

length-of-stay was 15.8 days (15.0 days for DVT patients and 17.0 days for PE patients). The mean total cost was Chinese Yuan (CNY) 16487.91 (median:9039.10, IQR:5128.80-18981.83), CNY 17698.61 (median:8643.68, IQR:5025.03-19594.93) in patients with DVT and CNY 14523.39 (median:9879.25, IQR:5870.43-18630.41) in patients with PE. The average drug cost accounts for 47.4% of the total cost (mean: 6340.29; median:4479.94, IQR:2279.88-7991.12). The multiple linear regressions showed that patients from tertiary hospitals had 105% higher costs than those from primary hospitals ($P < 0.001$), and patients from municipalities had 48.6% higher costs than those from prefecture-level cities ($P < 0.01$). **CONCLUSIONS:** The costs per hospitalization associated with DVT or PE events are substantial. Hospitalization costs are now driven predominantly by the cost of drugs, levels of hospitals and cities.

PCV21

HOSPITAL BASED COST SURVEY OF ACUTE CORONARY SYNDROME IN SOUTH KOREA

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OBJECTIVES: Acute coronary syndromes (ACS) consist mainly of ST-segment elevation myocardial infarction (STEMI) and unstable angina (UA)/non-STEMI (NSTEMI). ACS showed an enormous medical, social, and economic burden worldwide. ACS in the form of myocardial infarction is responsible for almost half of all deaths related to cardiovascular disease. South Korea compared to the OECD country average, shows high cardiovascular morbidity and mortality, and the recurrence rate is increasing every year. We examined the direct cost of hospitalization for ACS which planned percutaneous coronary intervention (PCI) using medical cost survey in South Korea. **METHODS:** We conducted a cost survey to examine the actual direct medical costs of the team of cardiologists, technicians of intervention and reimbursement reviewers in the hospital. To examine the cost data of a patients who received procedures, operations and admissions. We could select index patient cases through medical chart review as he/she had ever been visited the hospital since last 1 year. Through delphi panel discussion and reviewing, we refined the cost data excluding non-related ACS treatment in index case. **RESULTS:** It is the first survey of the actual cost in ACS. The total medical cost for ACS patients who have undergone the procedure was 4.451 billion Korean won. The cost is lower level if considering difficulties in surgery. But among the components in ACS, the cost of stents and devices were largely accounted for the total cost. **CONCLUSIONS:** The medical cost of ACS in Korea is a burden to both patients and society, due to increasing recurrence in cardiovascular disease. Among the total cost, the cost of stents is higher than the inpatient cost. This is one of the reasons of the high medical cost in ACS. This result will have as implication the adjustment of the cost of stents and devices in ACS treatment in South Korea.

PCV22

PHARMACIST'S INVOLVEMENT IN A MULTIDISCIPLINARY ISCHEMIC STROKE TEAM IN AND ITS ASSOCIATED COST AVOIDANCE

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OBJECTIVES: Stroke is a major cause of death around the world. This study aims to evaluate the quality of care in pharmacist's participation in a multidisciplinary ischemic stroke team, and the potential cost avoidance associated with the recommendations made by clinical pharmacists. **METHODS:** We conduct a retrospective study at a stroke center with pharmacist participation in medical rounds. Six hundred and forty-eight patients who suffered with stroke attack 10 days before admission are enrolled into sample. Data collects from November 2008 to September 2010. The patients with hemorrhage stroke are excluded from sample. Quality of acute stroke care is assessed by five pharmaceutical care-related performance indicators according to American Heart Association/American Stroke Association Get With the Guidelines-Stroke program (GWTG-Stroke). The cost avoidance is measured by the scored probability of harm. **RESULTS:** Study results show that there is significantly improved in four performance indicators in the year of 2010 and 2008. Indicators with significant improvement include intravenous thrombolytic (24.00% vs. 00.00%), early and discharge antithrombotic (95.93% vs. 93.33%, 96.56% vs. 93.18%), and anticoagulation for atrial fibrillation (71.43% vs. 20.00%). The indicator of prescribing rate of lipid-lowering medications, however, remains stable over two separate periods (51.70% versus 52.70%) due to the restriction of the National Health Insurance Policy. The assumption that cost of prolonged length of hospital stay due to ADE is about \$5000 NTD. Therefore, cost avoidance was NT \$2,207,816 NTD in this study. **CONCLUSIONS:** This study demonstrates that pharmacist involvement in a multidisciplinary ischemic stroke team are associated with facilitating the quality of care and increasing potential cost avoidance.

