increasing per pack taxes by at least 10%, but smokers' lives were greatly extended by the ban condition. Incremental cost effectiveness ratios for taxes and bans, relative to no intervention were: $29,827 and $29,814 per life year gained, respectively. CONCLUSIONS: Both public policy strategies of taxes and bans have a minimal impact on the effectiveness of smoking bans, though the combination of the two policies may be mutually reinforcing for behavioral change and additive in effect.

PCV44

COST EFFECTIVENESS OF CLOPIDOGREL TREATMENT VERSUS ASPIRIN TREATMENT IN SOUTH KOREAN PATIENTS WITH Atherosclerosis: RESULTS OF THE CAPRIE (CLOPIDOGREL VERSUS ASPIRIN IN PATIENTS AT RISK OF ISCHEMIC EVENTS) STUDY

Park BH, Shin S, Lee MJ
Seoul National University, Seoul, South Korea

OBJECTIVES: Clopidogrel is a frequently used drug to prevent subsequent atherothrombotic events in patients with stroke, myocardial infarction, or peripheral arterial diseases. Doctors should subjectively determine whether the price of clopidogrel is justified by its improved therapeutic effect compared to that of aspirin, considering country-wise economic situation. This study analyzed the cost-effectiveness of clopidogrel for atherothrombosis treatment in South Korea. METHODS: Cost-effectiveness was analyzed using the Cambridge model; a Markov model developed using data from the Clopidogrel versus Aspirin in Patients at Risk of Ischemic Events (CAPRIE) study, as per Korean situation. The effect was estimated using data from the Framingham and Saskatchewan databases to calculate the expected survival (in years) for various health states. Direct medical costs from the social perspective, direct non-medical costs, and indirect medical costs were analyzed and applying 5% discount rate to both cost and effect. RESULTS: The 2-year follow-up results showed that the number of cardiovascular (CV) events and CV deaths per 1000 patients was decreased by 13.19 and 2.21, respectively, in the clopidogrel group as compared to the aspirin group. As clopidogrel treatment decreased the incidence of CV deaths; the number of life-years gained per 1000 patients was 65.65 (Framingham) and 48.20 (Saskatchewan). The incremental cost-effectiveness ratio determined using incremental costs per life-year gained was US$19,017 (Framingham) and US$23,904 (Saskatchewan). CONCLUSIONS: Our results showed that clopidogrel was cost-effective treatment of atherothrombosis in South Korea, and evaluated a basis for the economic feasibility of clopidogrel administration for atherothrombosis treatment.

PCV45

ECONOMIC ANALYSIS OF THE INSERTABLE CARDIAC MONITOR IN DIAGNOSIS OF SYCNOPE COMPARED TO CONVENTIONAL DIAGNOSTICS: A CANADIAN PERSPECTIVE

Sadik M1, Tantos S, Winters P, Yee R
Metrodric of Canada Ltd, Toronto, ON, Canada; Metronic International Trading Sarl, Telecience, Vaud, Switzerland; Metronic of Canada, Mississauga, ON, Canada; London Health Sciences Centre, London, ON, Canada

OBJECTIVES: Syncope is a significant burden on the health care system and individuals. Screening manoeuvres including medical examination, ambulatory external monitoring, imaging and clinical diagnostic tests provide a presumptive diagnosis in a limited time but since syncope recurrence is unpredictable. Establishing a diagnosis by ruling out a cardiac arrhythmia as the cause is challenging, time consuming and relies on recording the cardiac rhythm at the time of spontaneous recurrences. The Insertable Cardiac Monitor (ICM) is a new, efficient and accurate technique for long-term monitoring and recording the “events” in a patient. This study assesses the cost-effectiveness of adding the ICM to the standard diagnostic protocol in Canadian health care system. METHODS: A decision analytic model was developed assessing the cost-effectiveness of the standard diagnosis approach compared to ICM from a Canadian provider perspective. The main clinical outcome used in the model was “yield” defined as the rate of correct diagnoses derived from published literature. The frequency of resources used and associated costs were derived from literature, and the Ontario Health Insurance Policy. RESULTS: The diagnosis yield for ICM and standard approach was 33.7% and 41% respectively. This model assessed the cost per diagnosis in the two arms. The incremental cost per diagnosis was $6237 in favour of ICM. Sensitivity analysis showed that in the lower confidence interval (CI) the ICM is the “dominant” option and in upper CI limits the ICER was $15,358 and below the $50,000 acceptability threshold. CONCLUSIONS: ICM is a safe, accurate and effective device for diagnosis of syncope and should be considered as an alternative in diagnosis of syncope. The cost of ICM is partially offset by savings in hospitalization. A societal perspective would reduce the ICER in favour of ICM by preventing complications of syncpe (i.e., falls, fractures, mortality) and increase patient HROd.

