fused together using bone (autograft) from patient’s hip, which requires additional surgery and leads to increased co-morbidity, blood loss, infection rate, and pelvic instability. We assessed the cost-effectiveness of rhBMP-2 compared with autograft in spine fusion surgery over two years from both a health care payer’s and societal perspectives in The Netherlands. METHODS: An economic model was developed to evaluate differences in results between spine-fusion surgery with rhBMP-2 and fusion with bone autograft. The cost and health-related quality-of-life associated with both treatment options were estimated for two years after surgery. Data were obtained from a previously published analysis of pooled data, in which patients in the rhBMP-2 arm showed significant clinical improvements after surgery compared to standard therapy. Costs were obtained according to the Dutch costing manual, and are reported in 2007 values. RESULTS: In The Netherlands, from the health care payer’s perspective, using rhBMP-2 lead to extra cost of €1,520 per case, and incremental cost-effectiveness ratio (ICER) of €27,260/QALY. Significant reduction in secondary interventions, and better fusion rates associated with rhBMP-2 treatment resulted in faster return to work and reduced productivity loss. CONCLUSIONS: The standard use of rhBMP-2 in ALIF surgery is a cost-effective treatment option in The Netherlands from the payer’s perspective, and a cost-saving option from the societal perspective.

**Abstracts**

**PHC6**

**COST-EFFECTIVENESS OF RIVAROXABAN VERSUS ENOXAPARIN FOR THROMBOPROPHYLAXIS AFTER TOTAL HIP REPLACEMENT IN SPAIN**

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OBJECTIVES: Assess cost-effectiveness of 35 days rivaroxaban, an oral direct Factor Xa inhibitor, versus 12 days and 35 days subcutaneous enoxaparin for prevention of venous thromboembolism (VTE) following total hip replacement (THR). METHODS: Rivaroxaban regimens were compared with enoxaparin regimen following THR in two large randomized controlled trials. In RECORD1, patients received 35 days prophylaxis with rivaroxaban or enoxaparin. In RECORD2, patients received 35 days rivaroxaban or 12 days enoxaparin. The duration of enoxaparin in RECORD1 represents the ACCP-recommended duration of prophylaxis following THR, but in Canada a shorter duration is often applied. In RECORD1, rivaroxaban reduced total VTE (composite: any DVT, non-fatal PE, all-cause mortality) by 70% versus enoxaparin after 35 days prophylaxis. The reduction in symptomatic VTE with rivaroxaban was not statistically significant and not included in the model. In RECORD2, rivaroxaban reduced total VTE by 79% and symptomatic VTE by 80% versus 12 days enoxaparin. A cost-utility model (Ministry of Health perspective) assessed cost-effectiveness of rivaroxaban versus both durations of enoxaparin over five years. The model is populated by RECORD1-2 trials, while published epidemiological and clinical data estimated the risk of further VTE events and post-thrombotic syndrome beyond the trial period. Costs were derived from published Canadian sources and expressed in 2008 Canadian Dollars (C$). Utilities were derived from published literature. Potential savings from oral administration were also included. RESULTS: Thirty-five days rivaroxaban dominated 35 days enoxaparin, with a small QALY gain and savings of C$282.58 per patient. Cost savings are driven mainly by reduced outpatient administration costs. Probabilistic sensitivity analyses showed this dominance in 98% of cases. Rivaroxaban was also cost-effective versus 12 days enoxaparin, with an incremental cost per QALY of C$33,323. CONCLUSIONS: Rivaroxaban is cost-effective versus both 12 days and 35 days enoxaparin, for the prevention of VTE following THA in Canada.

**PHC7**

**COST-EFFECTIVENESS OF RIVAROXABAN VERSUS ENOXAPARIN FOR THROMBOPROPHYLAXIS AFTER TOTAL HIP REPLACEMENT IN CANADA**

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OBJECTIVES: Assess cost-effectiveness of 35 days rivaroxaban, an oral direct Factor Xa inhibitor, versus 12 days and 35 days subcutaneous enoxaparin for prevention of venous thromboembolism (VTE) following total hip replacement (THR). METHODS: Rivaroxaban regimens were compared with enoxaparin regimen following THR in two large randomized controlled trials. In RECORD1, patients received 35 days prophylaxis with rivaroxaban or enoxaparin. In RECORD2, patients received 35 days rivaroxaban or 12 days enoxaparin. The duration of enoxaparin in RECORD1 represents the ACCP-recommended duration of prophylaxis following THR, but in Canada a shorter duration is often applied. In RECORD1, rivaroxaban reduced total VTE (composite: any DVT, non-fatal PE, all-cause mortality) by 70% versus enoxaparin after 35 days prophylaxis. The reduction in symptomatic VTE with rivaroxaban was not statistically significant and not included in the model. In RECORD2, rivaroxaban reduced total VTE by 79% and symptomatic VTE by 80% versus 12 days enoxaparin. A cost-utility model (Ministry of Health perspective) assessed cost-effectiveness of rivaroxaban versus both durations of enoxaparin over five years. The model is populated by RECORD1-2 trials, while published epidemiological and clinical data estimated the risk of further VTE events and post-thrombotic syndrome beyond the trial period. Costs were derived from published Canadian sources and expressed in 2008 Canadian Dollars (C$). Utilities were derived from published literature. Potential savings from oral administration were also included. RESULTS: Thirty-five days rivaroxaban dominated 35 days enoxaparin, with a small QALY gain and savings of C$282.58 per patient. Cost savings are driven mainly by reduced outpatient administration costs. Probabilistic sensitivity analyses showed this dominance in 98% of cases. Rivaroxaban was also cost-effective versus 12 days enoxaparin, with an incremental cost per QALY of C$33,323. CONCLUSIONS: Rivaroxaban is cost-effective versus both 12 days and 35 days enoxaparin, for the prevention of VTE following THA in Canada.

**PHC8**

**COST-EFFECTIVENESS OF RIVAROXABAN VERSUS ENOXAPARIN FOR THROMBOPROPHYLAXIS AFTER TOTAL KNEE REPLACEMENT IN THE UK AND SPAIN**

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OBJECTIVES: Assess cost-effectiveness of rivaroxaban, an oral direct Factor Xa inhibitor, versus subcutaneous enoxaparin for prevention of venous thromboembolism (VTE) following total knee replacement (TKR) in the UK and Spain. METHODS: RECORD3, a large randomized controlled trial, compared VTE prophylaxis for 12 days with rivaroxaban versus 12 days enoxaparin following TKR. Rivaroxaban reduced total VTE