(RRRs) in VTE events with rivaroxaban against enoxaparin of 70–79% (p < 0.001) following THR and 49% following TKR (p < 0.001). However, the effect of rivaroxaban relative to alternative prophylaxes is also important, including those presently in development. A systematic literature review identified RCTs comparing enoxaparin with warfarin, fondaparinux or dabigatran in THR or TKR. Indirect comparisons of rivaroxaban to each were conducted, using enoxaparin as common comparator. Whenever the comparison included more than three studies, a meta-regression was performed. Results presented are RRRs from those analyses. RESULTS: Rivaroxaban showed statistically significant reductions in the incidence of key endpoints. In THR, when compared with fondaparinux, rivaroxaban was associated with RRRs of 56% in total VTE (p = 0.015) and 89% (p = 0.015) in symptomatic VTE. When compared with dabigatran, RRRs with rivaroxaban were 86% (p = 0.0018) in symptomatic VTE and 77% (p < 0.001) in total VTE. Similarly, when compared with warfarin, the RRR in symptomatic VTE with rivaroxaban was 92% (p = 0.003). In TKR, rivaroxaban produced 67% (p < 0.001) and 66% (p < 0.001) reductions in total VTE and deep vein thrombosis (DVT) respectively, versus warfarin, and 50% (p < 0.001) reductions in total VTE and DVT versus dabigatran. No other statistically significant differences were found. Importantly for a new anticoagulant, there were no increases in major bleeding so safety endpoints are unlikely to influence cost-effectiveness. CONCLUSION: Rivaroxaban reduced the incidence of overall or symptomatic VTE events relative to alternative prophylaxes without increased major bleeding, reflecting a better clinical profile. These risk reductions may have implications for cost-effectiveness analyses.

PCV40

COST-EFFECTIVENESS ANALYSIS OF DRUG-ELUTING STENT VS BARE METAL STENT IN PATIENTS WITH ISCHAEMIC HEART DISEASE IN SOCIAL SECURITY MEXICAN INSTITUTE.

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OBJECTIVE: To estimate the cost-effectiveness of the use of drug-eluting stent compared to bare-metal stent in a cohort of patients with coronary disease in the Social Security Mexican Institute (IMSS).

METHODS: Cost-effectiveness in a cohort of patients with ischemic disease with indication of PCI (Percutaneous Coronary Intervention). The measure of effectiveness was the rate of clinical success without major cardiovascular adverse events. The cost and effectiveness of the treatment were obtained from clinical follow-up of the cohort from 104 patients in the Cardiology Hospital of IMSS. The micro-costing technique was used, and the costs come from bases institutional costs.

RESULTS: The results are expressed in US dollars (US$) in 2007. Given the time horizon of the study (12 months), the discount rate was not applied. We performed a sensitivity analysis probabilistic, and I think the curve of acceptability. RESULTS: The 61.5% of patients in the cohort used bare-metal stent and 38.5% drug-eluting stent, drug-eluting stent showed the highest average cost per patient US$15,452.9 ± 12,996.8 compared with bare-metal stent US$14,254.4 ± 10,826.5. However, the effectiveness drug-eluting stent found were 97.44% (95% CI 92.48–100) regarding a bare-metal stent 81.67% (95% CI 71.88–91.46). The RCE was US$17,453.5 in the case of drug-eluting stent and US$15,829.6 with bare-metal stent, the RCEI was US$7419. The acceptability curve shows that the treatment of drug-eluting stent becomes the dominant cost-effectiveness alternative from WTP US$15,109.9. The probabilistic analysis shows that drug-eluting stent is more cost effective when it exceeds US$21,153.8 WTP per patient.

PCV41

COMPARISON OF COST-EFFECTIVENESS OF POM (PRESCRIPTION ONLY) STATINS; OTC (OVER THE COUNTER) STATIN AND PLANT STEROL / STANOL PRODUCTS FOR PRIMARY CVD (CARDIOVASCULAR DISEASE) PREVENTION IN THE UNITED KINGDOM FROM THE PATIENT’S PERSPECTIVE

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OBJECTIVE: To consider the cost-effectiveness of POM statins, OTC statin and plant sterol/stanol products from the perspective of middle aged males when used according to current UK guidance for the primary prevention of CVD. METHODS: We used a Markov-Model to obtain the outcomes for an illustrative cohort up to 100 years old or death, whichever come sooner. For the base-case we assumed that all would receive POM statins from 70 years old and all had to pay for their prescription charge up to 59 years. The main outcomes for effects were QALYs (quality-adjusted life-years) and LYG (Life Years Gained). The main costs included were prescription charges, product costs, travel costs and gross weekly incomes. The NICE technology assessment report “Statins for the Prevention of Coronary Events” published in 2005 was used for transition probabilities and utility values. Updated costs for 2007 values extracted from NHS and “HM Revenue & Customs” databases, and average retail prices of the UK market. RESULTS: Estimated discounted incremental cost/QALYs were £2970.63, £8026.37 and £16,536.84 for POM statins, OTC statin and plant stanol/sterol products, respectively. Estimated discounted incremental cost/LYGs were £5339.02, £14,458.69 and £30,076.96, respectively.

PCV42

COST-EFFECTIVENESS ANALYSIS OF EDUCATIONAL PREVENTIVE TECHNOLOGIES FOR PATIENTS WITH CARDIOVASCULAR DISEASES IN RUSSIA

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OBJECTIVE: To study preventive technologies economic efficiency for patients with cardiovascular diseases in Russia.

METHODS: The study consisted of two parts. The first part involved 303 hypertensive patients without serious complications. The second part involved 100 patients with coronary heart disease (CHD). In both substudies, patients were randomized to treatment and control groups. Patients of the treatment group participated in a structured education program for hypertensive