

vención Coronaria Percutánea). La medida de efectividad fue la tasa de éxitos clínicos sin eventos adversos cardiovasculares mayores a 3 años. El costo y la efectividad los tratamientos se obtuvo del seguimiento clínico de la cohorte de n=230 pacientes en el Hospital de Cardiología del IMSS seguidos por 3 años. Se utilizó la técnica de micro-costeo, los costos provienen de bases de costos institucionales (2010). Los resultados están expresados en dólares americanos (USD) del 2010 (tipo de cambio MX\$12.63: \$1 USD). Se empleó una tasa de descuento del 5%. Además del modelo determinístico, se realizó un análisis de sensibilidad probabilístico y se estimó la curva de aceptabilidad. **RESULTADOS:** El 59.3% de los pacientes de la cohorte utilizó BMS y el 40.87% DES. El grupo con DES mostró los mayores costos promedio por paciente USD\$16,635 comparado con BMS USD\$13,432. Las efectividades DES encontradas fueron de 88% y las de BMS 74%. La RCE fue de USD\$15,263 en el caso de DES y de USD\$22,480 con BMS. El DES se ubicó como la alternativa costo-efectiva y dominante frente al empleo del BMS. La curva de aceptabilidad muestra que el tratamiento de DES se ubicó como la alternativa costo-efectiva independientemente de la Disponibilidad a Pagar por parte de la institución. **CONCLUSIONES:** Los resultados del análisis realizado sugieren que DES es una alternativa de tratamiento intervencionista de revascularización con mejores resultados en salud, y que también representa una alternativa costo ahorradora respecto a BMS.

#### PCV5

##### COST-EFFECTIVENESS AND BUDGET IMPACT ANALYSIS OF RIVAROXABAN IN THE PREVENTION OF THROMBOEMBOLIC EVENTS IN PATIENTS PERFORMING HIP AND KNEE ARTHROPLASTY IN COMPARISON WITH NO TREATMENT UNDER THE BRAZILIAN PRIVATE HEALTH CARE SYSTEM PERSPECTIVE

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**OBJECTIVES:** To develop a cost-effectiveness and a budget impact analysis of Rivaroxaban in the prevention of thromboembolic events in patients performing hip and knee arthroplasty in comparison with no treatment under the Brazilian private health care system perspective. **METHODS:** A decision tree analysis was developed for the first 90 days, considering the occurrence of Deep Venous Thrombosis, Pulmonary Embolism and thromboembolic events, followed by a Markov model, for Post Thrombotic Syndrome and Thrombotic Pulmonary Hypertension. The time horizon of the analysis was 5 year. The cycle duration was 1 year and the corresponding epidemiological and efficacy data were obtained from a critical appraisal of the scientific literature. Unit costs for drugs, procedures, materials and daily hospital were obtained from Kairos Magazine (Maximum price consumers 18%ICMS), Hierarchical Brazilian Classification of Medical Procedures (CBHPM 5th edition), Simpro Magazine Maximum price consumers 18% ICMS) and search UNIDAS 2008, respectively. A budget impact analysis was developed considering an increase of 10% per year in market share of Rivaroxaban. **RESULTS:** Total costs associated with Rivaroxaban and no treatment, considering the indication for knee arthroplasty, were BRL363 (US\$214) and BRL1,040 (US\$612), respectively. And considering the indication for hip arthroplasty, were BRL332 (US\$195) and BRL462 (US\$272), respectively. Rivaroxaban reduces the number of all thromboembolic events in 0.0793 and 0.0246, for knee and hip arthroplasty, respectively. Rivaroxaban treatment is more effective and cheaper than no treatment in both indications (dominant). The high cost associated with no treatment patient is due to the high number of events in this group. The budget impact analysis estimated an economy of BRL206,165 (US\$121,274) and BRL104,351 (US\$61,383) for knee and hip indication, respectively, in 5 years. **CONCLUSIONS:** By this pharmacoeconomic analysis, the treatment with Rivaroxaban, shown to reduce treatment costs and events compared with no treatment.

