ABSTRACTS

**ISPOR 3RD LATIN AMERICA CONFERENCE RESEARCH ABSTRACTS**

**PODIUM SESSION I: CARDIOVASCULAR DISORDERS OUTCOMES RESEARCH**

**CV1**

**A COST-UTILITY ANALYSIS OF PROPHYLACTIC THERAPY FOR VENOUS THROMBOEMBOLISM WITH DABIGATRAN ETEXILATE OR ENOXAPARIN**

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**OBJECTIVES:** To conduct a cost-utility evaluation of dabigatran etexilate compared with enoxaparin for the prevention of venous thromboembolism (VTE) after total knee replacement (TKR) and total hip replacement (THR) in Colombia. **METHODS:** An acute phase model, using decision analysis, and a long-term simulation Markov model were developed to compare the clinical outcomes, utilities, and direct medical costs of dabigatran 220 mg once daily and subcutaneous enoxaparin 40 mg once daily for VTE prophylaxis after TKR or THR. Time frame for the acute inpatient-phase was 14 days for THR and 30 days for TKR, adjustments for adverse events and average length of hospital stay were performed. The long-term simulations were performed using a dose from eight infarct st-ases for both TKR and THR. Transition probabilities for VTE and bleeding events were derived from Phase III studies comparing the two treatments. The probabilities of long-term events were estimated using data from published longitudinal studies. The probabilities of VTE and bleeding were derived from observational studies. Sensitivity analyses were performed to assess the model robustness. The annual discount rate was set at 3.0%. **RESULTS:** During the acute phase, for THR, patients with dabigatran had lower direct medical costs than enoxaparin (US$1,005.85 vs. US$1,392.25), with a 0.1 difference in QALYs (0.9 vs. 0.8 respectively). For TKR, cost of dabigatran were US$868.73, and US$1,007.55 for enoxaparin; no differences in QALYs were calculated. In the long-term follow-up, for both procedures, the costs associated with dabigatran were US$115,433, compared to US$122,695 for enoxaparin, with differentiated. In the long-term follow-up, for both procedures, the costs associated with dabigatran were US$115,433, compared to US$122,695 for enoxaparin, with differentiated. **CONCLUSIONS:** In Colombia, thromboprophylaxis with dabigatran was cost-saving compared with enoxaparin in patients undergoing major joint replacement.

**CV2**

**COST-EFFECTIVENESS OF PRASUGREL VERSUS CLOPIDOGREL IN PATIENTS WITH ACUTE CORONARY SYNDROMES UNDERGOING PERCUTANEOUS CORONARY INTERVENTION IN THE PRIVATE SECTOR IN MÉXICO**

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**OBJECTIVES:** To evaluate the cost-effectiveness of prasugrel versus clopidogrel in patients with acute coronary syndromes (ACS) undergoing percutaneous coronary intervention (PCI) from the private healthcare payer perspective in Mexico. **METHODS:** The alternatives were prasugrel (loading dose 60 mg, maintenance dose 10 mg daily) versus clopidogrel (loading dose 300 mg, maintenance dose 75 mg daily). A Markov model was developed to compare the clinical outcomes, utilities, and direct medical costs of dabigatran 220 mg once daily and subcutaneous enoxaparin 40 mg once daily for VTE prophylaxis after TKR or THR. Time frame for the acute inpatient-phase was 14 days for THR and 30 days for TKR, adjustments for adverse events and average length of hospital stay were performed. The long-term simulations were performed using a dose from eight infarct st-ases for both TKR and THR. Transition probabilities for VTE and bleeding events were derived from Phase III studies comparing the two treatments. The probabilities of long-term events were estimated using data from published longitudinal studies. The probabilities of VTE and bleeding were derived from observational studies. Sensitivity analyses were performed to assess the model robustness. The annual discount rate was set at 3.0%. **RESULTS:** During the acute phase, for THR, patients with dabigatran had lower direct medical costs than enoxaparin (US$1,005.85 vs. US$1,392.25), with a 0.1 difference in QALYs (0.9 vs. 0.8 respectively). For TKR, cost of dabigatran were US$868.73, and US$1,007.55 for enoxaparin; no differences in QALYs were calculated. In the long-term follow-up, for both procedures, the costs associated with dabigatran were US$115,433, compared to US$122,695 for enoxaparin, with differentiated. **CONCLUSIONS:** In Colombia, thromboprophylaxis with dabigatran was cost-saving compared with enoxaparin in patients undergoing major joint replacement.

