combine probability data estimated from published literature and Polish data on resource use and unit cost. Target population was people aged 70.58% women. The perspective of Health care payer’s was adopted and only direct medical costs were analysed. The outcome measures were life years gained (LYG), calculated on the basis of available evidence for a preventive effect of enoxaparin on VTE risk after elective hip replacement. Incremental cost-effectiveness ratio was calculated to provide estimates of the cost per life year gained. The cost-effectiveness threshold was calculated on the basis of 1-year haemodialysis treatment cost (60,000 PLN, €1 = 4 PLN; in 2003). The one-way and scenario sensitivity analyses were performed. RESULTS: For hypothetical cohort of 100 patient undergoing elective hip replacement the expected cost and outcome were 53,470 PLN and 1269.4 LY for extended and 33,190 PLN and 1248.2 LY for standard enoxaparin as prophylaxis for VTE. For the extended enoxaparin group this translated to 952 PLN/LYG. A series of one-way and scenario analyses showed modest change in cost/LYG. In no instance did the ICER exceed 3000 PLN/LYG. CONCLUSION: Prolonged enoxaparin prophylaxis after elective hip replacement is more effective than conventional short-term prophylaxis in terms of LYG and also appears to be clearly cost-effective, using Polish cost data.

OBJECTIVES: To analyze and compare medium and long-term clinical and economic outcomes of fondaparinux and enoxaparin in the prevention of venous thromboembolism (VTE) after major orthopaedic surgery (MOS) in Spain. METHODS: A decision-analytic model was adapted to determine the incidence and cost consequences of VTE-related events (deep vein thrombosis—DVT, pulmonar embolism—PE, and post-thrombotic syndrome—PTS) and major bleedings due to their prophylaxis and treatment, in 2 hypothetic cohorts of 10,000 MOS patients each who had received either 8 injections of enoxaparin or 7 injections of fondaparinux. Clinical outcomes and their direct cost consequences for the National Health System were calculated for different time horizons (1 month, 3 months, 1 year, and 5 years after surgery). Clinical input data were retrieved from published clinical trials and epidemiological studies. Resource use in the prophylaxis and management of all events was determined by an international expert panel using the Delphi technique and was validated for Spain by a local VTE expert. Unit costs of the resources were extracted from local databases and were expressed in Euros of 2002. Costs were discounted at 3% per year. RESULTS: Five years after surgery mortality caused by PE was 46% less in the fondaparinux cohort, while mortality due to major bleedings following prophylaxis or treatment of VTE did not differ between cohorts. The accumulated number of cases of DVT, PE, and PTS were, respectively, 33%, 46%, and 26% less. Additional drug cost with fondaparinux amounted to €14,582 per life saved. From three months after surgery onwards the price differential was compensated by savings that resulted from the avoidance of VTE-related events. CONCLUSIONS: Prophylaxis with fondaparinux vs. enoxaparin considerably reduces the number of fatalities and other VTE-related events after MOS and leads to net savings for the National Health System in the medium and long term.

**PCV63**

**COST-EFFECTIVENESS ANALYSIS OF CLOPIDOGREL IN ACUTE CORONARY SYNDROMES WITHOUT ST-SEGMENT ELEVATION IN THE NETHERLANDS**

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OBJECTIVES: The CURE study has demonstrated that clopidogrel on top of standard therapy (including aspirin, ASA) decreases the risk of cardiovascular death, myocardial infarction and stroke by 20% in patients with acute coronary syndromes without ST-elevation. The objective of this study was to evaluate the cost-effectiveness of adding clopidogrel to standard treatment in the Netherlands. METHODS: The cost-effectiveness, in terms of costs per saved life-year, was determined with a Markov model in which patients were divided according to vascular events and time from last event. Effectiveness data were derived from the CURE study; long-term outcomes were based on epidemiological estimates concerning age specific event rates and case fatality rates. Quality of life estimates were obtained from the literature. Direct costs were updated from previous studies, indirect costs were disregarded due to the age of the patients. RESULTS: The number needed to treat with clopidogrel for one year to prevent one event was 35. The annual cost of treatment was €20,355 in patients treated with clopidogrel on top of standard therapy (including ASA) and €20,342 in patients in the control group (standard therapy including ASA). After discounting costs and effects at 4%, treatment with clopidogrel resulted in annual cost saving of €17 per patient. There was also a gain in life-years and quality adjusted life years (QUALY’s) of 0.122 year and 667 per patient. Multivariate sensitivity analyses revealed that the results are robust. CONCLUSIONS: Clopidogrel is highly cost-effective when added to stan-
standard treatment, including ASA, in patients with acute coronary syndromes without ST-elevation.

