durante el periodo 2013-2017. La prevalencia de ERT se proyectó a partir de datos oficiales. Los costos fueron de distinto origen: costos de fármacos, uso de recursos, tarifarios oficiales (ISS 2001 ajustados) para procedimientos, y SISMED para medicamentos. Todos los datos fueron validados en reuniones de expertos, se siguieron las guías ISPO para impacto presupuestal. RESULTADOS: Según nuestros estimados, el costo total de los pacientes atendidos en ese periodo fue de COP$2,076,833,882 (USD$469,940,448) a COP$1,009,782,582 (USD$216,075,648), un crecimiento en pesos constantes de 25%. Con respecto al costo total 2007, el costo total de los pacientes de 2017, un incremento absoluto de 3% con respecto al Escenario 1. El número de pacientes tratados pasaría de 3,601 a 4,145 mientras los muertos en el quirófano se reducirían en 14, ello equivaldría a COP$643,140 por paciente tratado adicional o COP527,059 (USD114,000) por muerte evitada. CONCLUSIONES: Un incremento del 5% anual del traplante renal representa un aumento del 3% del costo de la atención del ERT en Colombia. Parte del “ahorro” actual con la dialisis se debe a mayor mortalidad.

PUK 5

COST-EFFECTIVENESS OF PARAICALCITOL IN END STAGE CHRONIC KIDNEY DISEASE 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 calcitrol in dialysis patients diagnosed with end stage chronic kidney disease. METHODS: A decision-analysis Markov model comparing the use of IV paricalcitol versus calcitrol. Main outcomes include parathyroid hormone (PTH) in patients with secondary hyperparathyroidism dialysis patient. The use of paricalcitol leads to savings for the public payer. All-cause mortality and bone metabolism. This study assesses the cost-effectiveness of cinacalcet plus standard of care for the treatment of SHPT patients on dialysis compared to SoC, with data from the Brazilian public health system shows that cinacalcet was cost-effective (cost per LYG gained) when compared to SoC.

Methods: A dynamic retrospective cohort study of 223 patients from the Brazilian Hospital Information System (SIH/DATASUS) from 2012 was used to analyse the effectiveness of a program to improve hospital quality, which included an intervention to remind physicians to remove unnecessary UC. Resource utilization was estimated that compared to SoC, cinacalcet was associated with more adequate levels of serum PTH, reduced the number of cardiovascular events (0.66 vs. 0.70), bone fractures (0.14 vs. 0.24) and parathyroidectomies performed (0.01 vs. 0.15). The sensitivity analysis 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. This model with data from the Brazilian Public Healthcare System shows that cinacalcet was cost-effective (cost per LYG gained) when compared to SoC.

PUK 6

COST-EFFECTIVENESS ANALYSIS OF RABBIT ANTIANTITHYMOCYTE GLOBULIN COMBINED WITH BASILIXIMAB IN THE INDUCTION OF RENAL TRANSPLANT PATIENTS

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OBJECTIVE: To determine the incremental cost-effectiveness ratio between r-ATG and basiliximab in induction treatment for renal transplantation. METHODS: We performed a decision analysis comparing the use of anti-thymocyte globulin (ATG) versus basiliximab for induction treatment in renal transplant recipients. Costs were extracted from official databases of medicaments and procedures. The effectiveness measure was years of life gained (LYG) obtained with (tAC) and SoC and SoC alone was 4.42 and 3.55, respectively, resulting in an incremental cost-effectiveness ratio of USD$17,032 in a 10 year time horizon. Additional analysis showed that compared to SoC, cinacalcet was associated with more adequate levels of serum PTH, reduced the number of cardiovascular events (0.66 vs. 0.70), bone fractures (0.14 vs. 0.24) and parathyroidectomies performed (0.01 vs. 0.15). The sensitivity analysis 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. This model with data from the Brazilian Public Healthcare System shows that cinacalcet was cost-effective (cost per LYG gained) when compared to SoC.