AN EVALUATION OF THE INCREMENTAL CHANGE IN THE INCIDENCE OF CARDIOVASCULAR EVENTS AND RELATED COSTS WITH THE ADDITION OF FIXED-DOSE NIACIN EXTENDED-RELEASE AND SIMVASTATIN THERAPY TO THE MANAGED CARE FORMULARY

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OBJECTIVES: To model the impact of the addition of fixed-dose niacin extended-release and simvastatin (NER/S) therapy to a health plan formulary in terms of cardiovascular (CV) events and corresponding attributable costs. METHODS: Two hypothetical formularies with all major branded and generic lipid drugs were modeled over a three year time horizon: a formulary not including NER/S (current formulary) and a formulary which did (revised formulary). Primary and secondary risk patients with ≥1 sub-optimal lipid parameter were sampled from the HealthCore Integrated Research Database between 1/1/2000 and 2/28/2005. Package insert efficacy of antihyperlipidemic medications in each formulary was applied to the sample population. Changes in clinical outcomes (combined lipid value attainment of low density lipoprotein cholesterol, high density lipoprotein cholesterol, and triglycerides, and CV events) between formularies were evaluated relative to incremental change in pharmacy and CV disease-related medical costs. Market penetration of NER/S was assumed to be 1.5% and payer discounts of 17% and 50% were applied to brand and generic wholesale acquisition costs.

RESULTS: For every 1% increase in NER/S market share there was a corresponding 0.38% increase in the incremental rate of combined OLV achievement and 0.06% decrease in the incremental incidence of CV events between current and revised formularies. Total health system drug expenditure increased by 15% while CV event costs decreased by 10%. The incremental cost per CV event avoided was $46,593 and $12,957 per CV event related hospital day avoided. CONCLUSIONS: The addition of NER/S to the health plan formulary increases combined optimal lipid value achievement and correspondingly reduces the three year incidence of CV events and CV event related costs in this hypothetical patient population.

STROKE PATIENT RESOURCE USE AND CAREGIVER BURDEN OUTCOMES BY SEVERITY (RECOVERY) STUDY: METHODS AND RESULTS FROM THE ATHENS STROKE REGISTRY

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OBJECTIVES: To collect location of care, resource utilization, utilities and quality of life data in relation to post-stroke physical