PCV23

ECONOMIC EVALUATION OF EZETIMIBE CO-ADMINISTRATION FOR HIGH CORONARY HEART DISEASE (CHD) RISK PATIENTS NOT AT GOAL WITH CURRENT STATIN THERAPY IN THAILAND

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OBJECTIVES: To evaluate cost-effectiveness of adding ezetimibe to simvastatin versus a switch to rosuvastatin or atorvastatin for high CHD risk patients who cannot attain treatment goal (LDL-C ≥ 100 mg/dL) on their current simvastatin dosage from Thai payer perspective. **METHODS:** A published Markov model (Cook et al. 2004) was used to project lifetime costs and outcomes of lipid-lowering treatment in primary and secondary CHD prevention. Lipid efficacy data were obtained from clinical trials. Risks of CHD events and non CHD-related mortality rates were

estimated by using Framingham Heart Study risk equations and information from Ministry of Public Health (MOPH), respectively. Disease-related costs were obtained from published local studies. Drug prices were those published by MOPH. All costs were expressed in THB 2010 values. Future costs and outcomes were discounted at 3%. Two scenarios were compared in the analysis: the addition of ezetimibe to simvastatin 20 mg versus switching to rosuvastatin 10 mg and the addition of ezetimibe to simvastatin 40 mg versus switching to atorvastatin 40 mg. **RESULTS:** Ezetimibe co-administration increased life expectancy (LY) by 0.15 and 0.26 years and resulted in 0.07 and 0.12 additional quality-adjusted life years (QALY) when compared to a switch to rosuvastatin and a switch to atorvastatin, respectively. The QALY gained would yield lifetime cost-savings of Baht 1,106 and 2,137 per patient for such comparisons. Similar results were obtained where costs and outcomes were either discounted or undiscounted. The sensitivity analyses showed that results were robust to changes across scenarios. **CONCLUSIONS:** This analysis suggested that addition of ezetimibe to simvastatin is the dominant treatment strategy (more effective and less costly) in both scenarios. The results are very imperative to assist policy decision-making in order to increase access to second-line treatment option for patients not achieving lipid treatment goals with simvastatin monotherapy in Thailand.

PCV24

THE PRACTICAL ASSESSMENT OF SAME-DAY DISCHARGE WITH SCHEDULED TRANS-RADIAL PERCUTANEOUS CORONARY INTERVENTION

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OBJECTIVES: In response to TW-DRG implementation, based on safety, through the radial artery cardiac catheterization intervention, how to make patients discharged earlier, save health care costs and create a win-win between patients and hospitals. **METHODS:** In this retrospective study in Han-Ming Hospital, Taiwan, we enrolled 282 cases from January 1, 2006 to December 31, 2010. **RESULTS:** In the admission less than 24 hours after the PCI treatment, there were 129 males and 51 females (64.3 \pm 12.5 years, mean \pm s.d.). Besides, in other group over 24 hours, there were 74 males and 28 females (69.1 \pm 11.5 years). Using Logistic Regression Analysis, age <65 years (RR 1.683, 95%CI 1.943-3.031, p-value 0.010, OR: 2.647, 95%CI: 1.009-6.941, p-value 0.030) \square Troponin-I <1 ug/L (RR 1.963, 95%CI 1.254-15.155, p-value 0.001, OR: 2.053, 95%CI: 1.240-17.601, p-value 0.004) \square Alesion numbers < 2 (RR 1.402, 95%CI 1.330-5.955, p-value 0.001, OR: 1.128, 95%CI: 1.120-10.617, p-value 0.008) \square Treatments using stents (RR 1.963, 95%CI 1.254-15.155, p-value 0.018, OR: 4.688, 95%CI: 1.443-15.232, p-value 0.033) \square Avascular type such as A & B1 (RR 1.683, 95%CI 1.037-2.731, p-value 0.017, OR: 2.569, 95%CI: 1.751-8.794, p-value 0.036) \square Anon-complication (RR 2.153, 95%CI 1.979-4.473, p-value 0.039, OR: 3.891, 95%CI: 1.011-25.801, p-value 0.043). **CONCLUSIONS:** If patients have characteristics like age <65 years, Troponin-I <1 ug/L, lesion numbers less than 2, using stents, vascular type diagnosed as A and B1, and non-complication, they could tend to discharge in 24 hours after PCI treatment.

