A Colombian key opinion leader interviews and official tariffs for costs of not having a diagnosis along five years. Uncertainty adjustments were done when judged appropriate. Incremental Cost Effectiveness ratio (ICER) was done, incorporating deterministic and probabilistic sensitivity analysis. RESULTS: 24-Holer strategy had 19% diagnostic yield compared to 63% for ERL. Over a five year horizon, ERL strategy obtained more QALYs than 24-Holer (2.62 vs 2.18), at lower cost, been dominant over 24-hours Holter with US$2,326 and 6 incremental savings per incremental QALY. Sensitivity analysis showed the result to be particularly sensitive to disease and untreated syncope utilities and cost. The probabilistic sensitivity analysis showed a robust model with 95% confidence intervals of 1.83–2.57 QALYs for 24-hours Holter and 2.12–3.04 QALYs for ERL, indicating that results were robust by a greater utility (QALY) to lower costs, as demonstrated through greater incremental savings per QALY, was dominant over 24-Holer. The superior results of the ERL are attributable in part to the greater diagnostic yield and higher patient compliance.

**PMD41**

**THE COST-EFFECTIVENESS OF DRUG-ELUTING STENTS VERSUS BARE METAL STENTS IN TAIWAN**

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**OBJECTIVES:** Drug-eluting stents (DESs) have been shown to reduce in-stent restenosis and target vessel revascularization (TVR) in several large clinical trials. We conducted a meta-analysis to explore the differences in the cost-effectiveness of DESs and bare metal stents (BMSs). METHODS: We retrospectively analyzed the clinical data and costs of patients with stable angina treated with coronary stents in 2012 at a medical center in Taiwan. RESULTS: We enrolled 245 patients treated with DESs and 194 patients treated with BMSs. The use of DESs is a lower rate of TVR compared with that with BMSs (11% vs. 20%, p = 0.015). Compared with the DEG group, the overall costs were significantly higher in the BMS group (NT$23,777.0 ± 89,714.9 vs. NT$14,707.3 ± 12,973.5, p < 0.003). CONCLUSIONS: The use of DESs over BMSs lowered the rate of TVR at 2 years after intervention, but is probably not cost-effective compared with BMSs in patient.

**PMD42**

**ECONOMIC EVALUATION OF PACLITAXEL-ELUTING BALLOON CATHETER FOR PERCUTANEOUS TRANSLUMINAL ANGIoplasty (PTA) INMexican POPULATION WITH PERIPHERAL ARTERIAL OBSTRUCTIVE DISEASE**

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**OBJECTIVES:** To conduct a full economic evaluation through a cost-effectiveness analysis of the use of paclitaxel-eluting balloon catheter (INPACT™ Admira) in comparison with balloon catheter, for PTA in the treatment of peripheral obstructive disease in Mexican patients, from the perspective of the public health care system in Mexico. METHODS: The measure of effectiveness considered was decrease in the rate of target lesion revascularization (TLR). Information about efficacy was collected from clinical studies, non-randomized trials, and the clinical input was obtained from a systematic review. METHODS: Direct medical costs were considered (cost of devices as well as the procedure). An incremental cost-effectiveness analysis was performed with a horizon of two years. To demonstrate the robustness of the model, univariate sensitivity analysis and probabilistic sensitivity analysis were executed using Monte Carlo simulations. RESULTS: Paclitaxel-eluting balloon catheter for PTA (INPACT™ Admira) demonstrated good efficacy and safety producing a significant reduction in TLR at six months, which was maintained up to 24 months (estimated rate 14.4%), evaluated angiographically. This was significantly better than that obtained with conventional balloon angioplasty (estimated rate 40.3%) in the treatment of restenosis. Total average costs were $102,299.00 and $115,652.00 respectively. Therefore the incremental cost-effectiveness ratio (ICER) obtained showed that the paclitaxel-eluting balloon catheter for PTA (INPACT™ Admira) is a dominant option. Clinical benefits were clearly demonstrated by the improvement in the ankle-arm index and Rutherford categories. CONCLUSIONS: Paclitaxel-eluting balloon catheter for PTA (INPACT™ Admira) proved to be more effective and less costly than the standard of care in the treatment of peripheral obstructive arterial disease, for Mexican public health care institutions.

**PMD43**

**COST-ANALYSIS OF MEDIHONEY CALCIUM ALGINATE VERSUS AQUEOUS AG DRESSING FOR MANAGEMENT FOR BURNERS TREATMENT UNDER THE BRAZILIAN PUBLIC PAYERS PERSPECTIVE**

