data covering the period between January 2000 and December 2005. The outcome variables captured cost of readmissions for a CVD-related condition following an index CVD-related admission. The covariate of interest was an indicator variable for a discharge AMA in the index hospitalization. The difference in the cost of readmissions between the 7, 31, 125 and 365-day intervals among patients with formal discharges treatment charges AMA was examined using Heckman sample selection models and log linear models. The Heckman sample selection model was found to provide a better representation of the data generation process. RESULTS: The sample included 443,049 patients, of which 22,812 (5.6%) were readmitted to the same hospital approximately 1% of the patients who were readmitted to the hospital during the study period left AMA on the index admission while 0.87% of those who were not readmitted left AMA (p < 0.001). The cost of the first readmission within 180 days was 9% (p = 0.00) from which the first discharged AMA on index admission compared to those who were discharged formally. The cost of all readmissions within 180 days and 365 days were 10% (p = 0.02) and 9% (p = 0.02) higher for patients discharged AMA on index admission compared to those who were discharged formally. CONCLUSIONS: A self-discharge AMA among patients admitted for CVD was associated with higher readmissions costs when readmissions occur within 6 months or 1 year.

**PCV67**

EXPLORATORY COST-CONSEQUENCE AND BUDGET IMPACT ANALYSIS OF SIROLIMUS-ELUTING STENT VS. ZOTAROLIMUS-ELUTING STENT FOCUSED ON THE RESTENOSIS AFTER DRUG-ELUTING STENT PLACEMENT UNDER THE PERSPECTIVE OF A BRAZILIAN PRIVATE PAYER

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OBJECTIVES: To identify the differences in the number of restenosis after the placement of sirolimus-eluting stent vs. zotarolimus-eluting stent and measure their related cost. METHODS: Literature review was conducted to identify meta-analyses, randomized clinical trials (RCT) that compared sirolimus-eluting (SES) and zotarolimus-eluting (ZES) stents. The clinical outcome of interest was angiographic restenosis after stent placement given that this is a surrogate endpoint that may predict late mortality. The results of the SORT OUT III trial with 2,333 patients were used which demonstrated that SES offered a lower rate of restenosis vs ZES (0.25% vs 1.25%) (HR: 4.62; 95 CI, 1.33–16.1, p = 0.02) (Lassen, 2008). The perspective is from a private payer in Brazil. Local guidelines for economic evaluation of health care technologies were followed (Viana, 2007). A decision model was built in Excel. Resource usage was raised in a panel with hospitals and valued by micro-costing based on public sources (CBHPM 5th edition, PROAHSA, Brasíndice and SIMPRO). Only direct costs usage was raised in a panel with hospitals and valued by micro-costing based on public private payer in Brazil. Local guidelines for economic evaluation of health care technologies were followed. RESULTS: The cost of first readmission within 180 days was 9% (p = 0.02) from which the first discharged AMA on index admission compared to those who were discharged formally. The cost of all readmissions within 180 days and 365 days were 10% (p = 0.02) and 9% (p = 0.02) higher for patients discharged AMA on index admission compared to those who were discharged formally. CONCLUSIONS: A self-discharge AMA among patients admitted for CVD was associated with higher readmissions costs when readmissions occur within 6 months or 1 year.

**PCV70**

COST-EFFECTIVENESS ANALYSIS OF THE USE OF ROSUVASTATIN IN SECONDARY PREVENTION OF SUDDEN CARDIAC DEATH

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OBJECTIVES: To evaluate the costs, benefits, and incremental cost-effectiveness of non-invasive imaging of cardiac sympathetic innervation using AdreView in patients with a history of CVD events.

**PCV71**

COST-EFFECTIVENESS OF 123I-MIBG (ADREVIEW) IMAGING FOR PATIENT TREATMENT SELECTION IN THE PREVENTION OF SUDDEN CARDIAC DEATH

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OBJECTIVES: To evaluate the costs, benefits, and incremental cost-effectiveness of non-invasive imaging of cardiac sympathetic innervation using AdreView in patients with a history of CVD events.

**PCV72**

COST-EFFECTIVENESS ANALYSIS OF 123I-MIBG (ADREVIEW) IMAGING FOR PATIENT TREATMENT SELECTION IN THE PREVENTION OF SUDDEN CARDIAC DEATH

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OBJECTIVES: To evaluate the costs, benefits, and incremental cost-effectiveness of non-invasive imaging of cardiac sympathetic innervation using AdreView in patients with a history of CVD events.

**PCV73**

COST-EFFECTIVENESS ANALYSIS OF 123I-MIBG (ADREVIEW) IMAGING FOR PATIENT TREATMENT SELECTION IN THE PREVENTION OF SUDDEN CARDIAC DEATH

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OBJECTIVES: To evaluate the costs, benefits, and incremental cost-effectiveness of non-invasive imaging of cardiac sympathetic innervation using AdreView in patients with a history of CVD events.