following criteria: (1) treatment, as opposed to secondary prophylaxis, of VTE; and 2) documentation of resource use and costing methods. We extracted data on study characteristics, outcomes, costs, and cost drivers associated with VTE treatment.

RESULTS: We identified 17 economic evaluations of VTE treatment: three cost-minimization studies, eight cost-effectiveness studies, four cost-utility studies. Studies assessed the economic burden of VTE treatment from a payer perspective for various sites of care and types of treatments. Only two studies included indirect costs; no studies from a caregiver perspective were identified. The mean number of inpatient hospital days varied from 4.8 to 11, depending on VTE and treatment. Readmissions for deep vein thrombosis (DVT) ranged from 6.7% to 19.2%. Annual mean inpatient costs for DVT ranged from $5779 (1999 USD) to $16,600 (2004 USD) per patient. Acute care costs of uncomplicated DVT (i.e. no pulmonary embolism (PE), bleeding, or hypotension) were estimated as $3486 (1997 USD) compared with $11,189 for DVT with major bleed and $9476 for DVT with PE. These outcomes were sensitive to key cost drivers (e.g. length of stay, readmissions, and complications such as bleeding, HIT, and post-thrombotic syndrome).

CONCLUSIONS: Our study showed that costs associated with treatment of VTE impose major financial burdens on payors. Additional research is needed to quantify the economic burden of VTE treatment from patient and caregiver perspectives.

PCV62

ONE-YEAR CLINICAL AND ECONOMIC OUTCOMES EVALUATION OF PTCA WITH STENTING

METHODS: The clinical and cost related details of the patients who had undergone PTCA with stenting were collected retrospectively from a private tertiary care hospital. The cost of re-admissions within a period of one year was added to initial cost to get the total cost spent for revascularization after one year. RESULTS: A total of 231 patients who had undergone PTCA with stenting were included in the study. Average length of stay was found to be 3.7 ± 0.4 days. The average cost of the procedure was INR 3,10,000 ± 700 where the cost of PCPA package varied from INR 7,5,000 to INR 1,5,000. Average number of Bare Metal Stent (BMS) and Drug Eluting Stent (DES) inserted per patient were 1.56 and 1.33 respectively. The average cost of the patients who received only BMS (60 patients) and only DES (175 patients) were INR 2,15,522 ± 9,386 and INR 3,34,550 ± 9,161 respectively. Total 34 patients (13.5%) were readmitted for cardiac related reason within a year. Out of 34, 20 patients (BMS: 16.67%, DES: 5.7%) underwent repeat revascularization within a year. One patient suffered from stent thrombosis that received a DES initially. The cost after one year for BMS and DES groups were INR 3,18,606 and INR 3,69,978.

CONCLUSIONS: One-year outcomes revealed that rates of repeat revascularization were lower for DES group as compared to BMS group but the total cost of revascularization remained higher for DES group.

PCV63

ECOLOGICAL IMPACT OF SWITCHING FROM VALSARTAN TO OTHER ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) IN PATIENTS WITH HYPERTENSION

METHODS: Patients with essential hypertension and at least six months of continuous valsartan treatment, free of hospitalization, cardiovascular events, renal events or ARB-associated adverse events were identified from the large administrative claims database MarketScan from January 1, 2004 to March 31, 2008. Those who subsequently switched to a different ARB within at least a 5% copayment decrease (switchers) were matched to those who did not switch (maintainers) according to propensity score quintiles and selected baseline characteristics. Matched switchers and maintainers were compared in terms of medication discontinuation, health care resource use and costs compared to those who maintained valsartan treatment. Formulary policies that encourage such non-medical switching may therefore lead to increased total costs.

PCV64

IMPACT OF WORSENING RENAL FUNCTION ON HEALTH CARE UTILIZATION OBSERVED AMONG HOSPITALIZED HEART FAILURE PATIENTS

PATIENTS: The patients, who had undergone Per-cutaneous Transluminal Coronary Angioplasty (PTCA) along with stenting (Drug eluting stent or bare metal stent), were analyzed and compared for cost and health care resource use compared for period of one year.

METHODS: The clinical and cost related details of the patients who had undergone PTCA with stenting were collected retrospectively from a private tertiary care hospital. The cost of re-admissions within a period of one year was added to initial cost to get the total cost spent for revascularization after one year. RESULTS: A total of 231 patients who had undergone PTCA with stenting were included in the study. Average length of stay was found to be 3.7 ± 0.4 days. The average cost of the procedure was INR 3,10,000 ± 700 where the cost of PCPA package varied from INR 7,5,000 to INR 1,5,000. Average number of Bare Metal Stent (BMS) and Drug Eluting Stent (DES) inserted per patient were 1.56 and 1.33 respectively. The average cost of the patients who received only BMS (60 patients) and only DES (175 patients) were INR 2,15,522 ± 9,386 and INR 3,34,550 ± 9,161 respectively. Total 34 patients (13.5%) were readmitted for cardiac related reason within a year. Out of 34, 20 patients (BMS: 16.67%, DES: 5.7%) underwent repeat revascularization within a year. One patient suffered from stent thrombosis that received a DES initially. The cost after one year for BMS and DES groups were INR 3,18,606 and INR 3,69,978.

CONCLUSIONS: One-year outcomes revealed that rates of repeat revascularization were lower for DES group as compared to BMS group but the total cost of revascularization remained higher for DES group.

PCV65

AN EXPLORATORY COST-CONSEQUENCE AND BUDGET IMPACT ANALYSIS OF SIROSIMULUS-ELUTING STENT VS. PACLITAXEL-ELUTING STENT: THE IMPACT OF RESTENOSIS AFTER DRUG-ELUTING STENT PLACEMENT UNDER THE PRIVATE PAYER’S PERSPECTIVE IN BRAZIL

OBJECTIVES: To assess if there are differences in the number of restenosis after the placement of sirolimus-eluting stent vs. paclitaxel-eluting stent and their related costs.

METHODS: A literature review was conducted to identify other meta-analyses or randomized clinical trials (RCT) which compared sirolimus-eluting stent (SES) and paclitaxel-eluting stent (PES). The outcome of interest was angiographic restenosis after stent placement since this is an important surrogate indicator that may predict late mortality. We decided to model the results of the meta-analysis that evaluated 6 RCTs and comprised 3,669 patients which concluded that angiographic restenosis was less frequent in patients in the SES (9.3%) vs. PES (13.1%) (Kastrati, 2005). An analytic-decision model was developed according to local guidelines (Vianna, 2007) and the Brazilian payer’s perspective. Resource usage was raised in a panel with hospitals. A micro-costing technique was applied. Unit costs were based on published sources (CBHIM 6th, PROAHS, Brasílicá and SIMPRO) and reported in 2010 Brazilian Reais (USD 1 = R$ 1.75). Only direct medical costs were considered. Time horizon was one year, so discounting was not applied. A 100,000 cohort was assumed considering a revascularization incidence of 932/100,000 (Ryen, 2009). A one-way sensitivity analyses was performed. RESULTS: In our hypothetical cohort SES patients had fewer cases of restenosis (86 vs. 122) when compared with PES patients. Due to that better outcome, total cost for the SES group was lower to the one found in the PES group (R$ 31,627 vs. R$ 34,127). CONCLUSION: Our results suggest SES patients had a 29% risk reduction of restenosis compared with PES patients. SES may also offer a 7.32% potential reduction in costs for the payer.