A COST-EFFECTIVENESS ANALYSIS OF ETANECETR FOR THE TREATMENT OF MODERATE AND SEVERE PSORIASIS IN MEXICO

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OBJECTIVES: Biological treatments had dramatically changed the therapeutics, outcomes and cost of management of psoriasis, a common chronic disease that strongly affects quality of life of patients. The aim of this study was to assess the cost-effectiveness of biologic alternatives currently available in Mexico for treatment of moderate to severe psoriasis from an institutional perspective.

METHODS: A decision-tree model was developed to simulate the clinical course of patients treated with etanercept, adalimumab, infliximab or ustekinumab as first-line therapies, as well as treatment associated costs (2-year timeframe with a 5% annual discount rate). Effectiveness measures were the proportion of patients reaching 75% improvement in the Psoriasis Area and Severity Index (PASI-75) and quality adjusted life years gained (QALY’s). Costs considered included: biologics drugs, concomitant medication, medical follow-up and side effects management. Clinical response of alternatives was extracted from published literature, while unit costs came and cost of management of psoriasis, a common chronic disease that affects the quality of life of patients. The aim of this study was to assess the cost-effectiveness of biologic alternatives currently available in Mexico for treatment of moderate to severe psoriasis from an institutional perspective.

RESULTS: After two years, the proportions of patients reaching PASI-75 were 59%, 62.1%, 62.7%, and 64.5% for adalimumab, etanercept, infliximab and ustekinumab, respectively (p=0.077, Friedman test). Comparison with QALY’s per patient resulted in a preference for etanercept, followed by adalimumab, infliximab and ustekinumab, respectively (p=0.032, Friedman test). Given that in the timeframe considered there are no differences between effectiveness of therapies, a cost-minimization analysis was performed. The expected mean costs per patient were: US$5,781.95, US$5,295.85, US$5,142.76 and US$3,169.59 for etanercept, adalimumab, infliximab and ustekinumab, respectively (p=0.077, Friedman test). Given that in the timeframe considered there are no differences between effectiveness of therapies, a cost-minimization analysis was performed. The expected mean costs per patient were: US$5,781.95, US$5,295.85, US$5,142.76 and US$3,169.59 for etanercept, adalimumab, infliximab and ustekinumab, respectively (p=0.077, Friedman test). Given that in the timeframe considered there are no differences between effectiveness of therapies, a cost-minimization analysis was performed. The expected mean costs per patient were: US$5,781.95, US$5,295.85, US$5,142.76 and US$3,169.59 for etanercept, adalimumab, infliximab and ustekinumab, respectively (p=0.077, Friedman test). Given that in the timeframe considered there are no differences between effectiveness of therapies, a cost-minimization analysis was performed. The expected mean costs per patient were: US$5,781.95, US$5,295.85, US$5,142.76 and US$3,169.59 for etanercept, adalimumab, infliximab and ustekinumab, respectively (p=0.077, Friedman test). Given that in the timeframe considered there are no differences between effectiveness of therapies, a cost-minimization analysis was performed. The expected mean costs per patient were: US$5,781.95, US$5,295.85, US$5,142.76 and US$3,169.59 for etanercept, adalimumab, infliximab and ustekinumab, respectively (p=0.077, Friedman test). Given that in the timeframe considered there are no differences between effectiveness of therapies, a cost-minimization analysis was performed. The expected mean costs per patient were: US$5,781.95, US$5,295.85, US$5,142.76 and US$3,169.59 for etanercept, adalimumab, infliximab and ustekinumab, respectively (p=0.077, Friedman test). Given that in the timeframe considered there are no differences between effectiveness of therapies, a cost-minimization analysis was performed. The expected mean costs per patient were: US$5,781.95, US$5,295.85, US$5,142.76 and US$3,169.59 for etanercept, adalimumab, infliximab and ustekinumab, respectively (p=0.077, Friedman test).