#### PCV6

##### COST-EFFECTIVENESS AND BUDGET IMPACT ANALYSIS OF RIVAROXABAN IN THE PREVENTION OF THROMBOEMBOLIC EVENTS IN PATIENTS PERFORMING HIP AND KNEE ARTHROPLASTY IN COMPARISON WITH ENOXAPARIN UNDER THE BRAZILIAN PRIVATE HEALTH CARE SYSTEM PERSPECTIVE

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**OBJECTIVES:** To develop a cost-effectiveness and a budget impact analysis of Rivaroxaban in the prevention of thromboembolic events in patients performing hip and knee arthroplasty in comparison with Enoxaparin under the Brazilian private health care system perspective. **METHODS:** A decision tree analysis was developed for the first 90 days, considering the occurrence of Deep Venous Thrombosis, Pulmonary Embolism and thromboembolic events, followed by a Markov model, for Post Thrombotic Syndrome and Thrombotic Pulmonary Hypertension. The time horizon of the analysis was 5 year. The cycle duration was 1 year and corresponding epidemiological and efficacy data were obtained from a critical appraisal of the scientific literature. The outcomes were expressed as the incremental number of all thromboembolic events. The analysis considered only direct medical costs. Unit costs for drugs, procedures, materials and daily hospital were obtained from Kairos Magazine (Maximum price consumers 18% ICMS), Hierarchical Brazilian Classification of Medical Procedures (CBHPM 5th edition), Simpro Magazine (Maximum price consumers 18%ICMS) and UNIDAS 2008, respectively. A budget impact analysis was developed considering an increase of 10% per year in market share of Rivaroxaban. **RESULTS:** Total costs associated with Rivaroxaban and Enoxaparin, considering the indication for knee arthroplasty, were BRL363 (US\$214) and BRL632 (US\$372), respectively. Rivaroxaban reduces the number of all thromboembolic events in 0.0167. Rivaroxaban treatment is more effective and cheaper than Enoxaparin

treatment (dominant). Total costs associated with Rivaroxaban and Enoxaparin, considering the indication for hip arthroplasty, were BRL332 (US\$195) and BRL468 (US\$275), respectively. The number of all thromboembolic events was the same. Rivaroxaban treatment is cheaper with same efficacy. The budget impact analysis estimated an economy of BRL98,810 (US\$58,124) and BRL184,630 (US\$108,606) for knee and hip indication, respectively, in 5 years. **CONCLUSIONS:** By this pharmacoeconomic analysis, the treatment with Rivaroxaban, shown to reduce treatment costs and events compared with Enoxaparin.

#### PCV7

##### COST-EFFECTIVENESS OF PRASUGREL VERSUS CLOPIDOGREL IN PATIENTS WITH ACUTE CORONARY SYNDROMES UNDERGOING PERCUTANEOUS CORONARY INTERVENTION IN THE PUBLIC HEALTH CARE SYSTEM IN MEXICO

