

at lower cost compared with gabapentin as monotherapy. Resulting in greater satisfaction and better adherence to treatment.

PCN9

ECONOMIC EVALUATION OF PANITUMUMAB VS CETUXIMAB IN PATIENTS WITH COLORECTAL CARCINOMA (CRCM) WITH NON-MUTATED (WILD-TYPE) KRAS AFTER FAILURE OF CHEMOTHERAPY REGIMENS IN MEXICO

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OBJECTIVES: Panitumumab, a fully human monoclonal antibody directed against epidermal growth factor receptor (EGFR), is indicated as a monotherapy for the treatment of patients with EGFR-expressing CRCm and non-mutated KRAS status. The aim of this study was to conduct an economic evaluation of panitumumab vs cetuximab in Mexican patients with CRCm. **METHODS:** A cost minimization analysis (CMA) was performed from a Public Healthcare System perspective considering a 20-week timeframe. The analysis compared the treatment costs of CRCm patients with panitumumab and cetuximab. Only direct medical costs were considered. Drug cost for cetuximab was calculated according to Mexican Public Healthcare Sector acquisition price list for 2010. Panitumumab price for the Mexican Public Healthcare Sector was provided by Amgen Mexico (\$94.36 MXP/mg). Recommended doses and frequency were based on each product label and the number of cycles was based on data from clinical trials. Anthropometric values were obtained from published data in Mexican Public Healthcare Sector oncology (CRCm) patients. The cost of administration was calculated from an official Mexican Public Healthcare Sector price list for 2010. A probabilistic sensitivity analysis was performed considering two scenarios: per vial of drug (assuming wastage of unused medication) and per mg of drug (assuming no wastage). **RESULTS:** Panitumumab resulted in an overall monthly cost savings of 20% (per vial scenario) and 12.4% (per mg scenario) compared with cetuximab. When the analysis was restricted to the acquisition drug costs, monthly savings of panitumumab compared with cetuximab were estimated to be 19.1% and 11.2% in per vial and per mg scenarios, respectively. Regarding the sensitivity analysis, 100% of iterations recorded cost-saving in both scenarios (per vials and per mg). **CONCLUSIONS:** According to these results, panitumumab represents a cost-saving strategy vs cetuximab for the treatment of patients with CRCm in the Mexican setting.

PCN10

ANÁLISIS DE MINIMIZACIÓN DE COSTOS ENTRE EL USO DE IOPROMIDE MEDIANTE UN SISTEMA DE APLICACIÓN EN CASCADA (SIAC) FRENTE AL USO DE OTROS MEDIOS DE CONTRASTE CONVENCIONALES EN RADIOLOGÍA INVASIVA EN COLOMBIA

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OBJECTIVOS: Realizar una evaluación económica del uso de Iopromide mediante un sistema de aplicación en cascada (SIAC), frente a los demás medios de contraste para radiología invasiva disponibles en Colombia e incluidos dentro del plan de beneficios colombiano (POS). **METODOLOGÍAS:** Se realizó un análisis de minimización de costos comparando SIAC frente al uso de otros medios de contraste convencionales en radiología invasiva desde la perspectiva del hospital. La efectividad y seguridad del uso de Iopromide es similar a la de los ya incluidos en el POS según reportes de estudios clínicos. Los costos y frecuencias de uso fueron obtenidos de tres hospitales en Colombia durante el primer trimestre del 2011. Se tomaron los costos promedios obtenidos de las diferentes observaciones. No se incluyeron costos por eventos adversos, por cuanto son similares en las diferentes opciones. **RESULTADOS:** El costo de utilizar SIAC en un paciente promedio de 70 Kg fue de USD 35.57 frente a USD 39.44 cuando se utilizó otros medios de contraste convencional. Lo que representa un ahorro de USD 3.90 por paciente. La diferencia fundamental se debió a menor desperdicio de medio de contraste y menor tiempo requerido. El análisis de sensibilidad no muestra cambios en los resultados. El análisis de impacto presupuestario muestra el importante ahorro que significaría para el país la conversión tecnológica pasando de utilizar los medios actuales a la nueva tecnología que utiliza el sistema de aplicación SIAC para un peso promedio de adultos en Colombia de 70 kg. **CONCLUSIONES:** El uso de Iopromide mediante la aplicación de SIAC sería mejor que utilizar otros medios de contraste por cuanto es menos costoso y utilizado de manera adecuada tendrían igual efectividad a los otros medios de contraste comparados y de esta manera incentiva la productividad al interior de las unidades de radiología.

