

1950–2007) and from the WHO (years 1997–2006). Global person-year exposure to bromocriptine was estimated using data from IMS. Next, we conducted a retrospective matched cohort study using data from the GPRD (years 1990–2006). Age- and multivariate-adjusted Cox proportional hazard models were constructed to calculate a hazard ratio (HR) and 95% confidence interval (CI) of CVD events among bromocriptine users compared to controls. **RESULTS:** We identified 24 CVD events published in the worldwide medical literature and 56 CVD events reported to the WHO over an estimated 19.3 million person-years of bromocriptine exposure. At least 92% of reported CVD events were among women in either data set. In our GPRD cohort, 88% of patients exposed to bromocriptine for any specified indication were women. After multivariate adjustment, patients exposed to bromocriptine appeared to have lower risk of a CVD event, although not statistically significant, HR 0.82 (95% CI 0.29 to 2.31). Gender was not a significant confounder in the multivariate model. **CONCLUSION:** Using public reporting systems, CVD events appear to occur infrequently among patients taking bromocriptine but predominately among women. Results from our GPRD analysis are not consistent with an increased risk of CVD events among patients taking bromocriptine; rather, they suggest a decreased risk. These findings highlight the need for careful epidemiologic study to consider the potential risks associated with bromocriptine specifically and medications in general.

PCV25

IMPROVEMENTS IN CARDIOVASCULAR DISEASE OUTCOMES IN MANAGED CARE PATIENTS MANAGED ACCORDING TO NATIONAL LIPID TREATMENT GUIDELINES

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OBJECTIVE: Evaluate cardiovascular disease (CVD) outcomes in managed care patients upon adherence to lipid treatment guidelines [National Cholesterol Education Program's Third Report on Detection, Evaluation, and Treatment of High Blood Cholesterol and Adult Treatment Panel's (NCEP-ATP III)]. **METHODS:** Patients with laboratory values for low-density lipoprotein-cholesterol (LDL-C), high-density lipoprotein-cholesterol (HDL-C), & triglycerides (TG) between January 1, 2003-December 31, 2005 [index date], no lipid therapy 6-months pre-index date, and minimum 12 months health plan eligibility pre- and post-index date were analyzed using the HealthCore integrated managed care database. Patients were classified as appropriately (AM) or inappropriately managed (IAM) using baseline lipid levels and the first post-index follow-up lipid panel (goal attainment), and risk stratification per NCEP-ATP III guidelines. Impacts on lipid parameters between groups were descriptively analyzed, while multivariate logistic regression was performed to estimate risk of CVD events (ischemic heart disease, peripheral vascular disease, stroke and related occurrences and interventions). **RESULTS:** Among 8176 study patients (3493 AM; 4683 IAM), AM patients were significantly older [51.4 ± 9.1 and 50.0 ± 9.6 years, $p < 0.01$] and comprised of fewer males (43.2% vs. 56.2%; $p < 0.01$). Mean LDL-C, HDL-C, and TG baseline levels were significantly different among AM patients (127 ± 35 , 55 ± 15 , and 131 ± 66 vs. 132 ± 37 , 45 ± 13 , and 181 ± 81 respectively; $p < 0.01$). During follow-up, AM patients had greater decreases in LDL-C and TG levels versus IAM patients (-12% vs. -3% and -8% vs. $+5\%$; $p < 0.01$), while HDL-C levels showed greater increases (5% vs. 2% ; $p < 0.01$). AM patients were 38% less likely to experience a CVD event versus IAM patients [Odds

Ratio = 0.62; 95% CI, 0.48–0.80; $p < 0.01$]. **CONCLUSION:** Greater improvement in all three lipid parameters and reduction in CVD event risk occurred among dyslipidemia patients managed in accordance with clinical guideline treatment recommendations in this managed care population.

CARDIOVASCULAR DISORDERS—Cost Studies

PCV26

BELGIAN BUDGET IMPACT ANALYSES OF ALISKIREN (TEKTURNA/RASILEZ) IN HYPERTENSION

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OBJECTIVE: To assess the budget impact of reimbursing aliskiren (Tekturna/Rasilez), the first drug from a new class of antihypertensive drugs (direct renin inhibitors), for the management of essential hypertension, from the health care payer (RIZIV/INAMI), patient, and societal perspectives in Belgium. **METHODS:** Following ISPOR's budget impact guidelines, the pharmacy costs of the current therapy distribution of patients treated for essential hypertension in Belgium was compared to an alternative scenario, where aliskiren gains market share from conventional ARB therapy over a 3-year time horizon. IMS databases and literature data were used to estimate the total number of treated hypertensive patients and to derive market shares of the different antihypertensive medication classes (Beta-blocker, CCB, Diuretic, ACEi, ARB) and all possible dual and triple combinations thereof. The antihypertensive market share uptake of aliskiren was assumed to be identical to that observed previously for telmisartan in Belgium (0.16% year 1; 0.24% year 2; and 0.28% year 3). Only drug acquisition costs (obtained from official Tariffs) were considered in this analysis. Univariate sensitivity analyses were performed as well as sub-populations analyses. **RESULTS:** The predicted Belgian populations treated for hypertension in 2008, 2009, and 2010 were estimated at 1,398,446 patients; 1,426,137 patients; and 1,525,827 patients, respectively. Over 3 years, it was estimated that RIZIV/INAMI hypertension drug budget following aliskiren reimbursement would increase by 0.02% (i.e. €148,395), from €755,522,606 to €755,671,001. Patients' co-payments would decrease by €20,613, resulting in societal incremental costs of €127,782. Sensitivity analyses confirmed that the net budget impact would remain of the same magnitude. **CONCLUSION:** Our analyses suggest that, under current assumptions, reimbursing aliskiren in Belgium would only slightly increase costs from the RIZIV/INAMI and societal perspectives, while generating savings for patients. Moreover, this budget impact does not consider aliskiren potential savings due to end organ protection.

PCV27

COST EFFECTIVENESS STUDIES IN HEART FAILURE: AN UPDATE OF THE LITERATURE

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OBJECTIVE: Heart failure (HF) is a major public health burden in terms of mortality, morbidity and costs. Economic analyses of clinical trials and real-world studies have assessed the cost-effectiveness of drugs used to treat HF. Although a few papers have summarized the results of the earlier economic studies, new evidence has emerged necessitating an update of the cost-