pharmaceutical expenditure for patients with hypertension. **RESULTS:** Pharmaceutical expenditures increased with age and the duration of hypertension. A mixed effect model indicated that being widowed or separated significantly increased pharmaceutical expenditures by $241.12 (P < 0.0001) and $206.84 (P < 0.0001) respectively; the pharmaceutical expenditures decreases by $2.79 (P < 0.01) if BMI decreased by 1 kg/m² from survey round 3 to round 5. Pharmaceutical expenditures decreases with each year of education level. Costs were lower in those with public insurance spent $208.33 (P < 0.0001) more, and those with private insurance spent $212.01 (P < 0.0001) more on prescribed medicine for essential hypertension. **CONCLUSIONS:** Age, duration of hypertension, marriage status, BMI, and level of education were found to be significant determinants of pharmaceutical expenditures for patients with hypertension.

PCV40 EVALUATING HEALTH CARE UTILIZATION AND COSTS ASSOCIATED WITH BLOOD PRESSURE CONTROL IN PATIENTS WITH NEWLY TREATED HYPERTENSION

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**OBJECTIVES:** To investigate the association between blood pressure (BP) control and healthcare utilization and costs in newly treated patients with hypertension in a managed care organization. **METHODS:** Patients who met the selection criteria were identified from a healthcare organization during July 2005 – May 2008: 1) age ≥ 18; 2) diagnosis of hypertension; 3) prescription for hypertension continuously eligible with the organization 6 months before and 12 months after the initiation of the antihypertensive agent(s) (index date); and 5) ≥2 blood pressure (BP) readings with 1 at the index date, and another measured over 90 days of recent medications. Patients were classified into BP at goal versus BP not at goal by the mean BP during 90 to 365 days after the index date. **RESULTS:** The goal definition was <140/90 mmHg for hypertensive patients without diabetes, and <130/80 mmHg for hypertensive patients with diabetes. Health care utilization and costs for the 12-month period were compared between groups. **RESULTS:** Within the obligatory medical insurance system total expenses for warfarin was estimated as USD$3931 and major bleeding as USD$5945. Cost of ICH (GIB): TL 682 (537). **OBJECTIVES:** Hemorrhagic events occur while hip replacement inpatient surgery- of treating symptomatic PE. Without prophylaxis, between 41% and 85% of patients who undergo high-risk orthopedic procedures develop deep vein thrombosis (DVT) and up to 10% develop pulmonary embolism (PE). Furthermore, the economic burden of VTE is significant in both Argentina and Colombia. Few data on the total economic burden of DVT and PE associated to orthopedic surgery, however, is available in the country. The objective of this study was to quantify the economic burden of DVT and PE in the Colombian health care setting. **METHODS:** Delphi Panel methodology was used to estimate 2011 resource utilization associated with VTE treatment events in patients undergoing hip and knee replacement. Delphi Panel contained specialists from the private Colombian setting. Local available databases and published literature was retrieved. Cost estimations (inpatient and outpatient costs, acquisition costs, bleedings costs, intracranial hemorrhages and other associated costs) considered the private perspective, using unit cost data from Seguro Obligatorio de Accidentes de Tránsito (SOAT). **RESULTS:** In Colombia the cost of hip replacement surgery (in 2011 USD) was estimated at USD$3182 and the cost of knee replacement at USD$2942. Mean symptomatic PE costs for inpatients with hip replacement was USD$6651 and DVT mean costs was USD$4601. Cost of treating minor bleeding adverse events associated to hip replacement, was estimated as USD$4157 and major bleeding as USD$6171. The mean symptomatic PE costs (2011 USD) for inpatients with knee replacement was USD$6538 and DVT was USD$3801. Cost of treating minor bleeding adverse events in patients with knee replacement, was estimated at USD$4538. This study displays the importance of VTE prophylaxis. Diagnosis and treatment of VTE creates disease and cost burden to the public and the society.

