THE ANALYSIS OF STATINS USAGE IN CROATIA DURING THE FIVE-YEAR PERIOD

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OBJECTIVES: Statins are used in primary and secondary prevention of cardiovascular diseases. The goal of this study was to analyze the outcome of the introduction of generic forms of statins on the reimbursement drug list paid by the Croatian Health Insurance Institute (CHIII) and the effects of corrections of the reference prices of this drug group for the five-year period in the relation to the financial expenditure. METHODS: The data was obtained from the CHIII, which maintains records regarding drugs issued by Croatian pharmacies. For the investigated period from 2003 to 2007, annual volumes of prescribed statins were presented in defined daily doses (DDD) and the expense is presented in Euros (€). An average cost per DDD was calculated for each drug of the group. RESULTS: During the five-year period from 2003 to 2007, the whole group of statins increased 163% (from 33,294,052 to 87,616,126 DDD) while the share of branded drugs decreased significantly (from 77.02% to 38.62%). The related expense showed an increase by 18%. The average cost per DDD dropped for 52% (from €0.69/DDD in 2003 to €0.33/DDD in 2007). Simvastatin and atorvastatin were the two most often prescribed statins representing more than 90% of total expense. The cost per DDD for simvastatin fell for 58% (from €0.65 to €0.27/DDD). The cost per DDD for atorvastatin fell 53% (from €0.68 to €0.32/DDD). CONCLUSIONS: During the period 2003–2007, the whole group of statins showed a continuous increase in prescribed DDD. The average cost per DDD gradually declined after the introduction of generic substitutions to the reimbursement drug list which may explain some of the variation in reimbursement decisions.

COMPARATIVE ANALYSIS OF HEALTH TECHNOLOGY ASSESSMENTS (HTA) OF DRUG ELUTING STENTS (DES)

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OBJECTIVES: To assess the degree to which methods and recommendations converge in health technology assessments of drug eluting stents after the 2006 alert on DES safety. METHODS: A detailed comparative analysis of HTAs of DES, conducted by the National Institute for Health and Clinical Excellence, Ludwig Boltzmann Institute, Kenniscentrum voor de Gezondheidszorg and the Programs for Assessment of Technology in Health was assessed to investigate the findings and the convergence or divergence in evidence considered, methods of assessment and recommendations. RESULTS: The clinical evidence was obtained from randomised controlled trials (RCTs), non-RCTs, meta-analyses and registry data for the assessments. A total of 33 RCTs were identified in all assessments of which thirteen appeared across more than one assessment and seven were found across all assessments. The common endpoints included mortality, myocardial infarction, target lesion revascularisation (TLR), target vessel revascularisation (TVR) and stent thrombosis. The trial data showed no overall risk of stent thrombosis in DES except for one agency that considered the BASKET late trial. Registry data was used by three of the agencies, which identified 35 studies. Of these studies, six were included across more than one assessment and one in all assessments. All agencies found that DES statistically improved the rates of TLR and TVR. The registry data for each country were used to populate the economic models and data from meta-analyses were used to adjust the relative risk reduction of using DES in patients requiring repeat procedures. The agencies considered a variety of patient groups. These differences may explain some of the variation in cost effectiveness results. CONCLUSIONS: The processes and methods used were broadly similar across the agencies. However, the information used for the economic models was based on country specific registry data. The different data sources may explain some of the variation in reimbursement decisions.
diagnosis and an acceptable incremental cost per diagnosis when compared to typical costs of syncpe hospitalizations in Sweden. ILRs are a cost-effective means of achieving a diagnosis in patients suffering from recurrent unexplained syncpe. Further work could incorporate HRQoL benefits because of reduced time-to-diagnosis and faster access to treatment. Faster access to care may also demonstrate cost-savings by preventing death, falls and fractures while patients remain without treatment.

