Methods

Model Structure

The model assumes a distribution of IVAH treatment usage and estimates intraoperative and postoperative costs. The model scope is limited to cost elements that are likely to be affected by the intraoperative use of clevidipine. The model projections are based on pooled data from the ECLIPSE clinical trials of clevidipine rather than on the original inpatient dataset. The distribution in this scenario assumes equal use of clevidipine and nicardipine in managing blood pressure during cardiac surgery.

Model Outputs

The model is customizable for use in multiple scenarios using scenario and data inputs from a given health care system or example.

Results

The base case evaluates an example hospital that performs 468 CABG and 322 HVR/r cases per year. Under this scenario, there is a change in IVAH costs of approximately 14%, and a change in hospital total costs of approximately 0.2%.

Conclusions

The model scope is limited to cost elements that are likely to be affected by the use of clevidipine. The model results are presented as the budget impact (IVAH treatment cost and HRU/follow-up event cost) of increasing the utilization of clevidipine.

References


Disclosures

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