PCV43 ECONOMIC BURDEN OF VENOUS THROMBOEMBOLISM IN ORTHOPEDIC SURGERY PATIENTS IN COLOMBIA

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**OBJECTIVES:** To analyze the structure of expenses associated with warfarin dose monitoring and warfarin dose adjustment were calculated for four different circumstances: 1) for obligatory medical insurance system according the current genetic, 2) for necessary medical insurance system, 3) for optional medical insurance system, and 4) for patients treated in private settings; locally available databases and published literature. Costs estimated using Delphi panel methodology in 2011 (specialists from public and private settings). **RESULTS:** Cost of ICH (GIB): TL 682 (537). This study displays the importance of VTE prophylaxis. Diagnosis and treatment of VTE creates disease and cost burden to the public and the society.
of treating minor bleeding adverse events related to VTEp was estimated as USD$2679 and major bleeding was USD$5664. Similar estimations were found for knee replacement events. CONCLUSIONS: The occurrence of VTE events related to orthopedic surgery can significantly impact the costs of surgery, particularly given that in Argentina the cost of hip replacement was estimated as USD$1959 and the cost of knee replacement as USD$1193. One must therefore consider treatments given for VTE prevention, as these therapies not only impact survival and quality of life but can also substantially impact the effective use of health care resources.

PCV45 EVALUATION OF HEALTH CARE COST OF DIABETES IN SOUTH INDIAN COMMUNITY SETUP
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OBJECTIVES: To evaluate the healthcare cost for the management of diabetes along with other co-morbidities condition. METHODS: A cross-sectional study was conducted on the patients of diabetes attending the clinic for a period of two months. Only the educated Diabetic patients with other comorbidities were enrolled in the study. The data collected were cost of medications, lab tests, consultation fee, transportation cost. The average total healthcare cost was calculated based on the previous two months expenses of each patient. RESULTS: A total of 100 patients were evaluated in the study period. Out of 100 patients, majorities were in the age group of 41-61 yrs 66 (66%) and also found to be higher in men 63 (63%) than in women 37 (37%). Most of the patients were diabetes with hypertension, dyslipidaemia. The average cost of medications per patient Rs. 1540 (73.81%), the average laboratory costs per patient Rs. 350 (16.55%), the average doctor consultation costs per patient Rs.175 (8.27%), the average transportation charges per patient Rs.50 (2.36%). The most common drugs prescribed in the study were Metformin, Glibenclamide, Gliclazide, Insulin, Ramipril, Amodipidine, Metoprolol, Hydromorphone, Amlodipine, Ato伐atana. The most common laboratory tests includes FBS/PPBS/RBS/HbA1C, lipid profiles, urine analysis, Hb, 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 setup. 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
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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 (CCB) and thiazide diuretics. The objective of this study was to assess, for different patient’s characteristics, the costs associated with the use of the recommended anti-hypertensive drug 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 until 10 years then lifetime cycles. The model was run using 1-month cycles for the first year, 1-year cycles until 10 years then 10 years thereafter. In each cycle, the costs and outcomes were summed to give a lifetime estimate. The model was designed to assess uncertainty. The probability to switch from one class to another was calculated on the achieved SBP (target 140mmHg) and the class-specific persistence. National health care databases provided persistence and costs data. Discount rate was 4% (costs and life-years). RESULTS: In low-risk patients (65-year-old female, SBP 150mmHg), incremental cost-effectiveness vs. placebo ranged from 100/1 life-year gained (ACE-inhibitors followed by ACE-inhibitors/thiazides) to 7722/life-year gained (beta-blockers followed by beta-blockers/CCB). Savings and extra benefits were associated with the use of high-dose agents in high-risk patients (47-year-old diabetest male smokers, SBP 180mmHg): up to 0.57 life-years gained with total costs reduced from €30,577.84 to €23,419.06. Although medication advice is a key component in cardiac rehabilitation, it is not considered in the cost-effectiveness analysis conducted here. CONCLUSIONS: This model allows to estimate the incremental cost-effectiveness of recommended drug classes in France.