PCV46

COST-EFFECTIVENESS AND BUDGET IMPACT OF INTRODUCING FLUVASTATIN XL 80 MG INTO THE BRAZILIAN NATIONAL DRUG FORMULATORY

Godoy MI1, Bungo RLF2, Suzuki C2
LUPICS - Federal University of Rio Grande do Sul, São Paulo, São Paulo – SP, Brazil; 1EL, São Paulo, Brazil; 2Flavartis Biocênicos S/A, São Paulo, Brazil

OBJECTIVES: To determine the cost-effectiveness, from the Brazilian Ministry of Health perspective, of Fluvastatin IR 20 mg, Fluvastatin IR 40 mg, Fluvastatin IR 80 mg and Fluvastatin XL 80 mg. Also we calculated the budget impact of introducing Fluvastatin XL 80 mg into the current Brazilian national drug formulary. METHODS: The cost effectiveness was determined using clinical data from published systematic reviews and cost the values was using government prices. RESULTS: Add-on Fluvastatin XL 80 mg and the price year was 2008 (1US$ = 1.63 BRL). The benefit measure used in this economic evaluation was LDL- reduction. Using the Healthcra System database data we described the evolution of consumption of statins in Brazilian Health System, Univariate sensitivity analysis tested model robustness. We calculated the budget impact analysis for three years. RESULTS: The Fluvastatin XL 80 mg is the stator more cost-effectiveness and costs the reduction in BRL $26.10 per patient. The sensitivity analysis of budget impact show that introduction Fluvastatin into for- mulary could generate average savings of 19% of the Fluvastatin's total budget or BRL $6,550 (US $4,600). CONCLUSIONS: The inclusion of Fluvastatin XL 80 mg is aligned with the health authority strategy of cost containment or reduction for this class of medicines. Results are sensitive to the list price of drugs.

PCV47

COST-EFFECTIVENESS OF ADD-ON EARLY STRESS MYOCARDIAL PERFUSION IMAGING FOR ASIAN PATIENTS PRESENTING TO THE EMERGENCY CHEST PAIN DEPARTMENT: METHOD OF ELECTROCARDIOGRAPHY – THE ACUTE CHEST PAIN TREATMENT & EVALUATION STUDY (ACTION)

Oh MY1, Lim SHF2, Chua TS3, Wee HL4
1National Heart Centre Singapore, Singapore, Singapore; 2Singapore General Hospital, Singapore, Singapore; 3National Heart Centre Singapore, Singapore, Singapore

OBJECTIVES: Existing triage strategy is suboptimal in risk stratiﬁcation Asian patients with chest pain. Hence, we aim to determine the cost-effectiveness of an add-on stress myocardial perfusion imaging (MPI) in improving risk stratification in a single-centre randomized controlled trial involving Asian patients with chest pain and non-diagnostic ECG presenting to an emergency department (ED) in Singapore. METHODS: Consenting patients were randomly assigned to with or without MPI add-on. Patients who developed ST segment changes, elevated CKMB/Troponin during the 6-hr observation were admitted without receiving the assigned interven- tions. One-year cost-effectiveness of the two strategies (MPI vs. no MPI) was analysed from the institution’s perspective. Inpatient costs were obtained from electronic data- base. Outpatient costs were estimated with expert input. Effectiveness was measured as percent patients accurately risk stratified at one year (i.e. high/medium risk patients experiencing a cardiac event and low risk patients not experiencing any cardiac event within one year). The incremental cost-effectiveness ratio (ICER) and conﬁdence intervals (CI) were constructed by bootstrap analysis (percentile approach). Sensitivity analysis was conducted for outpatient costs. RESULTS: Cost data were available from 1481 patients (83.9% of randomized patients). The ICER of MPI vs. no MPI was $6,334 ($13,474 to $40). 97.6% of bootstrapped replicates fell below the $0 per unit cost differences. Coefficients of variation (CV) of the cost-effectiveness ratio was 0.19. Small bias to standard error ratio (0.013) justifies not making bias correction in estimating CI. Results were insensitive to outpatient costs. CONCLUSIONS: Add-on MPI is cost-effective in risk stratiﬁcation patients with chest pain. Given the small CV, bootstrap estimates are likely to be robust.

PCV48

USING EXPERT ELICITATION TO INFUSE INFORMATION AND RESEARCH DECISIONS FOR ENHANCED EXTERNAL COUNTERPULSATION IN ANGINA

Moffett C, Claxton K, Hawkins NS, Sculptor M
University of York, York, UK

OBJECTIVES: To demonstrate how expert elicitation can be combined with Bayesian decision theory to inform the decision to conduct further research and identify efficient research design when there is limited evidence available. METHODS: Using a model of enhanced external counterpulsation (EECP) for the treatment of angina, expert elicitation was used to provide informed priors on the key model parameters where no evidence was available. These priors were updated with sample information to quantify the expected value of sample information (EVSI). The EVSI was compared to the costs of sampling and the expected net benefit of sample information was obtained (ENBS). The ENBS is a measure of the societal payoff to research and provides a sufficient condition for deciding to conduct more research. Given the need to establish if EECP has a role for treating angina and the paucity of evidence available, the ENBS was used to determine the type of study required, the optimal sample size, the appropriate length of follow-up and the endpoints that should be included. RESULTS: There is significant value to future research in EECP. This research is most valuable when directed towards establishing the