

astatin and simvastatin, priced the same as the next-highest dose of each agent, suggests that segmentation in the statin marketplace may be decreasing, with potential implications for economic efficiency. **OBJECTIVE:** To reassess economic segmentation in the statin marketplace in light of the introduction of higher doses of cerivastatin and simvastatin. **METHODS:** We used a Markov model of the medical and economic consequences of lipid regulating therapy to assess the cost-effectiveness of all statin doses approved for marketing in the US as of January 2000. Cost-effectiveness was assessed for “high risk” men (age 65 years, history of CHD, diabetic) and “low risk” women (age 55 years, free of CHD with no other risk factors). **RESULTS:** Cerivastatin 0.4 mg has the lowest cost per life year gained relative to no therapy (\$7200 for high-risk men and \$248,000 for low-risk women), while lovastatin 80 mg has the highest (\$35,000 and \$1,067,000, respectively). However, simvastatin 80 mg does not supplant atorvastatin as the efficient choice for persons requiring aggressive CHD risk reduction. Frontier analysis suggests that cerivastatin is the most efficient choice for persons requiring reductions in CHD risk of $\leq 18\%$ (high-risk men) and $\leq 31\%$ (low-risk women), while atorvastatin remains the most efficient choice for patients requiring larger reductions. **CONCLUSION:** The recent introduction of cerivastatin 0.4 mg has made it the efficient choice for a wider range of patients based on their target risk reduction and has blurred the previous distinction between statin market segments.

PCD 11

THE COST-EFFECTIVENESS ANALYSIS AS A SUBSTANTIATION OF DIAGNOSTIC AND TREATMENT OF EARLY STAGE OF HEART FAILURE

Gorokhova SG, Vorobiev PA

Moscow Medical Academy, Moscow, Russia

Heart failure (HF) is a major source of morbidity, mortality and medical costs. An early HF diagnosis and treatment (I–II NYHA-class) may be one of the ways to optimize outcomes. It needs such methods as Doppler and stress echocardiography to reveal systolic and diastolic ventricular dysfunction and ACE-inhibitors to improve structure and functional disorders. High costs of these diagnostic procedures and medicines limit their widespread use. **OBJECTIVES:** The purpose of this study was to evaluate cost-effectiveness of diagnosing HF I–II vs III–IV NYHA class. **METHODS:** A model considering cohort specification (NYHA class, diagnostic procedures) was developed to compare medical outcomes (complications, hospitalization, mortality etc). The model was based on expert’s conclusions and medical literature. **RESULTS:** The medical costs of diagnosing and treating I–II class HF (including direct costs to diagnostic, treatment, hospitalization and readmission) were less than for HF III–IV class (514 vs 1165 roubles). But because prevalence of HF I–II is higher than HF III–IV, the direct costs of diag-

nosing and treating HF I–II prevails in population (432.264 vs 186.400 roubles per 100.000 patients). **CONCLUSIONS:** From a community point of view early diagnosis and treatment for HF is not cost-effective in the 1st year. Still effective treatment in early stages of HF must change the proportion of HF NYHA classes in the community, and in some years will lead to decrease in overall costs for HF treatment. Further economic analysis must be performed to assess long-terms outcomes.

PCD 12

SPIRONOLACTONE IN HEART FAILURE: LIFE AND COST SAVING TREATMENT IN POLAND

Kuzniar J, Orlewska E, Splawinski J

Institute of Drugs, Warsaw, Poland

The RALES study indicates that addition of spironolactone (S) to standard treatment (diuretics, ACE inhibitors, glycosides) of patients with congestive heart failure (CHF) (NYHA III–IV, EF $\sim 25\%$) results in statistically and clinically significant prolongation of survival. **OBJECTIVE:** Cost-effectiveness analysis of S versus placebo in conjunction with standard treatment, in the management of CHF. **METHODS:** RALES results were used to estimate the increase in survival and the reduction in the number of hospitalizations arising from the use of S in management of CHF. Life-years saved were estimated from RALES data using survival curves analysis. Direct medical costs were estimated on the basis of Polish sources. The perspective of the health care payers and a time frame of two years was taken. A decision model was used. Sensitivity analysis (Monte Carlo) was performed. **RESULTS:** S increased mean survival (1.41 months per patient/2 years) and was cost saving, reducing direct medical costs for CHF patients over 2 years by 348 zł (\$84.9). One-way sensitivity analysis indicated that therapy with spironolactone remained cost saving even when drug cost was increased four times and the risk of hospitalization in the S group was increased by 20%. When three variables (frequency, hospitalization cost, life-years saved) were changed simultaneously, in 73.8% simulations ICER value was negative, and 90% were in range (–21097/8524 zł). **CONCLUSION:** Addition of S to standard management of CHF in Poland should improve survival and may provide a net reduction in treatment costs. Economic significance is highlighted by 100,000/year hospitalization due to CHF in Poland.

PCD 13

COST-EFFECTIVENESS ANALYSIS OF ENALAPRIL IN THE MANAGEMENT OF CHF IN POLAND

Orlewska E, Kuzniar J, Romanczuk W, Splawinski J

Institute of Drugs, Warsaw, Poland

The results of the SOLVID trial demonstrating the survival benefit of enalapril (E) treatment of congestive heart