GASTROINTESTINAL DISORDERS – Cost Studies

PGI13 ESTIMATION OF THE BUDGET IMPACT OF RIFAXIMIN TREATMENT IN PATIENTS WITH IRITABLE BOWEL SYNDROME

Bickley S a, Barresi A b, Davenport P a, Presutto M c, Delhanty D a, Zeeb T a,
1Ecrena, Palm Harbor, FL, USA, 2Salsaline Pharmaceuticals, Inc., Raleigh, NC, USA
OBJECTIVES: Rifaximin is a minimally absorbed antimicrobial agent that has demonstrated efficacy for the treatment of irritable bowel syndrome with diarrhea (IBS-D) in 3 multicenter, randomized, controlled trials. After an initial 2-week course of therapy, rifaximin should be considered for repeat treatment only upon recurrence of symptoms, in contrast to other IBS treatments that require chronic administration to maintain symptom improvement. The aim of this study was to determine the main factors and the impact of the cost of maintaining the irritable bowel patients on the waiting list for liver transplant. METHODS: We evaluated 493 patients on the waiting list for liver transplantation between the years 2012 and 2014. Of these 159 were called to the transplant team based on their waiting list; 106 were removed due to health status and 58 died in the list. We used a detailed analysis of micro-costs on the waiting list, including clinical data and the cost of materials, drugs, laboratorial tests and hospitalizations. RESULTS: The total cost for patients with MELD>30 was US$10,003.31 ± 7,277.82, MELD 15-29 US$56,586.6 ± 7,526.33 and MELD≤15 US$2,201.98 ± 5,001.03 (p<0.001). The time spent in waiting list was 211 ± 228 days to MELD≥30, 308.17 ± 285.58 to MELD 15-20 and 209.1 ± 208.23 days to MELD≤15 (p<0.001). Hospitalizations occurred in 69.9% of patients with MELD>30, 56.4% in MELD 15-30 and 25.8% in MELD≤15 (p<0.05). The cost of hospitalizations was US$8,936.15 ± 7,024.82 in patients with MELD≥30, US$3,442.51 ± 7,792.56 for patients with MELD 15-30 and US$6,470.01 ± 6,927.64 to MELD≤15 (p<0.05), corresponding to 68.1%, 60.9% and 51.1% of total expenditures respectively. The cost of medications and laboratorial tests for patients with MELD≥30 was US$3,826.31 ± 3,649.99, US$2,480.15 ± 2,956.56 to MELD 15-30 and US$1,271.28 ± 1,987.91 to MELD≤15 (p<0.01). CONCLUSIONS: Survival of patients in a waiting list for liver transplant has a high-cost on waiting list for liver transplantation. The long time on waiting list, complications that lead to hospitalizations, and expensive laboratorial tests and medications cause a great financial impact on the public health system.

PGI16 THE HIGH COST PATIENTS ON WAITING LIST FOR THE LIVER TRANSPLANTATION. MAIN BURDENS AND CONSEQUENCES FOR THE PUBLIC HEALTH SYSTEM

Hospital Universitário Federal de São Paulo, SA, Brazil
OBJECTIVES: There is a growing number of patients on the waiting list for liver transplantation, which is currently the only treatment option for patients with severe hepatic cirrhosis. The aim of this study was to determine the main factors and the impact of the cost of maintaining the cirrhotic patients on the waiting list for liver transplant. METHODS: We evaluated 493 patients on the waiting list for liver transplantation between the years 2012 and 2014. Of these 159 were called to the transplant team based on their waiting list; 106 were removed due to health status and 58 died in the list. We used a detailed analysis of micro-costs on the waiting list, including clinical data and the cost of materials, drugs, laboratorial tests and hospitalizations. RESULTS: The total cost for patients with MELD>30 was US$10,003.31 ± 7,277.82, MELD 15-29 US$56,586.6 ± 7,526.33 and MELD≤15 US$2,201.98 ± 5,001.03 (p<0.001). The time spent in waiting list was 211 ± 228 days to MELD≥30, 308.17 ± 285.58 to MELD 15-20 and 209.1 ± 208.23 days to MELD≤15 (p<0.001). Hospitalizations occurred in 69.9% of patients with MELD>30, 56.4% in MELD 15-30 and 25.8% in MELD≤15 (p<0.05). The cost of hospitalizations was US$8,936.15 ± 7,024.82 in patients with MELD≥30, US$3,442.51 ± 7,792.56 for patients with MELD 15-30 and US$6,470.01 ± 6,927.64 to MELD≤15 (p<0.05), corresponding to 68.1%, 60.9% and 51.1% of total expenditures respectively. The cost of medications and laboratorial tests for patients with MELD≥30 was US$3,826.31 ± 3,649.99, US$2,480.15 ± 2,956.56 to MELD 15-30 and US$1,271.28 ± 1,987.91 to MELD≤15 (p<0.01). CONCLUSIONS: Survival of patients in a waiting list for liver transplantation has a high-cost on waiting list for liver transplantation. The long time on waiting list, complications that lead to hospitalizations, and expensive laboratorial tests and medications cause a great financial impact on the public health system.