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**OBJECTIVES:** To develop cost-analysis of MEDIHONEY CALCIUM ALGINATE (MEDIHONEY) versus ACQUACEL AG (AG) dressings for chronic-wound treatment in adults, from perspective of Brazilian public payers. METHODS: Data from Brazilian Hospital Registry from October 2010 to April 2011 was used to define the annual number of hospital admissions due to chronic wounds (only non-surgical records with L97.909 (CD-10 code included) were defined. The model assumed that patients are discharged at the time their wounds heal. No critically ill patients in ICUs were included. Only patients above 20 years old were included. Unit cost obtained from Brazilian official price lists. RESULTS: 95,688 hospitalizations were identified with total year of stay (LOS) of 336,939 days, deaths and mortality rates were 866 and 0.91 respectively 1The model estimated costs for the inpatient period assuming one dressing change every 3 days for MEDIHONEY and AG, considering in both cases a similar size. Cost per dressing change was estimated as US$30.80 and US$39.10 with mean hospitalization costs of US$4,020.80 and US$3,577.160.00 according to the LOS and US$632.46 and US$529.12 according to MHT/patient for AG and MEDIHONEY, respectively. MEDIHONEY-related incremental costs were US$1,492,834 indicating a cost-saving profile. Adopting MEDIHONEY as wound management protocol would save USD29,052,998 for the 2013/2014-cohort. Clinical benefits for use of MEDIHONEY CALCIUM ALGINATE over AG include decreased risk of peristomal stoma complications, MEDIHONEY treatment is appropriate throughout wound healing process and MEDIHONEY does not induce microbial resistance.3 CONCLUSIONS: MEDIHONEY dressing demonstrates cost-effectiveness when compared to AG dressing. Data findings result from robust decision making and rational resource allocation, in addition to further studies including clinical outcomes data.

**PMD44**

**COST-EFFECTIVENESS OF SACRAL NEUROSTIMULATION FOR OVERACTIVE BLADDER IN MEXICO**

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**OBJECTIVES:** The objective is to develop a full economic evaluation of the cost effectiveness of using sacral nerve stimulation versus botulinum toxin type A and augmentation cystoplasty in the treatment of overactive bladder in Mexico, from the perspective of the public health sector. METHODS: A systematic literature review was conducted to search for articles containing data on safety and efficacy of sacral neurostimulation, botulinum toxin type A, and augmentation cystoplasty. A cost-effectiveness analysis was performed using a Markov model with a time horizon of 5 years. The utility of patients was estimated using the Medical Outcomes Study 36-item Short Form (SF-36) health survey and the EQ-5D instrument for utility (QALY). Only direct medical costs were considered, such as: medicine, surgery, devices, adverse events, days of hospitalization and laboratory studies; an analysis of incremental cost-effectiveness ratio (ICER) and incremental cost-utility (ICU) was performed. To test the model and demonstrate the robustness, a probabilistic sensitivity analysis was performed, using Monte Carlo simulations. RESULTS: Sacral neurostimulation showed better efficacy with 3.65 consecutive years and 2.27 QALY’s with a cost of $297,538.11. The ICER over botulinum toxin A was 69,917.92, less than one time the Mexican GDP per capita, for the botulinum toxin the cost was 191,543.86 with 2.39 consecutive years and 2.13 QALY’s; for augmentation cystoplasty the cost was $205,049.02 with 3.19 consecutive years and 2.23 QALY’s. The probabilistic sensitivity analysis demonstrated that sacral neurostimulation is a cost-effective alternative, despite the modification of all the model’s variables. CONCLUSIONS: Sacral neurostimulation is a very cost-effective alternative for patients in the the public health care system in Mexico, being ICU and ICU less than one time the Mexican GDP per capita.

**PMD45**

**CARDIOVER-DEREFIBRILATOR: THE CHOICE BETWEEN THE NEED AND LIMITED RESOURCES**

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**OBJECTIVES:** The severity of the effect in reducing the risk of sudden cardiac death has a significant positive impact on the forecast as a whole and significantly influence the cost of the final result. The analysis of the results revealed 522 publications, and from this number 2 studies were selected for the final analysis. The remaining works were excluded due to non-compliance with the PICOS’ criteria. According to the data from representatives Biotronik and Medtronic in Kazakhstan the CD’s cost without MRI-compatible, completed with electrodes in Kazakhstan ranges $18,000–19,000. CONCLUSIONS: Application in clinical practice, MRI-compatible CD with home monitoring has significant advantages - the almost complete absence of the risk of adverse events, the possibility of more frequent MRI as one of the main methods of diagnosis and early detection of various pathological conditions, the avoidance of unnecessary visits to patients without necessary evidence, revealing significant changes in the health status of patients in the constant monitoring, has a relatively small increase in the cost of a complete set of MRI-compatible CD with home monitoring in comparing with the cost of a set of CD without this function, an average of 33%.

**PMD46**

**COST-UTILITY OF TRANSCRANIAL MAGNETIC STIMULATION VERSUS ANTIDEPRESSANT THERAPY FOR TREATMENT-RESISTANT DEPRESSION**

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**OBJECTIVES:** Major depressive disorder (MDD) is a debilitating disease that significantly decreases quality of life. Repetitive Transcranial Magnetic Stimulation (rTMS) therapy is a safe, non-invasive, physical treatment for major depressive disorder. We evaluated the cost-effectiveness of rTMS compared with third-line antidepressant therapy (AT) in a database of 10,000 depressed patients with treatment-resistant depression.