**CV3**

**ANÁLISIS DE COSTO EFECTIVIDAD EN EL CIERRE DE LA COMUNICACIÓN INTERATRIAL OSTIUM SECUNDUM: TÉCNICA PERCUTÁNEA VERSUS QUIRÚRGICA**

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**OBJECTIVOS:** La comunicación interatrial (CIA) es la segunda cardiopatía congénita en la infancia y la tercera en el adulto. Realizamos un análisis costo-efectividad del cierre de la CIA con Técnica Percutánea (TP) con oclusor Amplatzer septal occluder ASO2 vs Técnica Quirúrgica (TQ), desde la perspectiva del proveedor de servicios de salud. **METODOLOGÍAS:** Mediante una cohorte prospectiva de pacientes con CIA atendidos en un hospital de tercer nivel del Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE), se identificaron y compararon los costos y efectividades del cierre con TP y con TQ, en ocho meses de seguimiento. La medida de efectividad fue el éxito clínico en el cierre sin complicaciones mayores al final del seguimiento (ECSCM). Se estimó el costo promedio por paciente y rango intercuartílrico, mediante la identificación y cuantificación de los recursos utilizados durante el seguimiento. Los costos unitarios se obtuvieron de las bases de datos de la institución. Los costos se expresaron en pesos mexicanos del 2010. Se definió un valor de p < 0.05 como estadísticamente significativo y se utilizaron las pruebas U de Mann Whitney y Chi cuadrada. **RESULTADOS:** Entre enero de 2009 y diciembre de 2009 se estudiaron 89 pacientes con CIA; Un total de 51 fueron tratados con TQ y 38 con TP, la ECSCM con TQ fue 69% vs. 94% con TP (p<0.05). El costo promedio por paciente en el grupo de TQ fue $137,495.16 ($108,418.10-146,661.60) vs. $99,850.96 ($99,746.50-102,008.90) con TP (p<0.05). El costo por paciente con ECSCM con TQ fue $225,395.34 vs. $109,509.72 con TP. El costo-efectividad incremental del tratamiento con TP vs TQ es de $124,719.00. **CONCLUSIONES:** El cierre de la CIA, en una institución de seguridad social mexicana mediante TP es costo-ahorrador al compararse con la TQ, información que debe ser considerada por los tomadores de decisiones.

**CV4**

**COST-EFFECTIVENESS OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR IN PATIENTS WITH RISK FACTORS FOR Sudden death in ARGENTINA**

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**OBJECTIVE:** To evaluate the cost-effectiveness and cost-utility of the implantable cardioverter-defibrillator (ICD) among patients who are at risk for sudden death in Argentina, from three insurance categories; public health, social security and private. **METHODS:** We developed a Markov model to evaluate the survival, quality of life and cost of the prophylactic implantation of an ICD, as compared with pharmacological therapy, among three different target populations defined using clinical trials selected through a systematic review. We measured effectiveness, resource use and cost parameters. A healthcare system perspective was adopted and a 3% discount rate was used. **RESULTS:** The use of an ICD was more costly but more effective than control therapy. The cohort with the greatest benefits was represented by the MADIT I study showing an incremental cost effectiveness rate (ICER) of $8,539 (dollar 2009) for public, $9,971 for social security and $10,083 for private sector. ICERs for MADIT II population were $17,379, $18,574 and $19,799, respectively. The secondary prevention cohort showed the worst results with ICERs of $30,016, $52,520 and $44,012. The analysis was robust across different deterministic and probabilistic sensitivity analyses, except for the cost of ICD and for battery life. **CONCLUSIONs:** The results varied considerably depending on the cohort and radical according to the health system. ICD could be cost-effective in Argentina, mainly in the MADIT I patients.

**PODIUM SESSION I: HEALTH CARE EXPENDITURE OR REIMBURSEMENT STUDIES**

**EX2**

**HEALTH CARE RESOURCE USE AMONG PATIENTS WITH BIPOLAR DISORDER FROM BRAZIL AND VENEZUELA: SUBGROUP ANALYSIS OF DATA FROM A LARGE MULTINATIONAL LONGITUDINAL STUDY (WAVE-BD STUDY)**

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**OBJECTIVE:** To compare the resource use among patients with bipolar disorder from Brazil and Venezuela. **METHODS:** The study included 2,020 patients from 23 centers in Brazil and 50 centers in Venezuela. Data were collected up to December 2009 and analyzed according to Wave-V. **RESULTS:** The main resource use was related to primary care, followed by outpatient care. Belgium and UK had the highest resource use, and Brazil had the lowest. **CONCLUSIONS:** The study showed significant differences in resource use between Brazil and Venezuela.