controlled trials; and 3) previous pharmacoeconomic OAB studies. Due to lack of variance for success rate in published reports, sensitivity analyses used +/- 50%. RESULTS: Success rates for the treatments were 35.6%(OxyIR), 23.0%(OxyER), 39.0%(OxyTD), 24.6%(TolIR), and 16.8%(TolER). Cost per complete continence was lowest for OxyIR ($5777), followed by OxyTD ($6189), TolIR ($8658), OxyER ($9121), and TolER ($11,850). OxyER, TolIR, and TolER were dominated by OxyIR and OxyTD. Comparing OxyIR, use of OxyTD was an additional $9916 per person with complete continence. Sensitivity analyses found that success rate was the key parameter driving the analysis. When the success rate of OxyIR varied from 17.8% to 53.4%, the ICER of OxyTD changed from being dominated to $1151. Sensitivity analyses of other model parameters were performed to estimate the expected national cost savings if 1, 25%, 50%, and 75% of the total incident dialysis patients was delayed for 1, two, or four years, a patient with CRF could save costs by 1.8¢ 5.5, 1.6¢ 5.1 and 3.4¢ 10.6 million Korean Won (KW), respectively. An estimated amount of cost savings resulting from treating CRF patients with Kremezin was obtained from the results of randomized controlled clinical trials. Cost information was derived from administrative data for 20 hemodialysis and 20 peritoneal patients from one tertiary care hospital, and 20 hemodialyis patients from one free-standing dialysis center. Per-capita cost savings resulting from Kremezin therapy were separately estimated for the cases delaying the onset of hemodialysis and the cases for peritoneal dialysis. By computing the weighted average for the cases of hemodialysis and peritoneal dialysis, the expected per-capita cost savings of a patient with CRF was obtained. Using the discount rate of 5%, future cost savings were converted to the present value. Budget impact analysis was performed to estimate the expected national cost savings if Kremezin is administered to 25%, 50%, and 75% of the total incident dialysis patients in 2004. RESULTS: Depending on the effect of Kremezin in delaying the onset of dialysis treatments by one, two, or four years, a patient with CRF could save costs by 1.8¢/5.5, 1.6¢/5.1 and 3.4¢/10.6 million Korean Won (KW), respectively from the perspectives of insurer, patient, and society. Also, the national financial impact of adopting Kremezin for 25%, 50%, and 75% of the total incident dialysis patients was estimated as cost savings of about 61,511€/579,162 million KW per year in Korea. CONCLUSION: The estimated amount of cost savings resulting from treating CRF patients with Kremezin confirms that its effect of delaying the onset of dialysis treatments has a considerable economic value.