ENOXAPARIN — A PHARMACOECONOMIC REVIEW OF ITS USE IN THROMBOEMBOLIC PROPHYLAXIS
Cal ML1, Fabre N2, Cal JC2
1Université Victor Segalen Bordeaux 2, Bordeaux cedex, France; 2JC Santé, Mérignac, France

OBJECTIVE: Enoxaparin is a low-molecular-weight heparin widely used in the prophylaxis and treatment of venous thromboembolism. This study critically reviews recent literature to determine the clinical conditions for which enoxaparin can be considered as a gold standard treatment from both outcome and cost standpoints.

METHODS: A Medline and current contents search for published pharmacoeconomic evaluations, from 1980 to present, was conducted. Abstracts were excluded. A large range of cost-effectiveness and cost-utility analyses were available, mainly comparing enoxaparin with unfractionated heparin (UFH) and warfarin, and taking into account the different dosage regimens (30 mg, 40 mg once or twice daily) currently recommended for durations ranging from 5 days to 3 months. Efficiency was often investigated on the basis of decision trees setting out clinical alternatives and probable events: deep vein thrombosis (DVT); pulmonary embolism (PE); major bleed; death. Clinical outcome data were extracted from selected randomized, controlled trials or meta-analyses. In most cases, direct costs were only estimated.

RESULTS: Enoxaparin was shown to be more efficient than UFH in the treatment of acute DVT in the hospital setting than warfarin for the short-term prophylaxis of thromboembolism in inpatients undergoing knee or hip replacement. Long-term enoxaparin therapy for outpatients was associated with better cost-effectiveness or cost-utility ratios than enoxaparin treatment in elective hip surgery. Moreover, enoxaparin emerged as a dominant strategy versus UFH therapy, yielding overall cost savings in outpatient extended prophylaxis for hip surgery; in general surgery and in outpatient treatment of acute proximal DVT.

CONCLUSION: There is now strong clinical and economic evidence that enoxaparin may be more effective than warfarin and UFH, perhaps safer than UFH, while reducing short-term costs of thromboembolic events but also the substantial long-term costs of post-thrombotic complications.

IMPACT OF NON-COMPLIANCE ON THE COST-EFFECTIVENESS OF STATIN THERAPY
Hughes DA, Bagust A
University of Liverpool, Liverpool, UK

OBJECTIVES: Non-compliance is a major problem in clinical practice and often leads to sub-optimal therapeutic response. This is particularly evident when effective treatment is available for a chronic, asymptomatic disease. In the present study, an evaluation of the impact of non-compliance on the clinical efficacy of antihyperlipidaemic drugs is made.

METHODS: An electronic search of the literature was conducted in order to identify trials and other reports that presented compliance data and clinical endpoints (reduction in LDL cholesterol). Assuming a class effect for the actions of HMG-CoA reductase inhibitors (statins), estimates of cost-effectiveness (cost per percentage reduction in LDL cholesterol) were made for individual drugs at the different compliance rates.