cost-effectiveness ratio (ICER). Other costs included in the model were obtained by the declared public budget of those Hospitals. RESULTS: The annual total therapy cost for etanercept, adalimumab and infliximab per patient was $141,030, $158,938 and $163,132 Mexican pesos, respectively. The ACR 70 rates responses of etanercept, adalimumab and infliximab, indicated in clinical trials are 43%, 21% and 10%, respectively. The ICER per additional patient achieving ACR 70 response of etanercept when compared with adalimumab was $81,109, and $66,976 when compared with infliximab etanercept was a dominant alternative compared with adalimumab and infliximab. CONCLUSIONS: According to published results, the use of etanercept in patients with RA is the most cost-saving alternative. If the use of etanercept is increased, more patients could have access to biologic therapy and the health care institutions in Mexico could contain costs in the treatment of RA.

ESTIMATED CLINICAL & ECONOMIC IMPACT OF POOR PATIENT PERSISTENCE WITH OSTEOPOROSIS MEDICATIONS IN BRAZIL

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OBJECTIVES: Persistence with osteoporosis medications is a significant clinical issue, with many patients discontinuing therapy after just one year. The purpose of this study was to estimate the lifetime clinical and economic impact of poor persistence among patients with osteoporosis in Brazil. METHODS: We used modeling techniques and data from secondary sources to quantify the impact on risks, costs, and consequences of hip fracture resulting from poor persistence with osteoporosis medications. All patients entering the model were assumed to be 65-year old postmenopausal women, recently diagnosed with osteoporosis, and newly initiated on bisphosphonate therapy. The model calculates the risk of hip fracture as well as fracture-attributable life-years lost and health care costs (acute and follow-up). To estimate the impact of poor treatment persistence on these measures, we contrasted model results for a scenario assuming perfect compliance with therapy over each patient’s remaining years of life to another assuming all patients would discontinue therapy after one year. Analyses were performed for all patients and for a subgroup with more severe disease (t-score < -2.5). All costs were expressed in 2006 Brazilian Reais (R$) and discounted at 5% per annum. RESULTS: We estimate that Brazilian patients who discontinue osteoporosis therapy after one year would experience 27.0 additional fractures per 100 patients, lose an average of nearly one year of life (0.968 fracture-attributable life years), and incur an average of R$3611 in additional costs of fracture-related care compared with perfectly compliant patients. Corresponding numbers for the subgroup of patients with severe osteoporosis are 33.5 additional fractures (per 100), 1.31 fracture-attributable life-years lost, and R$5,603 in fracture-related health care costs. COSTS: The lifetime clinical and economic consequences of poor persistence among osteoporosis patients in Brazil may be considerable. Programs to improve persistence with osteoporosis medications have the potential to benefit patients and payers alike.

ESTUDIO FARMACOECONÓMICO DE LOS TRATAMIENTOS ACIDO ZOLÉDRONICO, RISERONATO, ALENDRONATO E IBANDRONATO EN EL MANEJO DE LA OSTEOPOROSIS EN MUJERES POSMENOPÁUSICAS EN VENEZUELA.


OBJETIVO: Analizar el costo-efectividad de los tratamientos Acido Zolédronico, Risedronato, Alendronato e Ibandronato en el manejo de la osteoporosis en posmenopáusicas en términos de: número de fracturas de cadera, días de hospitalización. MÉTODOS: Retrospectivo, analítico. Información de efectividad a partir de ensayos clínicos, lo que representa un Nivel de evidencia I. Resultados: Los costos de medicamentos, atención sanitaria, los costos de los servicios de hospital, la pérdida de días de trabajo para el caso de cadera, para Acido Zolédronico US$ 20,487; Alendronato US$ 4,997; y Ibandronato US$ 19,683. La estancia hospitalaria para el caso de cadera se estimó en US$ 3,924. La comparación de resultados muestra que el manejo de la osteoporosis, debido a sus costos, efectividad y mayores niveles de adherencia representan una opción eficiente en el manejo de la osteoporosis. La mayor adherencia a los tratamientos permite reducir el número de fracturas y consumo de recursos sanitarios, permitiendo una contención de costos y una minimización de los costos de oportunidad al posibilitar un uso más eficiente de los recursos.

ECONOMIC EVALUATION OF THE USE OF HYLAN G-F 20 IN THE HANDLING OF SEVERE KNEE OSTEOARTHRITIS

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OBJECTIVES: Knee osteoarthritis is a multifactorial, progressive and incurable rheumatic ailment; most treatments look for a maximum recovery of mobility and functionality of the knee joint, with a minimum risk possibility. Due to its high cost and invasive character, gonarthrosis surgical treatment is reserved, according to the clinical practice guidance available in Mexico, for severe pain and joint functionality limitation cases; defined as knee osteoarthritis present in IV degree, or functional class III condition. This study evaluates cost-effectiveness of the use of hyaluronic acid intraarticular steroids to withhold surgery in patients with severe knee osteoarthritis.

METHODS: Cost-effectiveness analysis using a decision tree to simulate a hypothetical cohort behavior of patients with severe knee osteoarthritis for a period of two years, from the perspective of the health service supplier. Costs were estimated using prices of 2008 and are expressed in US dollars (exchange rate of 11.14 pesos/M US dollar).

RESULTS: With Hylan G-F 20, 94.6 % of patients did not require surgery during the analysis period vs. 57%, in the case of those under intraarticular steroid treatment. Expected treatment costs: Hylan G-F 20, $2081.0; and intraarticular steroids, $4593.2. The average cost-effectiveness of treatments: Hylan G-F 20, $2200.5 and intraarticular steroids, $9111.6. Incremental analysis shows Hylan G-F 20 as dominant alternative. Different sensitivity analyses corroborate the dominance relationship exercised by Hylan G-F 20 over the steroid treatment. CONCLUSIONS: Hylan G-F 20 is a more effective and less expensive alternative than steroid treatment to withhold surgery in patients with severe knee osteoarthritis.

ECONOMIC MINIMIZATION ANALYSIS OF VISCOSUPPLEMENTATION TREATMENT OSTEOARTHRITIS OF KNEE IN BRAZIL’S PRIVATE SECTOR

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OBJECTIVES: To analyze the cost-minimization of viscosupplementation in comparison with arthroscopy/lavage for the treatment of moderate osteoarthritis of knee. METHODS: A cost-minimization analysis from the Brazilian Private Payor perspective, with a time horizon of 2 years was conduct. A decision tree considering the probabilities of treatment failure or success, were performed. Study comparators examined were Hylauronic Acid (Synvisc®) and Arthroscopy with Lavage (Arthroscopy). The clinical aspects regarding benefits and probabilities data were extracted from clinical trials and meta-analysis of clinical trials for the alternatives. The analysis was based on Brazilian current clinical practice. Treatment costs were collected from a private payer’s database. Costs and benefits were validated by a panel of Brazilian specialists from payers. Due to short term analysis discounting was not applied, the results were converted in US Dollars ($R2.3/US$1.00). A one-way sensitivity analysis was performed. RESULTS: Patients using Hylauronic Acid get the lowest total cost per treatment (Synvisc® = USD 2.042 OR R$4.697; Arthroscopy = USD 2136 OR R$5.913). The results were sensitive to Hylauronic Acid cost regarding all other