prophylaxis with fondaparinux is cost-effective was addressed in this study. METHODS: A decision analytic model was developed to compare a four-week fondaparinux regimen with a one-week regimen. Clinical input parameters were derived from clinical trials and other published sources. Cost data for Swiss university hospitals were obtained from the single service tariffs database (Tarmed), the Swiss Drugs Compendium and the diagnosis related groups database (AP-DRG) and were expressed in 2004 Swiss francs (CHF). The model simulates a cohort of HFS and THR patients over 30 days and 5 years. Outcomes were measured in life-years gained (LYG). Future costs and outcomes were discounted with an annual rate of four percent. RESULTS: In a hypothetical cohort of 1000 HFS patients, extended prophylaxis avoids 10 fatal events and 9 VTEs over a time horizon of 30 days. The corresponding ICER is CHF 2801 per LYG. With a lower baseline risk for VTE in THR patients, extended fondaparinux prophylaxis prevents one fatal event in 1000 patients over a time horizon of 30 days, yielding an ICER of CHF22,294 per LYG. After five years, extended prophylaxis is cost saving in both HFS and THR patients. The model results were robust to variations of major clinical and cost parameters. CONCLUSIONS: Extended prophylaxis with fondaparinux in THR and HFS patients is cost-effective from a Swiss health care perspective using a time horizon of 30 days. With a longer time horizon of five years, extended prophylaxis with fondaparinux is cost-saving.

PCV90
COST EFFECTIVENESS OF FONDAPARINUX COMPARED WITH ENOXAPARIN FOR EXTENDED PROPHYLAXIS AGAINST VENOUS THROMBOEMBOLISM IN PATIENTS UNDERGOING HIP FRACTURE SURGERY USING DUTCH ESTIMATES OF COSTS
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OBJECTIVE: To determine the cost-effectiveness of fondaparinux compared with enoxaparin for extended prophylaxis after major orthopaedic surgery. METHODS: Costs and effects are modeled using a cohort simulation model. Short term transition probabilities (until day 30) are based from placebo controlled trials. Long term probabilities are obtained from the literature. Resource use and costs were obtained from a separate costing study concerning bleedings and symptomatic events. Outcome measures were rates of symptomatic thromboembolic events, deaths avoided and health care costs. Costs were in 2004 values. “Confidence intervals” (CI) were obtained by probabilistic sensitivity analysis. RESULTS: At one year extending prophylaxis with fondaparinux after major orthopaedic surgery from 7 to 22 days was estimated to prevent 343 symptomatic venous thromboembolic events (per 10,000 patients) (95% CI:283–391). The additional cost (per patient) of extending the prophylactic period is estimated at £164 (£117–£212) in the UK and at €66 in The Netherlands. The number of deaths avoided (per 10,000 patients) is estimated at 138 (89–192). Costs per symptomatic VTE avoided are estimated at £4,788 (£3258–£6906) in the UK and at €9,195 (€392–€4021) in The Netherlands. Costs per death avoided are estimated at £11,932 (£7220–£20,480) and €4,773 (€892–€11,629). When assuming the average survival after surgery at 6 years, costs per life year gained are estimated at under £3,000 for The Netherlands. CONCLUSION: Our estimates indicate that extending the prophylaxis with fondaparinux from 7 to 21 days has an acceptable balance between cost and outcomes both in the UK and The Netherlands.

PCV91
COST EFFECTIVENESS OF EXTENDED PROPHYLAXIS WITH FONDAPARINUX TO PREVENT VENOUS THROMBOEMBOLISM IN PATIENTS UNDERGOING HIP FRACTURE SURGERY USING UK AND DUTCH ESTIMATES OF COSTS
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OBJECTIVE: To determine the cost effectiveness of extended prophylaxis with fondaparinux to prevent venous thromboembolism in patients undergoing hip fracture surgery compared to short term using UK and Dutch estimates of costs. METHODS: Costs and effects are modeled using a cohort simulation model. Short term transition probabilities (until day 30) are obtained from placebo controlled trials. Long term probabilities are obtained from the literature. UK resource use and costs were obtained from a published analysis concerning short term prophylaxis. Dutch resource use and costs were estimated in a separate costing study concerning bleedings and symptomatic events. Outcome measures were rates of symptomatic thromboembolic events, deaths avoided and health care costs. Costs were in 2004 values. “Confidence intervals” (CI) were obtained by probabilistic sensitivity analysis. RESULTS: At one year extending prophylaxis with fondaparinux after major orthopaedic surgery from 7 to 22 days was estimated to prevent 343 symptomatic venous thromboembolic events (per 10,000 patients) (95% CI:283–391). The additional cost (per patient) of extending the prophylactic period is estimated at £164 (£117–£212) in the UK and at €66 in The Netherlands. The number of deaths avoided (per 10,000 patients) is estimated at 138 (89–192). Costs per symptomatic VTE avoided are estimated at £4,788 (£3258–£6906) in the UK and at €9,195 (€392–€4021) in the Netherlands. Costs per death avoided are estimated at £11,932 (£7220–£20,480) and €4,773 (€892–€11,629). When assuming the average survival after surgery at 6 years, costs per life year gained are estimated at under £3,000 for The Netherlands. CONCLUSION: Our estimates indicate that extending the prophylaxis with fondaparinux from 7 to 21 days has an acceptable balance between cost and outcomes both in the UK and The Netherlands.

PCV92
HEALTH RELATED QUALITY OF LIFE (QoL) IN PATIENTS RECEIVING VITAMIN K ANTAGONISTS (VKA): A STUDY USING EQ-5D QUESTIONNAIRE
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Oral anticoagulation is indicated for a number of conditions, including prevention of systemic embolism in patients with mechanical heart valves, valvular heart disease, myocardial infarction and atrial fibrillation. VKA are frequently prescribed as long term treatment. Due to the features of treatment, VKA have the potential to cause dissatisfaction and reduce QoL. OBJECTIVES: To assess Health Related Quality of life (HRQOL) in patients receiving VKA comparing their health with matched controls. METHODS: Ninety-two consecutive patients receiving VKA (53 male; age range 37–81 years) were enrolled among those followed by our anticoagulation clinic. The more frequent indications for VKA treatment were atrial fibrillation and venous thromboembolism. Each patient was matched by age and sex with one control from a database of a population based naturalistic prospective survey. The EuroQoL, completed during the enrolment visit, was used to evaluate HRQOL. To evaluate differences in the five dimensions