

Report by the Comissió d'Avaluació Econòmica i Impacte Pressupostari, CAEIP (Economic Evaluation and Budget Impact Commission), of Catsalut, on statins drugs marketed in Spain¹

The systematic review of the economic evaluations of the different statins active principles marketed in Spain shows, according to the authors, that:

- The statins are effective and, in all probability cost-effective in the secondary prevention of cardiovascular diseases. Their use in this group of patients should be encouraged by the Health Care Administrations and can be considered as a quality criterion of the care.
- The statins are effective and possibly cost-effective in primary prevention in high risk patients, although their cost-effectiveness ratio becomes more uncertain as the risk decreases.
- Given the lack of solid evidence of the greater effectiveness or cost-effectiveness of certain statins over others in equipotent doses, the use of the presentation with the lowest price per Prescribed Daily Dose should be considered to be the most cost-effectiveness option. At present, that condition is met by certain presentations of simvastatin (of 20mg and 40mg).

In view of the systematic review and the available evidence, the CAEIP considers:

- The preferential use of the active principle simvastatin 20 mg and 40 mg since it is considered the most cost-effectiveness option.
- That the greater cost-effectiveness of simvastatin 20 and 40 mg and therefore the recommended option should not, in any case, imply the exclusion of the selection of other alternatives which could, in specific cases, lead to improvements in terms of health due to any reason that causes a greater effectiveness of the treatment.

Barcelona, 30 January 2007

¹ atorvastatin, fluvastatin, lovastatin, pravastatin and simvastatin

Note: the CAEIP uses the conclusions of the systematic review to write this report, the contents of which is the responsibility of the authors.

Note on the review: the validity of the statements in this report is subject to the possible variations in the effectiveness and/or costs shown by the clinical evidence and the studies made available after the date of publication of this report. The CAEIP shall, at least every 2 years, review this report according to the emergence of newly available evidence.