**MD2**

**COST-EFFECTIVENESS AND BUDGET IMPACT ANALYSIS OF ENDEAVOR® DRUG-ELUTING STENT COMPARED TO BARE-METAL STENTS AND CORONARY ARTERY BYPASS GRAFT SURGERY IN SPAIN**

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**OBJECTIVES:** To combine clinical results of Endeavor® clinical trials and the associated costs of its use in patients with de novo lesions of the coronary arteries. **METHODS:** An economic model of ENDEAVOR® was constructed based on a retrospective cost-effectiveness analysis. The basic data of the model were taken from the literature and expert opinion, and reflect the clinical and economic consequences of the management of new coronary lesions within the context of the Spanish National Health System. Expert opinion was obtained from semi structured interviews and panel consensus from interventionaI cardiologists working in seven different Spanish Regions (Auto-
momias). Only local costs were included, and a discount of 3.5% was applied to the future costs and outcomes. Probabilistic Sensitivity Analysis (PSA) was performed to evaluate robustness of our results. **RESULTS:** Endeavor® had higher total costs than the bare metal stent and the costs per Target Lesion Revascularization avoided with Endeavor® was €6851 (per year) and €10,831 (5 years). In terms of costs per Major Adverse Cardiac Event avoided with Endeavor®, the results were €7003, €8362 and €11,322, respectively at year 1, 2 and 5, and the costs per QALY gained was €132,877, €34,229 and €10,505 at year 1, 2, and 5 years, respectively. The budgetary impact of the progressive introduction of Endeavor® would be practically null, representing 0.4% on the total costs of percutaneous coronary interventions at 5 years. **CONCLUSIONS:** The use of the Endeavor® stent compared to the Bare metal stent and Coronary artery bypass graft represents an efficient use of resources in coronary artery disease patients, with cost-effectiveness results below the threshold of efficiency defined in Spain. Further real life prospective data related QoL and health care resources utilization may improve model accuracy.

**PCV120**

**GLYCOPROTEIN INHIBITOR USE IN ACUTE CORONARY SYNDROME PATIENTS IN 2007: RESULTS FROM THE ANTIPLATELET TREATMENT OBSERVATIONAL STUDY (APTOR)**

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**OBJECTIVES:** To describe treatment patterns of Glycoprotein Inhibitors (GPI) and clopidogrel in patients presenting with acute coronary syndrome (ACS). **METHODS:** A prospective observational registry in 3 countries, recruited ACS patients undergoing percutaneous coronary intervention (PCI), January–August 2007, capturing practice patterns, resource use and quality of life. **RESULTS:** A total of 1525 ACS pts (Spain-538, UK-504, France-483), mean age 62 (SD 12), mean wt 80 kg (SD 15), 22% female were recruited. Index diagnosis: unstable angina (UA) and non ST-elevation myocardial infarction (NSTEMI) 62%; ST-elevation myocardial infarction (STEMI) 38%. Ninety-five percent of patients were treated with clopidogrel, whereas 34% of patients received GPIs (abciximab-21%; eptifibatide-3%; tirofiban-11%) before, during or after PCI. The overall use of GPIs was balanced between the three countries (Spain-35%, UK-33%, France-36%). Abciximab was the most frequently used GPI and was administered mainly in the cathisation laboratory (76%) at the time of PCI. The small molecule GPIs were more commonly administered before PCI (eptifibatide-55%; tirofiban-78%) and to a lesser extent in the cathisation laboratory (eptifibatide-42%; tirofiban-19%). Of the patients who received abciximab, 60% were STEMI, 26% NSTEMI, and 13% UA. Administration of abciximab before PCI was more frequent in STEMI patients (23%) than in UA (5%) and NSTEMI patients (9%). **CONCLUSIONS:** Of the 34% of ACS patients receiving a GPI, abciximab was the most frequently used and was predominately administered in the cathisation laboratory, whereas the other GPIs were more often initiated before. This fits with the NSTE-ACS guidelines recommendation of the European Society of Cardiology (ESC). In the STEMI abciximab cohort, an increase in pre-treatment could be observed.