A COST-MINIMIZATION ANALYSIS OF OXYBUTYNIN (TRANSDERMAL DELIVERY SYSTEM) COMPARED TO TOLTERODINE (TABLETS) IN THE TREATMENT OF PATIENTS WITH URGE OR MIXED URINARY INCONTINENCE IN SWEDEN

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OBJECTIVES: Standard medicinal care of patients with urge or mixed urinary incontinence is muscarinic receptor antagonists. Alternative forms of administration are available for these drugs. The objective of this analysis was to compare the cost effectiveness of the only available transdermal oxybutynin patch with oral long-acting tolterodine tablets in the treatment of patients with urge or mixed urinary incontinence in Sweden. METHODS: The efficacy of oxybutynin patches (3.9 mg/day), and tolterodine tablets (4 mg/day) was compared in a 12 weeks randomized clinical trial with 361 patients. The study demonstrated a comparable clinical efficacy between the treatment alternatives in number of daily incontinence episodes, average void volume and QoL. A cost minimization analysis (CMA) was performed based on this trial where direct medical costs related to drug treatments and the costs of treating the major adverse events (AE) (erythema, pruritus, rash, dry mouth, diarrhoea and constipation) were included. Resource use associated with the treatment of the adverse events in Swedish clinical practice was assessed by Swedish specialists in the field. RESULTS: The CMA shows that the total costs for 12 weeks tolterodine treatment is 1113.- SEK (~119.- €) per patient while the total costs for 12 weeks oxybutynin treatment is 1067.- SEK (~114.- €). The results also demonstrate that the cost of treating AEs compose an insignificant fraction of the total treatment costs. This is due to the low frequency of AEs requiring treatment, together with the low costs for treating each AE. A number of sensitivity analyses demonstrate the robustness of the results, including various scenarios for extrapolating the findings over 52 weeks. CONCLUSION: This CMA finds that oxybutynin patches (3.9 mg/day) is a cost-effective treatment alternative to tolterodine tablets (4 mg/day) for treating patients with urgency or mixed urinary incontinence in Sweden.

HEALTH STATUS AND COSTS OF PATIENTS UNDERGOING HAEMODIALYSIS TREATMENT IN HUNGARY

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OBJECTIVES: The aim of our study was to assess the health status and costs of patients with renal failure undergoing haemodialysis treatment in Hungary. METHODS: A questionnaire survey was performed between November-December, year 2006 in the BBraun Dialysis Centre of Kistarcsa. All patients receiving haemodialysis were invited to participate in the study. Demographic data, health care utilisation, informal care, transportation and other disease related expenses were surveyed. A generic health status measure, the EQ-5D (range –0.6–1) was applied. Mobility was measured by the Timed Up and Go Test (normal <20 sec). Costing was performed using human capital approach method, productivity loss was based on average gross wage (629Euro/month). RESULTS: Seventy-one patients (35 women, 36 men) were involved, mean age 62.3(15.0) years, duration of haemodialysis was mean 3.9(4.2) years. 34 (47.8%) patients were retired as many as on maintenance of disabled, 1-1-1 was on permanent sick-leave, unemployed or student. Patients’ residence was mean 18.6(14.2) km from the dialysis centre, 23(32.4%) had a car in their household, 2(2.8%) drove on his own and 4(5.6%) were taken by a relative regularly, 57(80.3%) used the centres’ transportation network. 4(5.6%) came by ambulance as much as travelled by bus or train. 9(12.7%) patients were living alone, 24(33.8%) with spouse, 37(52.1%) with other relatives, 1 in a nursing home, 28(39.4%) received regular informal care mean 12.6(25.5) hours/week. EQ-5D score was mean 0.635(0.3) and the score was significantly lower (p < 0.01) in all age-groups than in the Hungarian population. The Up and Go Test was mean 19.8(17.0) sec. Mean cost was 21 572 Euro/patient/year, direct medical costs 85.4%, direct non-medical costs 5.8%, indirect costs 8.8%. CONCLUSION: Health status loss is significant in chronic renal

CMs of MYCOPHENOLAN MOFETIL (MMF; CELLCEPT) OR TACROLIMUS (TAC; PROGRAF) IN KIDNEY TRANSPLANT IMMUNOSUPPRESSIVE THERAPY SCHEMES FROM PUBLIC PAYER’S PERSPECTIVE IN POLAND

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OBJECTIVES: To assess clinical effectiveness and costs of MMF or TAC use in immunosuppressive treatment from public payer’s perspective in Poland. METHODS: Results of a SR of published clinical trials conducted in December 2006 according to Polish HTA Guidelines were used to assess effectiveness and safety for immunosuppressive therapy schemes: TAC + Aza + GCS or MMF + CsA + GCS. Weibull survival function was used to assess the risk of acute kidney rejection, graftectomy, dialysis, retransplantation (post-transplantation events) caused by used therapy. Costs of treatment valid from public payer’s perspective were taken into account. Pharmacotherapy, drug administration and monitoring, patient monitoring, post-transplantation events influenced the total treatment cost. Markov model was used to assess costs of immunosuppressive therapies. Sensitivity analysis was conducted according to range of costs of MMF or TAC (+/-20%) available in Poland, MMF reimbursement categories and discount rates for effects and costs in line with the Polish HTA Guidelines (0% or 5%). All calculations were performed for 2007 (1EUR = 3.8PLN). RESULTS: Indirect comparison of immunosuppressive therapy schemes were taken into account: TAC + Aza + GCS and MMF + CsA + GCS (CsA + Aza + GCS as common comparator). Review of RCTs for these therapies included in indirect comparison revealed no significant differences in their effectiveness and safety. TAC use was associated with significantly higher costs from public payer’s perspective compared to MMF (difference: 97457PLN-135616PLN) per therapy in accordance with assumed reimbursement category for MMF (lump co-payment-50% co-payment). Sensitivity analysis confirmed that MMF’s scheme was cheaper compared to TAC’s scheme from public payer’s perspective in Poland. CONCLUSION: MMF’s therapeutic scheme use in place of TAC’s scheme lead to significant savings for public payer in kidney transplant immunosuppressive therapy in Poland.