CONCLUSION: Superior clinical efficacy combined with substantial cost savings for at least one year of follow up conferred to enoxaparin a place of choice in acute cardiology therapy.

OBJECTIVE: To determine the cost-effectiveness of thrombosis prevention with Clopidogrel versus Ticlopidine in Russia, taking into account side effect such as agranulocytosis (neutropenia) using a decision analysis.

METHODS: Pharmacoeconomic comparison using a decision-tree model was based on the assumption that Ticlopidine (250 mg daily) causes short-duration neutropenia in 0.8% of patients compared to 0.04% of patients on Clopidogrel (37.5 mg daily) one month after treatment starts. The probabilities of neutropenia were derived from multi-center clinical trials of antithrombotic therapy safety. Calculated costs included cost of study drugs and direct medical costs for neutropenia treatment. A neutropenia treatment scheme was analyzed by reviewing medical charts of patients with short-duration neutropenia at the Federal Hematological Center. Effectiveness was measured by percentage reduction in spontaneous platelet aggregation (SPA) in a comparative clinical study including 70 patients with thrombophilia. Cost effectiveness ratio (CER) was defined for both drugs and incremental cost-effectiveness ratio (ICER) was determined.

RESULTS: The mean costs of medication treatment were 1221 rubles (42,1$) for Clopidogrel and 795 rubles (27,4$) for Ticlopidine. The median direct medical cost for treatment of neutropenia was 28,126 rubles (969,9$) per patient. Expected costs for antiplatelet therapy, taking into account the probability of neutropenia, was 1020 rubles (35,2$) for Ticlopidine and 1232 rubles (42,5$) for Clopidogrel. The CER for Clopidogrel was 19,4 rubles (0,67$) and 20,6 rub (0,71$) for Ticlopidine per 1% of SPA reduction. The ICER for Clopidogrel vs. Ticlopidine was 14,5 rub (0,5$) per 1% SPA reduction. The ICER for Clopidogrel vs. Ticlopidine (42,5$) for Clopidogrel. The CER for Clopidogrel was 1020 rubles (35,2$) for Ticlopidine and 1232 rubles (42,5$) for Clopidogrel.

CONCLUSION: Ticlopidine was 14,5 rub (0,5$) per 1% SPA reduction. The ICER for Clopidogrel vs. Ticlopidine (27,4$) for Ticlopidine. The median direct medical cost for neutropenia treatment was 1221 rubles (42,1$) for Clopidogrel and 795 rubles (27,4$) for Ticlopidine. The ICER for Clopidogrel was 1020 rubles (35,2$) for Ticlopidine and 1232 rubles (42,5$) for Clopidogrel. The CER for Clopidogrel was 20,6 rub (0,71$) for Ticlopidine (27,4$) for Ticlopidine. The median direct medical cost for neutropenia treatment was 1221 rubles (42,1$) for Clopidogrel and 795 rubles (27,4$) for Ticlopidine. The ICER for Clopidogrel was 20,6 rub (0,71$) for Ticlopidine (27,4$) for Ticlopidine.

OBJECTIVE: To conduct an economic analysis of the PURSUIT trial in the UK for patients with unstable angina or non-Q-wave myocardial infarction (MI) admitted to hospital and randomized to eptifibatide (GPIIb/IIIa) or placebo in addition to usual therapy.

METHODS: Health-care resource consumption was collected prospectively for all patients in the PURSUIT trial. Unit costs were developed for the UK and applied to the resources consumed in the trial to estimate the cost per patient treated during index hospital stay and at six months follow-up. Analyses were conducted using resource consumption from the UK sub population, Western European (WE) sub population, and the total PURSUIT trial population. Long term outcome measures were based on life expectancy estimated from six-month PURSUIT data of the WE sub-population and the North American (NA) + WE sub populations.

RESULTS: Initial hospital and six-month costs for eptifibatide patients including drug cost were slightly higher than the placebo group using the WE and overall trial population resources. UK-specific resource consumption was lower in the eptifibatide group. The difference in 30-day rate of death and MI was 1% (NS) for WE and 1.5% (p = 0.04) for the overall trial. At six months, MI rates were further decreased for eptifibatide but no difference existed in mortality between the groups. The CE ratios (discounted at 3%) using WE or overall resources are £8,436 and £12,591 respectively using WE survival or £3,418 and £5,036 using WE + NA survival. Using UK resources, eptifibatide is cost saving in either survival scenario.

CONCLUSION: The cost-effectiveness ratios for eptifibatide in the UK all fall within an acceptable range for adopting new technology. The impact of resource consumption data on the cost-effectiveness ratio underscores the importance of the source of treatment-pattern data and the need for prospective or retrospective data collection to reflect country-management styles.