of care for different categories of patients including cost of health care provider time per visit, treatment and non-pharmacological costs of the usage of oral anticoagulation (OAC) therapy for the treatment of atrial fibrillation (AF) at EsSalud in Peru. A markov model was adapted to evaluate the clinical and economic impact of OAC on a cohort of 1,000 patients among the AF vitamin K antagonists (VKA) suitable population at EsSalud. Two-fold cross validation was used. Results were validated by an expert panel of clinicians from EsSalud. RESULTS: The number of events associated with each anticoagulant therapy (apixaban, warfarin and aspirin respectively) were: stroke (ischemic and hemorrhagic) and systemic embolism 509, 352, 352, major bleedings 116, 149, 102, and event related deaths 401, 447, 445, respectively. Apixaban was associated with a reduction of the non-pharmacological costs when compared with warfarin and aspirin in the range of $245 - $2,582. CONCLUSIONS: Over a lifetime horizon apixaban demonstrates a reduction in the number of AF complication events and reduction in non-pharmacological costs at EsSalud.

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ECONOMIC BURDEN OF EPIDEMIOLOGICAL CHANGES IN CHRONIC DISEASES IN MIDDLE INCOME COUNTRIES: THE MEXICAN CASE
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OBJECTIVES: To assess the costs and financial consequences of epidemiological changes for chronic diseases (HYPERTENSION AND DIABETES) in a middle-income country: a cross-sectional analysis based on the Mexican National Health and Nutrition Survey and on the national expenditure survey. Direct costs were determined for the functions of production, standards of quality and the estimation of inputs costs. Indirect costs were determined by using a technique. Finally, the economic burden was obtained for disease by applying an economic adjustment factor. RESULTS: Taking hypertension results, comparing the economic impact in 2010 versus 2012 (p < 0.05), it is a 24% increase in financial requirements. The total amount for hypertension in 2011 (US dollars) was $5,733,350,291. It include $2,718,280,941 in direct costs and $3,015,069,350. Costs for hypertension are permanently increasing in regards to economic burden, showing an increase of 33%. This average has differences for insured and uninsured populations.

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OBJECTIVES: Visual loss is significantly associated with increased risk of mortality and decreased quality of life. In Prince Edward Island (PEI), Canada, eye examination and treatment for diabetic retinopathy are provided to all insured patients. However, a study aimed to assess the cost-effectiveness of insured eye examination compared to non-insured eye examination for PEI residents. METHODS: A cost-effectiveness analysis was conducted from a perspective of Canada’s health care system. A target population was a PEI resident aged 40 years or older. Risk of vision loss and utility data were