PUK5 COST-EFFECTIVENESS OF PARICALCITOL IN END STAGE CHRONIC KIDNEY DISEASE: SECONDARY HYPERPARATHYROIDISM PATIENTS ON DIALYSIS, IN BRAZIL

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OBJECTIVES: To understand from the perspective of the Brazilian National Health System (SUS) the cost-effectiveness of treating secondary hyperparathyroidism with IV paricalcitol versus IV calcitriol in dialysis patients diagnosed with end stage chronic kidney disease. METHODS: A decision-analysis Markov model comparing the use of IV paricalcitol versus calcitriol. Main outcomes include parathyroidectomy, hospitalizations or death, life time costs and the results are reported as incremental cost-effectiveness ratios (ICER). The treatment costs are based on the DATASUS administrative claim database which includes individuals with an end stage chronic kidney disease secondary hyperparathyroidism diagnosis, who undergo parathyroidectomy. One-way sensitivity analyses and probabilistic sensitivity analyses confirmed the robustness of the model. CONCLUSIONS: In our model the substitution of IV calcitriol by IV paricalcitol can be a more cost-effective choice in the management of secondary hyperparathyroidism.

PUK6 CATHETER-ASSOCIATED URINARY TRACT INFECTIONS: COST COMPARISON STUDY FROM THE PUBLIC PAYER PERSPECTIVE

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OBJECTIVES: To compare costs of catheter-associated urinary tract infection (CAUTI) with and without renitement (RI) and without re-implantation intervention (WRI) from the public payer perspective. Urinary catheter (UC) is one of the most invasive devices used in health care, and its insertion contributes to the development of urinary tract infection (UTI). According to Brazilian data, 26% of all nosocomial infections are UTI. About 12%-16% of patients in the intensive care unit have a UC inserted at some point during hospitalization. Unnecessary use of UC may lead to CAUTI, which represents an important cost contributor. The purpose of this study was to evaluate the cost savings amounting R$113,999,601.06 to SUS and an increase in life-years gained (0.52 years). Paricalcitol was dominant over the comparator (calcitriol), indicating better health outcomes and lower costs. One-way sensitivity analyses and probabilistic sensitivity analyses confirmed the robustness of the model. RESULTS: The reference case analysis was a 5-year time horizon based on a comparison of the SoC and cinacalcet groups, and the cost of cinacalcet acquisition.

PUK7 FRECUENCIA Y COSTOS DE HOSPITALIZACION EN UNA POBLACION DE PACIENTES EN DIABETES EN COLOMBIA

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OBJECTIVES: Chronic renal disease patients are often hospitalized. The present study was carried out as no studies have measured such population's hospitalization frequency and duration in Colombia nor has their economic burden been analysed. The objective of this study was to determine the attributable cost of hospitalization among patients undergoing induction treatment for renal transplantation. METHODS: We completed meta-analyses for renal and basiliximab in induction treatment. The data was used to define global effectiveness outcome measures. RESULTS: The final cost-effectiveness ratio showed that the main drivers of the result were the mortality probability in each of the SoC and cinacalcet groups, and the cost of cinacalcet acquisition. CONCLUSIONS: This model with data from the Brazilian Public Healthcare System shows that cinacalcet was cost-effective (cost per LYG gained) when compared to SoC.