COST-EFFECTIVENESS ANALYSIS OF DIFLUNISAL PLUS GABAPENTIN VS. DIMETHYL FUMARATE For Treatment of Relapsing-Remitting Multiple Sclerosis in a Real-World setting

Methods: A 1-year analysis compared patients initiating EDSS and due to relapses was based on published literature (disability progression, relapse rate and discontinuation of ITT population) were included. The analysis was conducted from the societal perspective, assuming a time horizon relevant to the Portuguese setting. Unit costs were obtained from official sources. Healthcare and societal costs (including productivity losses) and QALYs for each patient are directly linked to the time the patient spends in each EDSS state. RESULTS: In the base case, treatment with dimethyl fumarate compared with teriflunomide is associated with a QALY-gain of 0.21 QALYs, at lower healthcare and social costs (€30,000 - €21,536 per QALY) respectively. Peginterferon beta-1a dominated the ICER of €21,536 per QALY, hosprace costs ($1,164 vs. $1,094, p < 0.0001), total outpatient costs ($4,417 vs. $3,904, p < 0.0001), pharmacy costs ($695 vs. $1,399, p < 0.0001) and total costs ($9,755 vs. $5,314, p < 0.0001). CONCLUSIONS: PEGIFN beta-1a was dominant vs SC interferon beta-1a 44mcg and cost-effective when compared with other approved first-line injectable treatments for RRMS in Italy. The ICERs fall below the commonly accepted thresholds of ≤€30,000 - €50,000 per QALY gained demonstrating that PEGIFN beta-1a is a cost effective treatment.

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EVALUATION OF THE BURDEN OF PARKINSON’S DISEASE IN MEDICARE AND LINKED LONG TERM CARE POPULATION

OBJECTIVES: To examine the economic burden and healthcare utilization for patients diagnosed with Parkinson’s disease using linked data from Medicare and the Long Term Care (LTC) Minimum Data Set (MDS). METHODS: Patients were included in this cohort study if they were enrolled in Medicare and met the ICD-10-AM codes for Parkinson’s disease (International Classification of Diseases, Ninth Revision, Clinical Modification code 332.9) during the identification period (01/1/2008-12/31/2010). The first Parkinson’s disease diagnosis date was used as the index date. Patients were required to be ≥65 and have continuous health plan enrollment with medical benefits for 6 months pre- and post-index date. Residents in a LTC facility were defined as study patients using two quarterly assessments recorded in the MDS during the 6 months pre- and post-index date. The primary outcome measure was health care costs and utilities were described. RESULTS: After 1:1 matching, 1,620 patients were included in each group (disease and control patients), and the baseline characteristics were well-balanced for both groups. In the analysis, disease were more likely to have inpatient stays (20.46% vs. 17.1%, p < 0.0001), outpatient visits (13.6% vs. 12.0%, p < 0.0001), skilled nursing facility (SNF) visits (8.64% vs. 13.6%, p < 0.0001), and part D pharmacy visits (11.0% vs. 0.0001). Compared to control patients, higher all-cause health care costs were also observed for Parkinson’s disease patients, including inpatient costs ($2,861 vs. $1,891, p < 0.0001), SNF costs ($1,164 vs. $255, p < 0.0001), total outpatient costs ($4,417 vs. $3,904, p < 0.0001), pharmacy costs ($695 vs. $1,399, p < 0.0001) and total costs ($9,755 vs. $5,314, p < 0.0001). CONCLUSIONS: During a period of 12 months, patients diagnosed with Parkinson’s disease had higher health care utilization and costs than matched control patients.

COST-EFFECTIVENESS OF MOLEKULERMODULATING SUBSTANCES Vs. DEXAMETHASONE for the Treatment of Acute Myeloid Leukemia

Methods: A 1-year cost-effectiveness analysis was conducted. Patients were initially treated with induction chemotherapy according to the European LeukemiaNet (ELN) nation guidelines. Sensitivity analyses were performed to assess the impact of uncertain parameters. RESULTS: The analysis demonstrated that dimethyl fumarate is a cost-effective and cost saving treatment alternative from a Danish healthcare and societal perspective.

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