**PCV64**

**COST-EFFECTIVENESS ANALYSIS OF CORONARY REVASCULARISATION TECHNIQUES AVAILABLE FOR THE TREATMENT OF ISCHAEMIC HEART DISEASE**

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**OBJECTIVES:** To analyse the efficiency of the use of a percutaneous transluminal coronary angioplasty (PTCA), a coronary artery bypass graft (CABG), a conventional Stent or a sirolimus-eluting Stent (Cypher) in the treatment of Ischaemic Heart Disease (IHD) by means of a cost-effectiveness analysis. **METHODS:** An international decision analytical model was adapted to the Spanish National Health System perspective in a time horizon of 1 year for 4 different populations of general patients with IHD according to the type of vessel or lesion (one or multiple, small vessel—less that 3 mm diameter, or long lesion—more than 18 mm long). The primary outcome of the model was the cost per revascularisation avoided with each technique when compared to a conventional Stent (in the multiple lesions model the PTCA has not been considered as a relevant option). Incidence rates of revascularisation for each subgroup were obtained from published clinical trials and epidemiological studies. Resource use data was determined by an expert panel. Unit costs of the resources were extracted from local databases and were expressed in Euros of 2002. **RESULTS:** The PTCA has the lowest efficacy with revascularisation rates ranging from 19% to 28%) whilst the sirolimus eluting-Stent is the most efficacious option (rates ranging from 1% to 4%). The less costly option is PTCA and the most expensive in all types of patients is the CABG. **CONCLUSIONS:** Drug eluting Stents have proven efficacy rates that have no precedents in the history of IHD, reducing the incidence of revascularisation induced by restenosis and thus resulting in efficient options in most types of patients.

**PCV65**

**EVALUATING THE ECONOMIC VALUE OF SIROLIMUS-ELUTING STENT IN KOREA**

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**OBJECTIVES:** To quantify the economic value of the sirolimus-eluting stent (SES) in treating acute coronary heart disease, and to assist in determining its adequate reimbursement price under the mandatory national health insurance system in Korea. **METHODS:** A decision-analytic model was used to investigate the incremental cost-effectiveness of SES versus conventional stenting (CS). Probabilities for clinical events were obtained from the results of large, randomized, controlled clinical trials. Types of costs included in the analysis were initial procedure and hospitalization costs, and follow-up direct medical costs for 5 years consisting of routine follow-up treatments, adverse reactions, revascularization and death costs. Cost information was obtained from administrative data for 449 patients receiving CS in June 2002 from 5 Korean hospitals participating in this study. Since the major clinical advantage of SES over CS is the reduction of revascularization rates, we evaluated economic value of SES in relation to direct medical costs of revascularization. According to the customary notion in Korea, the reimbursement price was defined as the price of SES that made the incremental cost-effectiveness ratio equal to the cost of a revascularization itself. **RESULTS:** The estimated reimbursement price for SES was US$3344 using a discount rate of 5%. Based on this price, the national financial impact of replacing CS with SES by 10% was estimated as extra spending of $0.96 million a year, 0.6% increase in total national spending in treating coronary artery disease in Korea. **CONCLUSIONS:** Analysis on the economic value of SES based on Korean cost structure of coronary artery disease provided objective standard for pricing decision and reimbursement strategy in Korea.

**PCV66**

**ONE BILLION EURO FOR THE TREATMENT WITH CSE-ANTAGONISTS IN GERMANY—WHAT ARE THE RESULTS?**

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**OBJECTIVE:** A recently published analysis on the use of Cholesterol-Synthesis-Enzyme-Antagonists (CSEA) in Germany stated that with the investment of nearly €1 billion; 87% of all possible €2.8 million, patients can be treated sufficiently (Klose and Schwabe 2003). The aim of the presented study is to show the cost-efficacy as experienced by office based physicians of the CSEA treatment. **METHODS:** A cost-efficacy-analysis was conducted on base of the following data: Eight local experts (general practitioners, cardiologists) out of a rural as well an urban setting assessed in a Delphi-Panel their practical experience of reaching a defined LDL-Cholesterol (LDL-C) target according to European treatment guidelines treating a patient with a predefined risk with CSEA. Total sales of CSEA in 2002 as stated by IMS (Institute for