cost-effectiveness of Duotrav and Xalacom in glaucoma. Methods: A 5 year Markov model was built to populate the treatment of two cohorts of glaucoma patients. Time to treatment modification, a key cost factor in real life, was estimated on the basis of an analysis of the UK GPRD database and a hazard-ratio (Duotrav vs Xalacom) taken from a French observational study. Visual field defect (VFD) occurrence rates by treatment line were estimated from the literature. French standard costs were applied. Sensitivity analyses were carried out. RESULTS: Average times to treatment changes were 38.0 and 31.1 months for Duotrav and Xalacom, respectively. A total of 45.4% of the patients remained with their treatment at 5 years in the Duotrav cohort compared with 29.1% in the Xalacom group. The clinical benefit of Duotrav was 0.06 less new VFDs on average per patient. The longer duration of treatment with Duotrav was associated with an extra costs of €144, an amount that was totally offset by a decrease in operating procedures (€98.7) and cost of rescue medications (€98.5). Other resources used (visits, exams..) were similar. Total costs were lower in the Duotrav cohort (€81.8) than in the Xalacom group. Sensitivity analyses confirmed these findings. CONCLUSIONS: Treatment persistence is a key indicator of the effectiveness of chronic disease treatment in daily practice. The longer duration of treatment with Duotrav as compared with Xalacom lead to better glaucoma control, less VFD progression, and lower medical care costs. According to this analysis, Duotrav economically dominates Xalacom.

CEFOVECIN AS TREATMENT OF SUPERFICIAL PYODERMA, WOUNDS AND ABSCESSES IN DOGS: ESTIMATION OF THE HEALTH AND ECONOMIC IMPACT OF ELIMINATING ORAL MEDICATION NON-COMPLIANCE IN THE UNITED STATES

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OBJECTIVES: Cefovecin, an injectable antimicrobial, maintains a therapeutic tissue concentration for approximately 14 days, and hence eliminates non-compliance reported with oral comparators. This study compared treatment costs and effectiveness of oral medication to cefovecin in resolving superficial pyoderma, wounds and abscesses (SP-W-A) in dogs. METHODS: A Markov model, containing "Status quo", "Improvement", "Cure", and "Relapse", was adapted to Germany to calculate costs and benefits (days without symptoms of SP-W-A or DP) over a 6-months (SP-WA) and 1-year (DP) period, for dogs on cefovecin versus amoxicillin/clavulanic acid (amox/clav). Efficacy parameters were derived from clinical studies. For amox/clav, first line treatment failure caused by non-compliance was estimated at 13.6% of all dogs, calculated from published literature. Cost data were derived from German official price and tariff lists (2009, dog owner’s perspective). All relevant input parameters were varied extensively in one-way and probabilistic sensitivity analyses. RESULTS: Cefovecin was more effective than amox/clav, with 161 versus 136 days without symptoms of SP-W-A and 316 versus 307 days without symptoms of DP. Up to a bodyweight (b.w.) of 15 kg (SP-W-A) or 16 kg (DP), cefovecin was a dominant strategy, i.e. also cost-saving when considering total therapy expenditure (including nurse visits, diagnosis, treatment). In dogs of 25 kg b.w., total therapy costs for cefovecin were slightly increased versus comparator, €297.23 versus €272.72 (SP-W-A) and € 498.60 versus €477.75 (DP). Model outcomes were sensitive to changes of non-compliance data, but remained robust when varying other parameters. CONCLUSIONS: Considering non-compliance on oral treatments as a cause of treatment failure, higher abatement costs of cefovecin became totally or partly offset by the increased incremental effectiveness resulting in less costs for supplementary treatments of relapses and failures.

 Heard, non-compliance with oral antimicrobials. As the long-term injectable cefovecin eliminates non-compliance, the study objective was to investigate the impact of non-compliance on the costs and effectiveness of treatment of superficial pyoderma, wounds and abscesses (SP-W-A), and deep pyoderma (DP) in dogs in Germany. METHODS: A Markov model, containing "Status quo", "Improvement", "Cure", and "Relapse", was adapted to Germany to calculate costs and benefits (days without symptoms of SP-W-A or DP) over a 6-months (SP-WA) and 1-year (DP) period, for dogs on cefovecin versus amoxicillin/clavulanic acid (amox/clav). Efficacy parameters were derived from clinical studies. For amox/clav, first line treatment failure caused by non-compliance was estimated at 13.6% of all dogs.