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**OBJECTIVES:** To evaluate the cost-effectiveness of prasugrel versus clopidogrel in patients with acute coronary syndromes (ACS) undergoing percutaneous coronary intervention (PCI) from the public healthcare payer perspective in Mexico. **METHODS:** The alternatives were prasugrel (loading dose 60 mg, maintenance dose 10 mg daily) versus clopidogrel (loading dose 300 mg, maintenance dose 75 mg daily). A Markov model was developed. Only direct medical care costs were considered for one year. The efficacy measure was a composite of the death from cardiovascular causes, nonfatal myocardial infarction or nonfatal stroke and stent thrombosis reported in the trial directly comparing prasugrel and clopidogrel (TRITON TIMI-38). Three types of populations were evaluated separately; overall, patients with diabetes mellitus, and the subset of diabetics treated with insulin. Care costs were derived from medical records, and the costs of drugs were assumed to be the same. Costs and the model were validated by experts. **RESULTS:** According to the model prasugrel had fewer events in the three types of populations evaluated over a 12 month time horizon. The number of events; death from cardiovascular causes, nonfatal myocardial infarction-stroke and stent thrombosis avoided by 10,000 patients were distributed as follows: overall population, 31, 650 and 147, diabetics, 92, 1363 and 203, diabetics on insulin, 174, 2531 and 499. The average cost per patient (2010 Mexican pesos) treated with prasugrel was lower compared with clopidogrel, for the overall population (MXN\$ 69,972 vs. MXN\$ 82,991), diabetics (MXN\$79,971 vs. MXN\$ 105,756) and diabetics treated with insulin (MXN\$ 85,750 vs. MXN\$ 137,144). **CONCLUSIONS:** Results from the present analysis suggest that the use of prasugrel (instead of clopidogrel) in patients with ACS undergoing PCI represents a more effective strategy at a lower cost (dominant strategy), a cost-saving alternative for institutions of public healthcare in Mexico.

#### PCV8

##### COST-EFFECTIVENESS AND BUDGET IMPACT ANALYSIS OF RIVAROXABAN IN THE PREVENTION OF THROMBOEMBOLIC EVENTS IN PATIENTS PERFORMING HIP AND KNEE ARTHROPLASTY IN COMPARISON WITH DABIGATRAN UNDER THE BRAZILIAN PRIVATE HEALTH CARE SYSTEM PERSPECTIVE

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**OBJECTIVES:** To develop a cost-effectiveness and a budget impact analysis of Rivaroxaban in the prevention of thromboembolic events in patients performing hip and knee arthroplasty in comparison with Dabigatran under the Brazilian private health care system perspective. **METHODS:** A decision tree analysis was developed for the first 90 days, considering the occurrence of Deep Venous Thrombosis, Pulmonary Embolism and thromboembolic events, followed by a Markov model, for Post Thrombotic Syndrome and Thrombotic Pulmonary Hypertension. The time horizon of the analysis was 5 year. The cycle duration was 1 year and corresponding epidemiological and efficacy data were obtained from a critical appraisal of the scientific literature. The outcomes were expressed as the incremental number of all thromboembolic events. The analysis considered only direct medical costs. Unit costs for drugs, procedures, materials and daily hospital were obtained from Kairos Magazine (Maximum price consumers 18%ICMS), Hierarchical Brazilian Classification of Medical Procedures (CBHPM 5th edition), Simpro Magazine (Maximum price consumers 18%ICMS) and UNIDAS 2008, respectively. A budget impact analysis was developed considering an increase of 10% per year in market share of Rivaroxaban. **RESULTS:** Total costs associated with Rivaroxaban and Dabigatran, considering the indication for knee arthroplasty, were BRL363 (US\$214) and BRL371 (US\$218), respectively. The number of all thromboembolic events was the same. Rivaroxaban treatment is cheaper with same efficacy. Total costs associated with Rivaroxaban and Dabigatran, considering the indication for hip arthroplasty, were BRL332 (US\$195) and BRL485 (US\$285), respectively. Rivaroxaban reduces the number of all thromboembolic events in 0.0140. Rivaroxaban treatment is more effective and cheaper than Dabigatran treatment (dominant). The budget impact analysis estimated an economy of BRL3,894 (US\$2,291) and BRL150,642 (US\$88,613) for knee and hip indication, respectively, in 5 years. **CONCLUSIONS:** By this pharmacoeconomic analysis, the treatment with Rivaroxaban, shown to reduce treatment costs and events compared with Dabigatran.