Cardiovascular Disorders – Cost Studies

PCV1

COSTS, LENGTH OF STAY AND ALL-CAUSE MORTALITY IN RUPTURED VERSUS UNRUPTURED CEREBRAL ANEURYSM AMONG INPATIENTS IN THE UNITED STATES

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OBJECTIVES: Cerebral aneurysms are pathological dilatations of the cerebrovasculature that are prone to rupture. Risk of aneurysm rupture is determined by size, location and patient co-morbidities, and five-year cumulative rupture rates have been reported to be as high as 50% in giant aneurysms [1]. The current study was undertaken to assess the differences in overall hospital discharge costs, length of stay (LOS) and all-cause mortality rates between inpatients with ruptured versus unruptured cerebral aneurysms. **METHODS:** All inpatient discharges were selected from the Premier Perspective™ Database that had a primary diagnosis code for a ruptured or unruptured aneurysm, AND a primary procedure code for treatment of the aneurysm between 1/1/2008 and 6/30/2010 (index hospitalization). Costs, LOS

and mortality were compared between ruptured and unruptured aneurysm groups. To minimize differences in baseline characteristics between groups, propensity adjustment was performed for age, gender and severity of illness (based on the Patient Refined Diagnosis Related Groups). **RESULTS:** A total of 2977 ruptured and 3836 unruptured aneurysm discharges met the inclusion criteria for the study. After 1:1 propensity matching, 1163 patients in each group were included in the analysis for outcome comparisons. Mean total cost per discharge was significantly higher in the ruptured group (\$51,118, s.d. \$33,790) than the unruptured group (\$33,585, s.d. \$32,255). Mean LOS was also significantly higher in the ruptured group (13.6 days, s.d. 12.7) versus the unruptured group (6.5 days, s.d. 11.2). The all-cause mortality rate was significantly higher in ruptured (7.7%) versus unruptured (1.8%) cerebral aneurysms. **CONCLUSIONS:** Preventing rupture in patients with cerebral aneurysms would likely decrease burden to the health care system, and also improve survival rates for patients. International Study of Unruptured Intracranial Aneurysms Investigators. Unruptured Intracranial Aneurysms: Natural History, Clinical Outcome, and Risks of Surgical and Endovascular Treatment. (1) Lancet; 2003; 362:103-10

PCV2

ESTIMATED COST OF ACUTE CORONARY SYNDROME FOR 2011: CASE OF MEXICO

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OBJECTIVES: To estimate the costs of acute coronary syndrome in Mexico and its impact on the Mexican healthcare system, considering direct and indirect cost under the public and private perspectives to support further HTA incorporation. **METHODS:** In this study we adopted the societal perspective, including the public and private perspectives. Direct costs were retrieved from national databases and only hospitalization period was considered. For indirect costs the Human Capital Approach method was used with two major costs included in the analysis: loss of productivity among patients that died of a MI or unstable angina event and the loss of productivity of the period between the main event (MI or angina) and the return to work (recovery time). For the study we assumed the age from 25 to 64 years old as active labor age (65 is the age of retirement in Mexico), a recovery time of 3.4 months and the average income of the population to estimate the loss of productivity for each working month lost. **RESULTS:** The estimated direct costs associated to Acute Coronary Syndrome for 2011 under the public perspective is US\$153,629,253 and for private it is US\$179,725,285. The estimated indirect cost for 2011 is US\$918,239,181. So, the total estimated costs for ACS in Mexico for 2011 is US\$1,251,593,719. **CONCLUSIONS:** Due the high impact of ACS costs for the Mexican healthcare system (US\$1,251,593,719), projected for the year of 2011, it is very relevant to evaluate measures that can reduce such events beyond those already in use.

PCV3

ESTIMATED COST OF ACUTE CORONARY SYNDROME FOR 2011: CASE OF BRAZIL

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OBJECTIVES: To estimate the costs of acute coronary syndrome in Brazil and its impact on the Brazilian healthcare system, considering direct and indirect cost under the public and private perspectives to support further HTA incorporation. **METHODS:** In this study we adopted the societal perspective, including the public (SUS) and supplementary (SHS) healthcare system perspectives. Direct costs were retrieved from national databases [1] and only hospitalization period was considered. For indirect costs the Human Capital Approach method was used with two major costs included in the analysis: loss of productivity among patients that died of a MI or unstable angina event and the loss of productivity of the period between the main event (MI or angina) and the return to work (recovery time). For the study we assumed the age from 25 to 64 years old as active labor age (65 is the age of retirement in Brazil), a recovery time of 3.4 months and the average income of the population to estimate the loss of productivity for each working month lost. **RESULTS:** The estimated direct costs associated to Acute Coronary Syndrome for 2011 under the SUS perspective is US\$ 314,080,370 and for SHS it is US\$ 309,781,809. The estimated indirect cost for 2011 is US\$ 1,703,908,984. So, the total estimated costs for ACS in Brazil for 2011 is US\$ 2,327,771,163. **CONCLUSIONS:** Due the high impact of ACS costs for the Brazilian healthcare system (US\$ 2,327,771,163.11), projected for the year of 2011, it is very relevant to evaluate measures that can reduce such events beyond those already in use.

PCV4

ANÁLISIS COSTO EFECTIVIDAD EN EL LARGO PLAZO DE LOS STENTS LIBERADORES DE FÁRMACO VS STENTS CONVENCIONALES EN PACIENTES CON CARDIOPATÍA ISQUEMICA EN EL IMSS

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OBJECTIVOS: Estimar la razón costo-efectividad (RCE) del uso de los stents liberadores de fármaco (DES, drug eluting stent) comparado contra los stents desnudos (BMS, bare metal stent) en una cohorte de pacientes con enfermedad coronaria en el Instituto Mexicano del Seguro Social (IMSS). **METODOLOGÍAS:** Análisis de costo-efectividad en una cohorte de pacientes isquémicos con indicación de ICP (Inter-