PCV4

## COST-EFFECTIVENESS ANALYSIS OF N-3 POLYUNSATURED FATTY ACIDS (PUFA) AFTER MYOCARDIAL INFARCTION, FRENCH ASSESSMENT

Taïeb C[1], Abbadie S[2], Myon E[1]
[1]Programmes Pharmaco Economiques Pierre Fabre, Boulogne Billancourt, France; [2]Affaires économiques Pierre Fabre, Boulogne Billancourt, France

**OBJECTIVE:** To estimate the cost effectiveness of treatment with n-3 polyunsaturated fatty acids (n-3 PUFA) for secondary prevention after myocardial infarction (MI). **METHODS:** The cost effectiveness analysis of n-3 PUFA treatment after MI was based on morbidity and mortality data and the use of resources obtained prospectively during the 3.5 years follow-up period of the "GISSI-Prevenzione study" (Lancet 1999), and the Italian cost effectiveness study (pharmacoeconomics 2001). The French patients can be assimilated and compared to the "GISSI Prevenzione" patients & the patients' management and healthcare resources used have been described and validated by an expert panel. Two groups were analysed: treatment with n-3PUFA (n = 2836) versus treatment without n-3PUFA (n = 2828), the perspective analysis was French NHS (n-3 PUFA—public price: 1 euro per day). **RESULTS:** The cost effectiveness analysis took into account the incremental number of life years gained (life years gained per patient treated: 0.035) and the incremental cost of hospital admission, diagnostic test and drugs, applying a 2.5% discount. The incremental cost effectiveness ratio for n-3 PUFA in the present scenario was: €18,573 (1999 values). Sensitivity analysis included the analysis of extremes, producing estimates varying from €11,680 to €38,720 euros. **CONCLUSION:** Since the clinical benefit provided by n-3 PUFA is additive, this therapy should be added to the established routine practice, with additive costs. But even so the cost effectiveness ratio of n-3 PUFA is really reasonable taking into account the threshold considered to be acceptable on an international scale and the other drugs recently introduced in the routine care of secondary prevention after MI.

PCV5

## COST IMPACT OF AMLODIPINE IN BRITISH COLUMBIA BASED ON THE PREVENT TRIAL RESULTS

Ali F[1], McKenzie E[2], Bruchet R[1]
[1]Pfizer Canada Inc, Kirkland, QC, Canada; [2]Applied Management, Toronto, ON, Canada

**OBJECTIVES:** The study objective was to estimate the savings to the B.C. health care system from reimbursement of amlodipine for patients who have cardiovascular disease. **METHODS:** Within the Canadian health care system, the costs for physician services and hospitalizations are paid by the provincial health care system. However, 59% of the costs for prescription drugs are paid by private payers. PREVENT was a 3-year multicentre placebo controlled study to test the antiatherogenic effect of amlodipine in 825 patients with predefined evidence of coronary artery disease. Amlodipine was similar to placebo for angiographic changes but with significant reductions in hospitalizations due to revascularization and unstable angina. Based on the Canadian prevalence of cardiovascular disease, 327,000 residents of B.C. may have CVD. This study assumes these individuals could benefit from the same advantages and reduction of events as the subjects in the PREVENT trial. An estimated 122,000 residents would receive partial or full reimbursement for amlodipine by the provincial drug plan. The costs of prescriptions for others would be funded by private payers. The reduction in hospitalizations related to CVD events from the PREVENT trial was extrapolated to the B.C. CVD population. Canadian costs were applied to estimate the savings for the B.C. health care system. **RESULTS:** The cost of amlodipine therapy for eligible beneficiaries of the provincial plan is $70 million annually; the annual savings to the B.C. health care system from events avoided is $171 million; with potential savings of $101 million annually to the B.C. health system. **CONCLUSION:** The potential savings to the B.C. health care system from use of amlodipine in patients with CVD is up to $101 million annually. This study demonstrates the significant contribution that private reimbursement of prescription drugs makes to the overall costs of the Canadian public health care system.

PCV6

## THE COST COMPARISON OF CARDIOVERSION AND ANTIARRHYTHMIC THERAPY IN NONVALVULAR CHRONIC ATRIAL FIBRILLATION

Pietrasik AL[1], Latek MM[2], Niewada MP[1], Kamiński B[2], Kosior D[1]
[1]Medical University of Warsaw, Warsaw, Poland; [2]Warsaw School of Economics, Warsaw, Poland

**OBJECTIVES:** The clinical trial on cardioversion and subsequent sinus rhythm maintenance or pharmacological ventricular rate control in chronic atrial fibrillation