According to the second definition it was respectively, 43.63% and 23.64%. Cost of the doctors’ consultations in the perindopril group was lower by 16.52% than in the enalapril group, which represents a saving of €19.29 per patient per year. Indirect costs reduction in the perindopril group amounted to €131.26 per patient per year which means -54.06%. Total cost in the perindopril group, was lower by €55.44 per patient per year than in the enalapril group. Calculation of the cost-effectiveness ratios according to the first definition (Wp = 1020; WE = 1439) and the second definition (Wp = 1226; WE = 2303) revealed the treatment with perindopril as a more cost-effective than enalapril. CONCLUSION: The results of the analysis revealed significant cost reductions and better blood pressure control in the perindopril group as compared to the enalapril group. The savings in the perindopril group resulted from the reduction of the physicians’ consultation costs and from the considerable reduction of the indirect costs.

**PCV24**

**COST-EFFECTIVENESS OF ANTICOAGULATION MANAGEMENT IN TWO MODELS OF CARE**

You JH, Lai MW, Chan EM, Cheng G
The Chinese University of Hong Kong, Hong Kong, China

OBJECTIVES: Two models of ambulatory oral anticoagulation management have been adopted in a teaching hospital in Hong Kong, namely the anticoagulation clinic (AC) and routine medical care (RMC). The objective of this study was to compare the cost and outcomes of warfarin therapy management at AC and RMC from the perspective of a public health organization. METHODS: A retrospective observational study was performed by reviewing the medical records of outpatients who were initiated on warfarin from January 1, 1999 to June 30, 2001 in a teaching hospital. Effectiveness was assessed by percentage of patient-time spent in target INR range and the incidence of thromboembolic events (TE). Safety was assessed by incidence of hemorrhage and warfarin overdose (INR > 5). Direct medical cost associated with the management of warfarin therapy and anticoagulation complications was also evaluated. The incidences were expressed as percentage per patient-year. RESULTS: Forty-one patients (71 patient-years) and 476 patients (409 patient-years) were started on warfarin in AC and RMC, respectively, during the study period. Patients managed by AC spent significantly more time in target INR range than those in RMC group (58% vs. 44%; p = 0.002) and had a lower incidence of INR > 5 (1.4% vs. 7.1%; p = 0.068). The AC group patients had a lower rate of TE (4.2% vs. 7.6%; p = 0.443) and major to fatal bleeding (0% vs. 9.5%; p = 0.01). The total direct medical cost of AC was lower than that of RMC by 44% (HKD4838 vs. HKD8595 per patient year; 1USD = 7.8HKD). CONCLUSION: The establishment of the AC improved the effectiveness, safety, and decreased the direct medical cost of oral anticoagulation therapy.

**PCV25**

**ECONOMIC EVALUATION OF PRIMARY PREVENTION OF CVD EVENTS WITH ATORVASTATIN: AN ITALIAN PERSPECTIVE**
Mantovani LG1, Ruffo P2, Bustacchini S2, Pisani M1
1Università degli Studi di Milano, Milan, Italy; 2Pfizer Italia Srl, Rome, Italy

OBJECTIVES: Cardiovascular diseases (CVD) are one of the leading causes of morbidity and mortality in Italy. Atorvastatin treatment has shown to be effective in controlling cholesterol levels in hyperlipidemic subjects. Scope of this analysis is to evaluate the pharmacoeconomic profile of Atorvastatin compared to other statins in subjects with a global CVD yearly risk >2%. METHODS: Alternatives: Atorvastatin (low dose) vs other statins (low dose) on the Italian market (weighted with the current market shares, Atorvastatin excluded). Perspective: National Health Service (NHS). Technique: cost-effectiveness analysis on 2 hypothetical cohorts of 1000 subjects in primary prevention, with a global CVD yearly risk >2%; an incremental cost per life year gained (LYG) has been calculated. Time: 5 years. Costs: drugs and direct medical costs quantified by using NHS tariffs expressed in Euro 2002. Effects: the effects of different statins in controlling cholesterol levels, as measured with the CURVES study (Jones P et al, Am J Cardiol 1998), have been used to model mortality and morbidity from CVD with the Framingham Risk Equations (Anderson KM et al, Am Heart J 1990). RESULTS: In the Atorvastatin group the cost of drug therapy and events was €2,213.415 for 58 LYG, resulting in an incremental cost per LYG of €38.178. With other statins the cost of drug therapy and events was €2,569.512 for 49 LYG, resulting in an incremental cost per LYG of €52.933. The differences always favoured the subjects treated with Atorvastatin. CONCLUSIONS: This economic evaluation shows that Atorvastatin is dominant over the treatment with other statins as currently prescribed, as it allows a higher number of LYG and is less costly.

**PCV26**

**THE HEALTH ECONOMIC IMPLICATIONS OF TREATING ANEMIA IN PATIENTS WITH CONGESTIVE HEART FAILURE**
Caro J1, Klittich W1, Caro G2
1Caro Research Institute, Concord, MA, USA; 2Caro Research Institute, Dorval, QC, Canada

OBJECTIVE: A recent randomized clinical trial demonstrated that improvement in moderate to severe congestive heart failure (CHF) with treatment for anemia. To estimate the health economic implications of treating anemia with subcutaneous erythropoietin and intravenous iron in patients with moderate to severe CHF. METHODS: A Markov model of CHF was developed using New York Heart Association (NYHA) classes as the main states and the effects of anemia treatment on these.