PCV25

A PHARMACOECONOMIC ASSESSMENT OF RECOMBINANT TISSUE PLASMINOGEN ACTIVATOR THERAPY FOR ACUTE ISCHEMIC STROKE IN A TERTIARY HOSPITAL IN CHINA

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OBJECTIVES: To conduct a pharmacoeconomic assessment of thrombolysis by intravenous recombinant tissue plasminogen activator (rt-PA) therapy for acute ischemic stroke (AIS) in a tertiary hospital in China. **METHODS:** A retrospective analysis was conducted using medical records data among patients hospitalized for AIS and receiving rt-PA therapy (time window: 6 hours after AIS) from September 2007 to September 2008. A conservative therapy group (including antiplatelet, anticoagulation, statin, traditional Chinese medicine) were matched (1:1) on age, gender, risk factors (hypertension, diabetes, previous stroke/TIA, high cholesterol/lipids and coronary heart disease), Glasgow Coma Scale (GCS) and National Institutes of Health Stroke Scale (NIHSS). Two groups were compared on 14th-day clinical outcomes, utilities estimated from modified Rankin Scale (mRS) scores, and costs. **RESULTS:** Forty patients (65% male, age 65 \pm 11 years) in rt-PA and 40 patients (58% male, age 69 \pm 11 years) in conservative group were included. No differences were found in mortality between 2 groups. Among survivors on 14th day, NIHSS (mean \pm SD: 1.89 \pm 2.64 vs. 4.38 \pm 5.57; $P=0.018$ and mRS (0.77 \pm 1.26 vs. 1.92 \pm 1.80; $P=0.002$) were lower in rt-PA (N=37) than conservative group (N=39). Barth Index (BI) was higher in rt-PA group (90.57 \pm 16.71 vs. 74.36 \pm 25.88; $P=0.002$). Hospital length-of-stay (LOS) was shorter in rt-PA (15.4 \pm 7.8 days) than conservative group (19.2 \pm 8.80 days; $P=0.05$). Total costs were not significantly different: ¥22,826 \pm 11,049 (rt-PA) vs. ¥18,605 \pm 10,713 (conservative), while total drug costs were higher in rt-PA (¥13,379 \pm 4,765) than conservative group (¥10,225 \pm 6,222) ($P=0.017$). No difference was found in cost of hospital care (¥2,574 \pm 2,608 vs. ¥2,275 \pm 2,723), laboratory exam (¥1,854 \pm 1,037 vs. ¥1,867 \pm 974), etiology exam (¥2,335 \pm 823 vs. ¥2,125 \pm 1,156) and traditional Chinese medicine (¥354 \pm 266 vs. ¥278 \pm 266) between rt-PA and conservative group. Utility gained with rt-PA was 0.04 (0.61 vs. 0.57). **CONCLUSIONS:** Intravenous rt-PA was associated with lower patients' disabilities, less hospital days, and comparable total costs compared to conservative therapy for the management of AIS in this study population.

PCV26

LIFETIME COST-EFFECTIVENESS ANALYSIS OF TICAGRELOR IN PATIENTS WITH ACUTE CORONARY SYNDROMES BASED ON THE PLATO TRIAL: A SINGAPORE HEALTH CARE PERSPECTIVE