#### PCV9

##### COSTO-EFECTIVIDAD DE LOS ÁCIDOS GRASOS OMEGA 3 COMO COADYUVANTE DE LA SIMVASTATINA EN EL TRATAMIENTO DE LA HIPERTRIGLICERIDEMIA

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**OBJETIVOS:** Evaluar la relación costo-efectividad del omega-3 como coadyuvante de segunda línea en los pacientes con hipertrigliceridemia, que vienen utilizando simvastatina versus simvastatina sola. **METODOLOGÍAS:** Para la búsqueda de las eficacias se realizó una búsqueda sistemática de la literatura de acuerdo a unos criterios establecidos previamente. Los costos monetarios fueron evaluados de acuerdo al mercado interno farmacéutico. Se tomó el valor de la mediana y se utilizaron los valores extremos para el análisis de sensibilidad. **RESULTADOS:** El tratamiento con simvastatina 40 mg + 4 gr/día de ácidos grasos del aceite de pescado Omega 3 tuvo una mejor relación de costo-efectividad en comparación con el tratamiento tradicional de solo simvastatina 40 mg/día, en pacientes con hipertrigliceridemia. Las efectividades fueron determinadas como el porcentaje de disminución de los niveles de triglicéridos respecto de los valores iniciales. El estudio seleccionado en la revisión sistemática determinó la efectividad del primer tratamiento en un 29.5% frente a un 6.3% del segundo. La relación de costo-efectividad a las 8 semanas, fue de 7,971 pesos por unidad porcentual de disminución de los triglicéridos para el tratamiento con Omega-3, versus 17,938 pesos para la simvastatina sola. El análisis incremental mostró un costo de 5264 pesos por unidad porcentual adicional de disminución de los triglicéridos por encima de la opción de simvastatina sola. **CONCLUSIONES:** El tratamiento con simvastatina 40 mg mas 4 gr/día de ácidos grasos del aceite de pescado Omega 3, tiene una mejor relación de costo-efectividad que el tratamiento tradicional de simvastatina 40 mg sola, tanto cuando se consideró un horizonte de 8 semanas como para las 52 semanas. Esto es importante para el diseño de nuevos programas de promoción y prevención en el marco del sistema general de seguridad social en Colombia.

#### PCV10

#### UN ESTUDIO DE MINIMIZACIÓN DE COSTOS PARA EVALUAR EL TRATAMIENTO CON METOPROLOL EN PACIENTES CON HIPERTENSIÓN ARTERIAL EN MÉXICO

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**OBJETIVOS:** El objetivo de este análisis es comprobar la relación costo-efectividad de dos alternativas de metoprolol, un beta-bloqueador de liberación prolongada con amplia experiencia clínica en su uso para el manejo de la hipertensión arterial, para el manejo de pacientes hipertensos en México. **METODOLOGÍAS:** Este es un estudio de minimización de costos desde la perspectiva institucional del Instituto de Seguridad Social del Estado de México y Municipios (ISSEMYM). Se evaluaron dos alternativas de metoprolol para el manejo de hipertensión arterial: el metoprolol genérico actualmente disponible en el cuadro básico de medicamentos institucional (metoprolol genérico actual), y el metoprolol genérico de marca Lopresol R® (metoprolol genérico de marca). La medición de eficacia se igualó a una constante, debido a que los estudios de bioequivalencia, avalados por la autoridad sanitaria, corroboran que el metoprolol genérico de marca es bioequivalente al metoprolol genérico actual. Los costos fueron obtenidos de la institución; están expresados en Pesos Mexicanos y son vigentes para el 2011. El horizonte temporal fue de 12 meses, por lo cual no se utilizó tasa de descuento. Una vez obtenido el resultado, se procedió a un análisis de impacto presupuestal para la institución. **RESULTADOS:** El análisis reveló un costo anual de \$2,190.00 para metoprolol genérico de marca, en comparación con un costo anual de \$2,754.11 para metoprolol genérico actual, dando como resultado un decremento en el costo anual de \$564.11 por cada paciente tratado. El análisis de impacto presupuestal reveló que cada 1000 pacientes tratados con el metoprolol genérico de marca, en contraposición al metoprolol genérico actual, representan un ahorro anual para la institución de \$564,107.50. **CONCLUSIONES:** La sustitución de metoprolol genérico actual por metoprolol genérico de marca representa, para la institución, un ahorro anual potencial de \$564.11 por cada paciente tratado, y un ahorro anual potencial de \$564,107.5 por cada 1000 pacientes tratados.

