



**with type 2 diabetes and no**

- 61
- 8.1
- 48
- 4.7
- 2.2
- 16.1
- 8.3
- 130
- 4.9
- 1.1

0.01120  
0.00186

Can\$922/patient.

- Incremental costs decreased considerably over time, most likely as a result of decreased medical costs.
- The incremental cost-effectiveness of atorvastatin was dominant [−\$66,048] at 10 yrs, Can\$1,362 [dominant] and Can\$70,773/QALY [33,981–195,914] at 5 yrs.

**Atorvas**

**Base case results: 10-year horizon**

- Clinical outcomes per patient\*
- Number of CV events (CHD & stroke)
  - Life years gained
  - QALYs
  - Death (all-cause), proportion of patients
- Costs\*, 2007 Can\$
- Medical cost<sup>†</sup>
  - Drug cost only
  - Total cost
- Incremental cost, 2007 Can\$
- per event averted
  - per life-year gained
  - per QALY [95% CI]

**5-year horizon**

- QALYs\*
- Total costs\*, 2007 Can\$
- Incremental cost per QALY, 2007 Can\$ [95% CI]

**25-year horizon**

- QALYs\*
- Total costs\*, 2007 Can\$
- Incremental cost per QALY, 2007 Can\$ [95% CI]

CI: confidence interval; LYG: life-year gained; QALY: quality-adjusted life year  
\*Discounted at 5%; <sup>†</sup>Includes total cost of hospitalization (including overhead) due to stroke, CHD procedures and CHD medical services

**2 One-way deterministic SA**

The model was most sensitive to variations in