INAHTA Briefs

Issue 2007/126

Title **Drug Eluting Stents in Belgium: Health Technology Assessment**

Agency **KCE, Belgian Health Care Knowledge Centre**
Wetstraat 62, BE-1040 Brussels, Belgium;
Tel: +32 2 287 3388, Fax: +32 2 287 3385; hta@kenniscentrum.fgov.be, www.kenniscentrum.fgov.be

Reference Report no 66C, 2007

Aim

To summarize current clinical evidence supporting the use of drug eluting stents in treating coronary heart disease.

Conclusions and results

There is no evidence that drug eluting stents (DES) compared to bare metal stents (BMS) reduce the risk of myocardial infarction (MI) or death. In absolute numbers, only a small proportion of patients will suffer from restenosis after stenting with either BMS or DES, and BMS are quite successful in avoiding restenosis. The health benefit from avoiding restenosis is small and lasts for only a short time. Hence, the possible gain expressed as quality adjusted life years (QALYs) is low in absolute numbers when comparing DES to BMS. The combination of a substantial price difference between DES and BMS, with a low QALY gain for a small number of people leads to very high incremental cost effectiveness ratios (ICERs).

Recommendations

Readjusting the health insurance reimbursement price of DES toward the reimbursement levels of BMS should be considered.

Methods

The cost effectiveness of drug eluting stents compared to bare metal stents was assessed by systematically reviewing the literature and constructing an economic model, incorporating Belgian clinical and cost data retrieved from a nationwide comprehensive registry in 2004.

Further research/reviews required

None.

Written by Mattias Neyt, KCE, Belgium

ISSN 1654-501X