#### Diabetes/Endocrine Disorders – Clinical Outcomes Studies

#### PDB2

#### CALIDAD DE PRESCRIPCIÓN DE HIPOGLUCEMIANTES ORALES EN UNA UNIDAD MEDICA FAMILIAR: CENTRO, TABASCO, MÉXICO, 2009

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**OBJETIVOS:** Determinar la calidad de la prescripción de hipoglucemiantes orales en pacientes con Diabetes Mellitus No Insulinodependiente (DMNID) derechohabientes usuarios de la Unidad de Medicina Familiar (UMF) No. 43 del Instituto Mexicano del Seguro Social (IMSS), en Villahermosa, Centro, Tabasco, México, durante el año 2009. **METODOLOGÍAS:** Diseño: observacional, retrospectivo, transversal, descriptivo. Universo: 2678 expedientes de pacientes con DMNID atendidos en la UMF No. 43 del IMSS, en Villahermosa, Centro, Tabasco, México, durante el año 2009. Muestra: probabilística simple, 254 expedientes (N=2,678, p=0.76, q=0.24, d=0.05, Z=1.96). Muestreo: aleatorizado, técnica de números aleatorios. Criterios de selección: expedientes clínicos completos. Variables: edad, sexo, obesidad, tiempo de evolución de la Diabetes Mellitus, esquema terapéutico, calidad de la prescripción y error de prescripción. Fuentes de información: expedientes completos. Procedimientos: se sistematizó la información de los esquemas terapéuticos de hipoglucemiantes orales prescritos a los pacientes, y se compararon contra las guías de prescripción, considerando adecuadas las prescripciones realizadas de acuerdo a las guías. Análisis: estadística descriptiva. Software: STATA<sup>TM</sup> 2.0, Epi Info<sup>TM</sup> 3.3.2. **RESULTADOS:** Un total de 254 expedientes clínicos: excluidos 34.3%, incluidos 65.7%. Expedientes clínicos estudiados: 167. Media de hipoglucemiantes orales pre-

critos 2±1, intervalo 1-3, moda 2. Esquema terapéutico más frecuentes: Glibenclamida y Metformina 58.1%. Calidad de la prescripción: 81% inadecuada, 19% adecuada. Error de prescripción más frecuente: intervalo inadecuado 61%. **CONCLUSIONES:** La calidad de la prescripción de hipoglucemiantes orales observada en esta serie es predominantemente inadecuada, en proporción mayor a la media estatal (23.7%). Se requiere educación continua y medidas gerenciales para corregir el problema.

#### PDB3

#### PREVALENCE OF SEVERE OSTEOPOROSIS IN DAILY CONSULTATION OF RHEUMATOLOGY AND ENDOCRINOLOGY SERVICES, COSTS AND QUALITY OF LIFE OF FRAGILITY FRACTURES IN MEXICO