PGI14 BUDGET IMPACT ANALYSIS OF HEPATITIS C DRUGS IN MED-CAL

Naku T
Department of Healthcare Services, Brentwood, CA, USA
OBJECTIVES: The objective of this study is to estimate the annual budget impact and the cost Per Member Per Month of the testing and treatment of hepatitis C in the Medi-Cal population using the current testing guidelines. METHODS: A budget impact analysis was constructed from a societal perspective to determine the financial consequences of implementing the testing and linkage to care guidelines recommended by the CDC, AASLD and USPSTF for persons born between 1945 and 1965. The model included disease testing and drug reimbursement cost. Of the 2,277,106 Medi-Cal beneficiaries with birthdates between January 1, 1945 and December 31, 1964, 1,894,144 are in the Fee for Service and not eligible for Medicare. Costs of adverse effects and non-adherence were excluded from the analysis. RESULTS: The total cost in one budgetary year of testing and treating the birth cohort ranged from between $5,230,285,333.21 and $24,207,966,240.39. The cost per member per month increases from $0.55 to between $77.76 and $357 if the birth cohort testing recommendation is implemented. CONCLUSIONS: In the base case analysis, implementation of testing and linkage to care increases the budget impact compared to current guideline recommendation. The uncertainty of the current risk based testing and treating strategy. Furthermore, sensitivity analysis shows a 78% increase from the base case estimates if adjustments are made for the age of the birth cohort. Treatment of HCV was associated with a high-cost on wait-list for liver transplantation. The long time on waiting list, complications that lead to hospitalizations, and expensive laboratorial tests and medications cause a great financial impact on the public health system.

PGI15 FINANCIAL IMPACTS OF USING OMEPRAZOLE ORAL SUSPENSION FOR PREVENTING UPPER GASTROINTESTINAL BLEEDING EARLY AFTER INTENSIVE CARE ADMISSION

Foroutan N a, Foroutan A a
1MeMaster University, Milton, ON, Canada, 2Theman University, Tehran, Iran
OBJECTIVES: The objective of the present study was to estimate the financial consequences of using omeprazole immediate-release (IR) oral suspension versus intravenous (IV) infusion of pantoprazole for preventing stress-related upper gastrointestinal bleeding in critically ill patients from the perspective of the health care system. METHODS: An Excel®-based model was developed to compare the cost of prevention of upper gastrointestinal bleeding early after intensive care admission using the current IV pantoprazole formulation versus omeprazole IR oral suspension. Total costs included the cost of acid-suppressive drugs (proton pump inhibitors) and related clinical outcomes. Inputs were obtained from a local clinical trial, the Ministry of Health database, insurance organizations, hospital and pharmacy registries, the relevant literature, and expert opinion. The robustness of the input data was investigated by one-way sensitivity analysis. During the study period (November 2012 to September 2013), 4,150 patients were admitted to intensive care units in the different provinces of Iran. The model was developed based on the results of a randomized controlled trial in which an experimental group and a control group received omeprazole IR oral suspension and pantoprazole IV, respectively. RESULTS: According to the proposed model, the cost of prevention of stress-related upper gastrointestinal bleeding (IV) of IR omeprazole was=$3,790,000, while US$775,000 was spent on omeprazole IR oral suspension. Replacement of IV pantoprazole by omeprazole IR oral suspension would lead to an annual cost saving of almost US$200,000 (US$4 per member per month) to the health care system. CONCLUSIONS: In the present study, a budget impact analysis was performed to assess the financial consequences of using omeprazole IR oral suspension in place of pantoprazole IV for prevention of upper gastrointestinal bleeding. The better preventive effect of omeprazole IR oral suspension when compared with conventional therapy using pantoprazole IV was the major reason for the final comparative budgetary savings.