PCV47 ECONOMIC ANALYSIS OF TREATMENTS FOR PULMONARY ARTERIAL HYPERTENSION FROM THE BRAZILIAN PUBLIC HEALTH SYSTEM PERSPECTIVE
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OBJECTIVES: Pulmonary arterial hypertension (PAH) is a chronic disease characterized by progressive elevation of pulmonary artery pressure and vascular resistance leading to right-sided heart failure and death. OBJECTIVE: The purpose of the present research was to assess the clinical and economic aspects of current oral treatments options for PAH, New York Heart Association (NYHA) functional classes II and III, from the Brazilian Public Health System perspective. METHODS: A literature review was conducted to compare the efficacy and safety of bosentan and sildenafil in patients diagnosed with PAH, in order to support the assumption of clinical equivalence between the treatments and the development of a cost-minimization analysis. The clinical outcome of interest was improvement in the 6-minute (meters) walk test in 6 minutes (6MWD). For the economic analysis, direct medical costs were considered. Treatment, diagnostic, and procedure costs were obtained from public price/reimbursement databases. Government acquisition prices were used for all drugs. Costs associated with adverse drug reactions and non-adherence to treatment were considered. A Cox regression analysis was used and all costs were presented in 2011 Brazilian currency (BRL=0.60USD).

RESULTS: There were no studies directly comparing any of the targeted agents. Thus, an indirect comparison of placebo controlled trials of selected PAH therapies were conducted. Standardized mean differences (SMD) between agents (over placebo) was calculated and the magnitude of effects between the comparators suggested similar clinical efficacy over 12–16 weeks of treatment. Confidence intervals of treatment effects overlapped substantially and supported the clinical assumption. The total annual/monthly costs for the interventions were BRL$11,697.76, BRL$109.97 for ambrisentan, BRL$13,226.86/BRL$102.24 for sildenafil, and BRL$3027.70/ BRL$518.98 for bosentan. CONCLUSIONS: Ambrisentan was identified as the alternative with the lowest cost and similar clinical outcomes compared with other selected therapies for treatment of PAH. Recognized with PAH, NYHA functional classes II and III, under the Brazilian public perspective.

PCV48 COST-EFFECTIVENESS OF DABIGATRAN ETEXILATE VERSUS ACETYLSALICYLIC ACID FOR STROKE PREVENTION IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION UNDER THE PRIVATE AND PUBLIC HEALTH CARE SYSTEM IN BRAZIL
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OBJECTIVES: To compare costs and effectiveness of dabigatran etexilate (DAB) versus acetylsalicylic acid (ASA) in patients with Non-Valvular Atrial Fibrillation (NVAF) from 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 pattern on the management of NVAF patients].

RESULTS: 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 pattern on the management of NVAF patients].

CONCLUSIONS: Although medication advice is a key component in cardiac rehabilitation, it is not considered in the cost-effectiveness analysis conducted here. This project aimed to assess the cost-effectiveness of CR program on patient adherence to cardiac medication measured by Medication Possession Ratio and the number of hospitalization use behaviors. This project aimed to assess the cost-effectiveness of CR program on patient adherence to cardiac medication measured by Medication Possession Ratio and the number of hospitalization use behaviors. This project aimed to assess the cost-effectiveness of CR program on patient adherence to cardiac medication measured by Medication Possession Ratio and the number of hospitalization use behaviors. This project aimed to assess the cost-effectiveness of CR program on patient adherence to cardiac medication measured by Medication Possession Ratio and the number of hospitalization use behaviors. This project aimed to assess the cost-effectiveness of CR program on patient adherence to cardiac medication measured by Medication Possession Ratio and the number of hospitalization use behaviors. This project aimed to assess the cost-effectiveness of CR program on patient adherence to cardiac medication measured by Medication Possession Ratio and the number of hospitalization use behaviors. This project aimed to assess the cost-effectiveness of CR program on patient adherence to cardiac medication measured by Medication Possession Ratio and the number of hospitalization use behaviors.