underlying difference in the experience of the condition. A second pre-test is being conducted using all items ranked highly across both countries to determine if there are any differences between countries.

**MC2**

**A COST-EFFECTIVENESS ANALYSIS OF ORAL TRIPATAN THERAPIES**

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**OBJECTIVE:** To assess the cost-effectiveness of the various oral triptan tablets currently available in the US for the acute treatment of migraine headache, and to estimate the prices at which eletriptan and frovatriptan would need to enter the market in order to be competitive. **METHODS:** This study uses a decision model to evaluate the cost-effectiveness of oral triptan tablets. Average wholesale prices were obtained from the 2002 Drug Topics Red Book. Efficacy data was derived from over 65 double-blind, placebo-controlled clinical trials for almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, and zolmitriptan. Using patient reports for pain relief at 1, 2, and 4 hours post-dose, as well as headache recurrence within 24 hours, and serious side effects, probability estimates for these parameters were calculated by weighting each clinical trial estimate by its sample size. Success was defined as pain relief within 2 hours without headache recurrence within 24 hours and without a serious side effect. Threshold analyses were conducted to determine the prices of eletriptan and frovatriptan. **RESULTS:** All triptans had similar side effect profiles, but varied markedly in price and efficacy. Almotriptan was the most cost-effective triptan ($35.47 per successful outcome for 12.5 mg tablets, $40.92 for 6.25 mg), followed by rizatriptan ($44.53 for 10 mg, $48.68 for 5 mg) and zolmitriptan (2.5 mg $48.88, 5 mg $49.43). All doses of sumatriptan and naratriptan were greater than $50 per successful outcome. To be competitive with almotriptan, eletriptan would need to be priced around $9 per tablet for the 80 mg dose, and $11 per tablet for the 40 mg dose. Frovatriptan 2.5 mg, on the other hand, needs to be priced at $2 per tablet. **CONCLUSION:** At $10.55 per tablet, almotriptan was the most cost-effective triptan currently marketed in the US. The price for eletriptan must be $11 or less to be equally cost-effective.

**MC3**

**PROJECTIONS FOR COPD IN THE NETHERLANDS: HOW THE TYPE OF PROJECTION AFFECTS THE ESTIMATED GROWTH IN PREVALENCE**

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**OBJECTIVES:** A dynamic multistate model was used to project the future burden of Chronic Obstructive Pulmonary Disease (COPD) in the Netherlands in relation to trends in demography and smoking. With the help of the model, different projections can be made that vary according to assumptions about future developments in smoking, about demography, and about COPD prevalence. **METHODS:** First, a simple prevalence projection of COPD was made, applying observed 1994 5-year prevalence rates on a projection of the population in 2010. That is, the prevalence projection uses prevalence of for instance the 55- to 59-year-old in 1994 and population projections to find prevalence of this same age group 10 years later. Second, a dynamic model that accounts for age and gender dependent incidence of COPD and trends in smoking prevalence was used. With the model we made incidence and smoking based projections, one assuming that smoking would remain at its 1994 levels and another using a scenario for future smoking based on observed trends in start and stop rates. The model basically uses prevalence of the 45- to 49-year-old in 1994 together with incidence and mortality to project prevalence of the 55- to 59-year-old 10 years later. **RESULTS:** The prevalence projections find an increase in COPD total prevalence of 27%. The model projections find a prevalence increase of 70% and 68%, with the lower assuming smoking at its 1994 levels. In this specific case, the prevalence projections find increases in COPD that are half those projected by the model. **CONCLUSIONS:** The results demonstrate differences between the extrapolation of prevalence rates using population projections and more complex projections with a dynamic model. These differences cannot solely be explained by trends in smoking prevalence: this is shown by the model projection with constant smoking prevalence. In this specific case, prevalence extrapolations underestimate future prevalence.

**OD1**

**THE COST-EFFECTIVENESS OF RALOXIFENE COMPARED WITH NO DRUG THERAPY FOR THE PREVENTION OF OSTEOPOROTIC FRACTURES WHEN HRT IS INAPPROPRIATE: THE CASE OF AUSTRALIA**

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**OBJECTIVE:** Hormone replacement therapy (HRT) is the standard therapy aimed at reducing fracture risk in postmenopausal women in Australia, although newer therapies such as the bisphosphonates, calcitriol and raloxifene are used in osteoporotic women with radiographically defined fracture due to minimal trauma. There are many women, however, for whom HRT is inap-