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**OBJECTIVES:** Osteoporosis (OP) and its fragility fractures (FF) impose a large burden on health system and the impact is growing due to population ageing. Severe or established OP defines a T-score < -2.5 in presence of a fragility fracture. We aimed to estimate the prevalence of severe OP in daily consultation of rheumatology and endocrinology services in hospitals of IMSS and ISSSTE and to assess the costs and quality of life (QoL) associated with FF in Mexico. **METHODS:** A prospective study was performed in 11 specialty (6 rheumatology and 5 endocrinology) services from 9 hospitals of IMSS and ISSSTE through March 1 to April 27, 2010. Data of adults attending to outpatient consultation was collected in a clinical report form. The analysis was done following a frequentist statistical approach. We also conducted a systematic review of published and non-published data of direct medical costs (acute attention, physical therapy and outpatient visits) and QoL related with major FF in Mexico. Expert opinion was used when local information was not available. All costs were updated to December 2010 and figures are expressed in Mexican pesos. **RESULTS:** During the period of study, 84 out of the 3527 medical consultations were given to patients diagnosed with severe OP, comprising a 2.4% of the total consultations in these services. Prevalence of severe OP was slightly higher in rheumatology (2.6%) than in endocrinology (2.2%) services. First-year total cost per patient with hip, vertebral, forearm and humerus FF were estimated at \$82631, \$53332, \$39006 and \$41942, respectively. FF significantly reduced QoL, with hip and vertebral fractures affecting the most. **CONCLUSIONS:** This study shows that severe OP is common in rheumatology and endocrinology services. Since a prior fracture increases the risk of future fractures, patients with severe OP entail a high economic burden to the health system.

#### Diabetes/Endocrine Disorders – Cost Studies

#### PDB4

#### GASTOS COM MEDICAMENTOS E CARACTERÍSTICAS DE INDIVÍDUOS COM HIPERTENSÃO E DIABETES MELLITUS, EM MUNICÍPIOS DA REDE FARMÁCIA DE MINAS - MINAS GERAIS, BRASIL

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**OBJETIVOS:** Descrever características sociais, demográficas, além dos gastos mensais com medicamentos por indivíduos com hipertensão arterial e/ou diabetes mellitus, em municípios selecionados da Rede Farmácia de Minas. **MÉTODOS:** A estratégia geral de delineamento foi a de um estudo epidemiológico seccional (inquérito) sobre a utilização de medicamentos, realizado por meio de seleção aleatória em 32 dos 67 municípios participantes do Programa Farmácia de Minas. Esse programa, implementado no estado de Minas Gerais, visa garantir o acesso a medicamentos por meio da estruturação da rede pública estadual de assistência farmacêutica. A população alvo foi constituída por pacientes hipertensos e/ou diabéticos, residentes nos referidos municípios. Foram entrevistados 4815 indivíduos, no período de 18 de janeiro a 22 de fevereiro de 2010. Os gastos mensais com medicamentos foram expressos em unidade monetária brasileira, Real (R\$), e também foram descritos em proporções do salário mínimo vigente no período de realização das entrevistas. **RESULTADOS:** Observou-se que os indivíduos entrevistados possuíam em média 61,2 anos (mediana=62). Dentre eles, a maior parte (68,7%) era do sexo feminino e 64,6% possuíam primeiro grau incompleto ou nunca haviam estudado. Cerca de 41% dos entrevistados apresentaram algum gasto para a aquisição de medicamentos nos 30 dias anteriores à realização das entrevistas. O gasto médio mensal foi de R\$ 103,80, e o mediano, de R\$60,00. Esses valores de gastos com medicamentos equivalem, respectivamente, a 20% e a 12% do valor do salário mínimo vigente à época da realização das entrevistas. Os gastos também foram caracterizados pela concentração. Os dez indivíduos com os maiores gastos foram responsáveis por 8,8% dos gastos totais. **CONCLUSÕES:** Os resultados deste trabalho poderão ser úteis para direcionar o planejamento de novas análises, sobre o perfil de utilização de medicamentos por indivíduos com hipertensão e/ou diabetes mellitus, em municípios da Rede Farmácia de Minas.

#### PDB5

#### USE OF A DISCRETE EVENT SIMULATION MODEL TO ESTIMATE CLINICAL AND ECONOMIC OUTCOMES OF VARIOUS SELF-MONITORING OF BLOOD GLUCOSE REGIMENS PLUS CONVENTIONAL PHARMACOLOGIC TREATMENT ON TYPE-2 DIABETIC PATIENTS IN MEXICO

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