PCV28
A COST-EFFECTIVENESS ANALYSIS FOR PROPHYLACTIC THERAPIES AGAINST AIR TRAVELER THROMBOSIS

Sponser JJ1, Gandhi PK2, Bullano M1
1University of the Sciences in Philadelphia, Philadelphia, PA, USA;
2University of Florida-Gainesville, Gainesville, FL, USA; AstraZeneca, LP, Wilmington, DE, USA

OBJECTIVES: To determine the cost-effectiveness of providing aspirin, low molecular weight heparin (LMWH), or compression stockings to air travelers for the prevention of air traveler thrombosis (ATT). METHODS: A pharmacoeconomic model was constructed from the perspective of an insurer in Russia. The model assumed prophylactic therapy use prior to each flight; for compression stockings, one set was issued per patient for all flights. Cost inputs included medical charges for incident ATT treatment (extrapolated from published literature). The model assumed prophylactic therapy during the trial. All patients received prophylaxis during their hospitalization. The model performed 25,920 simulations to test the results. CONCLUSION: The cost-effectiveness of extended prophylaxis by enoxaparin versus placebo in hospital environment was studied during the trial. All patients (n = 262) received a daily hypodermic injection of 40 mg of enoxaparin after preventative hip joint replacement, on average during 9 days of their hospitalization (open study period). After that the patients were randomized in groups. 131 patients in the placebo group and 131 patients in the enoxaparin group received the treatment. It was suggested that the patients of both groups be injected with 40 mg of enoxaparin daily, on average during 18.6 days. In the clinical trial the number of detected DVT in each group was assumed as the most adequate index of efficiency. 21 and 45 DVT cases were detected in the enoxaparin and the placebo group respectively. RESULTS: In Russia total costs of extended prophylaxis after hip joint replacement in comparison groups amounted to $186,272 in the enoxaparin group and $159,584 in the placebo group. Costs per patient amounted to $1422 in the enoxaparin group and to $1218 in the placebo group. With the help of efficiency increment analysis, the cost of one DVT case prevented by way of extended prophylaxis by enoxaparin versus placebo amounted to $1112. CONCLUSION: According to the results of the pharmacoeconomic analysis based on the findings of the clinical trial, the cost of one DVT case prevented with the help of extended prophylaxis by enoxaparin versus placebo is $1112.

PCV29
PHARMACOECONOMIC ANALYSIS OF EXTENDED PROPHYLAXIS BY ENOXAPARIN AFTER HIP JOINT REPLACEMENT

Lomakin A, Kulikov A
Moscow Medical Academy, Moscow, Russia

OBJECTIVES: Pharmacoeconomic analysis of extended preventive injection of enoxaparin after hip joint replacement and costing of one prevented case of deep venous thrombosis (DVT) in the enoxaparin group compared to placebo in Russia.

METHODS: The pharmacoeconomic analysis was based on the results of prospective, randomized, double controlled study of the use of enoxaparin as extended DVT prophylaxis conducted in a clinical center in Sweden (Bergqvist D, et al., 1996). The efficiency of extended prophylaxis by enoxaparin versus placebo in hospital environment was studied during the trial. All patients (n = 262) received a daily hypodermic injection of 40 mg of enoxaparin after preventative hip joint replacement, on average during 9 days of their hospitalization (open study period). After that the patients were randomized in groups. 131 patients in the placebo group and 131 patients in the enoxaparin group received the treatment. It was suggested that the patients of both groups be injected with 40 mg of enoxaparin daily, on average during 18.6 days. In the clinical trial the number of detected DVT in each group was assumed as the most adequate index of efficiency. 21 and 45 DVT cases were detected in the enoxaparin and the placebo group respectively. RESULTS: In Russia total costs of extended prophylaxis after hip joint replacement in comparison groups amounted to $186,272 in the enoxaparin group and $159,584 in the placebo group. Costs per patient amounted to $1422 in the enoxaparin group and to $1218 in the placebo group. With the help of efficiency increment analysis, the cost of one DVT case prevented by way of extended prophylaxis by enoxaparin versus placebo amounted to $1112. CONCLUSION: According to the results of the pharmacoeconomic analysis based on the findings of the clinical trial, the cost of one DVT case prevented with the help of extended prophylaxis by enoxaparin versus placebo is $1112.