dominance in ≥97% of cases for the three studied annual risks of CHD (0.6%, 1.0% and 1.5%) except for Italy, where dominance in ≥95% was seen at annual risks of 1% and 1.5%. CONCLUSIONS: Administering low-dose Aspirin to patients with an annual risk of CHD of ≥1% is significantly cost-saving from the health care payer’s perspective in all countries analysed. Savings start after one year of treatment.

USE OF ABCIXIMAB IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION (PCI) IN FRANCE

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OBJECTIVES: To evaluate differences between public and private hospitals in abciximab prescriptions for patients undergoing PCI with coronary artery disease (CAD) in France. METHODS: Data were collected from the 2002 “PMSI” database (DRG for every patient admitted). To evaluate the total number of PCI performed for CAD in private and public hospitals, we selected the following DRGs (myocardial infarction, coronary endoprothesis, and cardiac catheterization) and crossed them with the following acts performed during PCI (transluminal angioplasty, stent implantation, athereectomy). We computed the numbers of abciximab prescriptions from the French sales data to obtain an average price/cost of hospitalization. RESULTS: In 2002, 96,247 PCI were performed in private hospitals, 96,247 PCI were performed in public hospitals. Abciximab was administered for 7719 and 2327 PCI procedures in public and private hospitals, respectively. Abciximab was used for only 18% of PCI in public hospitals and 4.3% in private ones, although, abciximab is the only drug indicated for prevention of cardiac ischemic complications in patients undergoing PCI and recognized by French authorities as correlated to a “major improvement” for these patients. CONCLUSION: The important difference in 2002 between public and private sectors can be mostly explained by different funding systems: global budget for public hospitals, fee for services, payment per day and low daily fixed fare for drugs in private hospitals. In France, a new DRG system of funding, close to the one for profit hospitals was implemented in public institutions in 2004. Before that, the results show a clear difference in the recourse to abciximab between public and private sectors for the same DRGs due to the difference in financing. If nothing happens, it can be foreseen that the results observed for profit hospitals will be the rule for public hospitals and patients undergoing PCI could no more benefit from abciximab.