Rosuvastatin therapy I (MERCUERY I) trial in which 3140 adults with, or at risk of, coronary heart disease initially received a fixed daily dose of RSV 10mg, ATV 10 or 20mg, PRA 40mg or SIM 20mg. After 8 weeks’ treatment, patients were randomised to remain on treatment or to switch treatments as follows: from ATV 10mg, SIM 20mg, PRA 40mg to RSV 10mg or from ATV 20mg to RSV 10 or 20mg for a further 8 weeks. In a decision-analysis model, it was assumed that patients not achieving goal on an alternative statin after 8 weeks would be switched to RSV. Costs for drug acquisition, primary care physician visits, nurse visits and laboratory tests were included where appropriate. Cost-effectiveness was expressed as the cost per patient treated to LDL-C goal over a 16-week period. RESULTS: Initiating and maintaining patients on RSV was more cost-effective than either 1) initiating and maintaining on another statin; or 2) switching from another statin to RSV 10mg. Compared with continuing on ATV, PRA or SIM, switching to RSV would treat more patients to goal at an incremental cost of €17–117 per extra patient treated to goal. CONCLUSIONS: Initiating and maintaining patients on RSV were more cost-effective than switching from the other statins to RSV. For patients initially receiving other statins, switching to RSV treated more patients to goal at relatively little additional total cost while drug costs were equivalent or lower.

LONG-TERM COST-EFFECTIVENESS OF INVASIVE STRATEGY IN PATIENT WITH UNSTABLE CORONARY ARTERY DISEASE—RESULTS FROM THE FRISC-II TRIAL
Levin LA1, Janzon M1, Swahn E1
1Center for Medical Technology Assessment CMT, Linköping, Sweden; 2Linköping Universitet, Linköping, Sweden

OBJECTIVES: The use of early coronary catheterization and revascularization in unstable coronary artery disease (UCAD) varies, which could have important consequences for patients as well as long-term costs. The objective of this study was to estimate the long-term cost-effectiveness and cost-utility ratios of this strategy. METHODS: We analysed data in the open randomized, clinical FRISC II invasive trial, which consisted of total 2457 patients, with signs and symptoms of UCAD. We prospectively recorded the patients’ use of health services as well as productivity losses. Health states scores were obtained within the trial five times during the 2-years follow-up. Results were analysed in both a societal and a health care provider perspective. The uncertainty was handled using the net-benefit approach. RESULTS: There was a significant 1.74% absolute reduction in mortality in the invasive compared to the non-invasive group at two-years follow-up. The difference in mean total cost was SEK 11,386 ($1,467). This difference was not significant. The estimated cost per quality adjusted life year (QALY) gained for the invasive strategy, based on within trial results and projected life expectancy, was SEK 22,873 ($2,948). The estimated cost per life year gained was SEK 57,651 ($7,429). If costs of added life years were handled using the net-benefit approach. RESULTS: There was a significant 1.74% absolute reduction in mortality in the invasive compared to the non-invasive group at two-years follow-up. The difference in mean total cost was SEK 11,386 ($1,467). This difference was not significant. The estimated cost per quality adjusted life year (QALY) gained for the invasive strategy, based on within trial results and projected life expectancy, was SEK 22,873 ($2,948). The estimated cost per life year gained was SEK 57,651 ($7,429). If costs of added life years were included the cost per quality adjusted life year was SEK 78,077 ($10,061). CONCLUSIONS: Invasive strategy in patients with unstable angina or non-ST-segment elevation myocardial infarction, was in the long-term perspective shown to be cost-effective. The results were consistent in all subgroups.

COST-EFFECTIVENESS ANALYSIS OF CITICOLINE VS CONVENTIONAL TREATMENT IN STROKE PATIENTS
Casado AJ1, Lozano R2, Ibarz R1, Herdman M1
13D Health Research, Barcelona, Spain; 2Grupo Ferrer S.A, Barcelona, Spain