medical resource use and total costs, after adjustment for baseline characteristics. Such observations are of relevance in the interpretation of economic evaluation results, and should be assessed in different disease areas.

**THE TREATMENT OF SEPSIS PATIENTS WITH DROTRECOGIN ALFA (ACTIVATED): AN ECONOMIC EVALUATION WITH REFERENCE TO ITALY**

Lucioni C1, Guidi L2, Mazzi S1, Chinn C1. The PROWESS ET1
1ADIS International, Milano, Italy; 2Eli Lilly, Sesto Fiorentino, Firenze, Italy; 3European Health Outcomes Research, Lilly, Windlesham, Surrey, United Kingdom; 4Care of Eli Lilly & Co Ltd, Indianapolis, IN, USA

**OBJECTIVE:** An international phase III trial (PROWESS, N = 1690) assessed that treatment with drotrecogin alfa (activated) reduced 28-day mortality among patients with severe sepsis. In the present study, cost effectiveness analyses are performed of this therapy in the treatment of severe sepsis (SS) and severe sepsis with multiple organ failure (SS/MOF) in Italy. **METHODS:** A decision model was developed based on PROWESS outcomes and resource use information. Absolute reduction in hospital mortality at day 28 was 6.0% (7.3% for patients with 2 or more organ dysfunctions at baseline (N = 1271)). Italy-specific cost data were applied to the resource use patterns of the European trial patients. Hospitalisation costs were based on published full daily cost estimates for ICU (€1,033) and the regular ward (€300). Assumed drotrecogin alfa (activated) cost in Italy is €261 per 5 mg vial, including VAT. Placebo arm cost of standard care includes €1,580 for Anti-thrombin III (ATIII) which is often used for treatment of sepsis patients in Italy but which has not shown a reduction in mortality in major trials (7,392 U ATIII per patient at €381 per 1,000 U (for 56% patients from an expert panel)). Italian Life Tables were used to estimate life expectancy; which was adjusted for effects of severe sepsis. **RESULTS:** The estimated incremental cost per life year gained for drotrecogin alfa (activated) is €13,436 for SS (€17,148 discounting life years at 3%) and for SS/MOF is €9,799 per LYG when (ARR 6,1%; p = 0,005). A cost-effectiveness analytical model was conducted to assess the efficiency of the drug in Spain in the trial population and in the expected approved indication (patients with multiple organ failures). **CONCLUSIONS:** In Spain, drotrecogin alfa (activated) has shown to be efficient in the treatment of severe sepsis. The incremental CE is better than many well-accepted and common healthcare interventions.

**COST-EFFECTIVENESS OF DROTRECOGIN ALFA (ACTIVATED) IN THE TREATMENT OF SEVERE SEPSIS IN SPAIN**

Sacristán JA1, Prieto L1, Huete T1, Artigas A2, Badia X3, Chinn C4, Hudson P5, The PROWESS Economic Team6
1Lilly Spain, Alcobendas, Madrid, Spain; 2Hospital Parc Taulí, Sabadell, Barcelona, Spain; 3Health Outcomes Research Europe, Barcelona, Spain; 4European Health Outcomes Research, Lilly, Windlesham, Surrey, United Kingdom; 5Independent Health Economist, Bishopthorpe, York, United Kingdom; 6Care of Eli Lilly & Co Ltd, Indianapolis, IN, USA

**OBJECTIVES:** In the PROWESS trial (n = 1690), drotrecogin alfa (activated) (recombinant human Activated Protein C) significantly decreased the 28-day mortality in adults with severe sepsis compared with placebo (ARR 6.1%; p = 0.005). A cost-effectiveness analytical model was conducted to assess the efficiency of the drug in Spain in the trial population and in the expected approved indication (patients with multiple organ failures). **METHODS:** National Health Service perspective was used in the analysis. Effectiveness and resource use were obtained from data collected prospectively in the trial. Spanish costs data of patients treated in intensive care were applied. Direct costs assessed were drug cost, costs up to 28 days, and to final discharge. Life expectancy was estimated using actual age and sex, and Spanish life tables, and an adjustment for post discharge mortality associated with severe sepsis. Cost per hospital survivor and incremental hospital cost per life year gained (LYG) were calculated. LYG were not discounted in the base case analysis. Sensitivity analysis was applied adjusting for patterns of care, ICU costs, comorbidity and discount rate. **RESULTS:** In patients with multiple organ failure, drotrecogin alfa (activated) saved 7.3 additional lives in hospital per 100 treated patients at 28 days when compared with placebo (p < 0.05) (NNT = 14). The cost per hospital survivor was €119,857. Hospital survivors were estimated to live 12.2 years. The cost-effectiveness of drotrecogin alfa (activated) was €9,799 per LYG when compared with placebo (€13,594 per LYG for the trial population). The sensitivity analysis indicated that the largest influence on costs were the assumptions of the discount and reduction in life expectancy of patients. **CONCLUSIONS:** In Spain, drotrecogin alfa (activated) has shown to be efficient in the treatment of severe sepsis. The incremental CE is better than many well-accepted and common healthcare interventions.