ECONOMIC BURDEN OF RHEUMATOID ARTHRITIS IN BRAZILIAN PRIVATE HEALTH SYSTEM

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OBJECTIVES: Assess RA health care resource utilization in a sample of Brazilian private health system beneficiaries. METHODS: Three Health Management Organizations (HMOs) databases were analyzed retrospectively, involving 1,057,033 people, corresponding to approximately 3% of total private health system beneficiaries in Brazil. The analysis was done in 35 months (from January 2004 to November 2007). The following health care resources were considered: clinical appointment, hospitalization, emergency service, drugs and laboratory exams. All RA patients were compared to non-RA patients in terms of health care resource usage. RESULTS: From 1,057,033 people analyzed, 4,817 (0.46%) were classified as having RA, being the prevalence rate among women and men 3.5:1. Those patients concentrated 4.8% of the total costs of whole population analyzed. The cost per month/ per member (cost p/mr/m) of RA patients was 6.6 times higher than non-RA population. In addition, RA patients compared to non-RA patients, demonstrated 3.4 and 13 times higher clinical appointments and hospitalization, respectively. Considering other chronic diseases (hypertension, heart failure, asthma, bronchitis and diabetes mellitus patients), RA patients demonstrated 1.4 and 3.1 times higher clinical appointments and hospitalization, respectively. Considering other chronic diseases (hypertension, heart failure, asthma, bronchitis and diabetes mellitus patients), RA patients demonstrated 1.4 and 3.1 times higher clinical appointments and hospitalization, respectively. Considering other chronic diseases (hypertension, heart failure, asthma, bronchitis and diabetes mellitus patients), RA patients demonstrated 1.4 and 3.1 times higher clinical appointments and hospitalization, respectively.

CONCLUSIONS: Our results reinforce the international literature data demonstrating that despite 0.46% prevalence, RA has high individual cost (concentrating 4.8% of total costs of whole population analyzed) due to multifactor variables, including pharmacological assistance and comorbidities. Regarding health care resources the study showed that RA patients had a higher utilization than non-RA patients, confirming the literature about the important cost of the disease in the clinical practice. In addition we suggest an important association between RA and comorbidities, especially CVD. In conclusion, RA may require specific strategies by decision makers to optimize its management and reduce cost.

MUSCULAR-SKELETAL DISORDERS – Patient-Reported Outcomes Studies

PERCEPTIONS OF TREATMENT OUTCOMES AMONG NEW USERS OF TNF ANTAGONISTS FOR THE TREATMENT OF RHEUMATOID ARTHRITIS

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OBJECTIVES: To assess whether patients with rheumatoid arthritis (RA) who are newly initiated on tumor necrosis factor (TNF) antagonists adalimumab, etanercept, and infliximab perceive differences in treatment outcomes. METHODS: Study data were derived from the 2006 RA Survey (Waves 7 and 8), a nationally (United States) representative survey of adults with RA conducted by Consumer Health Sciences International. Only patients currently taking TNF antagonists were included. Patients with missing baseline or follow-up data, or those in whom the treatment was stopped, were excluded from the analysis. Patients were categorized on the basis of how they responded to a set of questions examining how much they agreed or disagreed with statements about treatment benefits and side effects. Results: On average, patients who were randomized to ustekinumab had higher HAQ and DLQI responses at wk36. Patients in the placebo group who crossed over to ustekinumab at wk12 and 16, or placebo at wk6, 1, 2, and 3, followed by ustekinumab at wk12 and 16, had a 70% decrease in the arthritis index (from 3.7-2.1) and 60% decrease in the disability index (from 0.8-0.2). The mean number of active joints was 13.6 at wk0, 10.8 at wk12 and 7.2 at wk24 (0.001). At wk12, 67.0% of HAQ responders maintained response through wk24. 60.3% of patients in the ustekinumab group vs. 28.6% in the placebo group achieved a clinically meaningful improvement in QoL (DLQI responders at wk12 p < 0.001). Our results reinstate the importance of the arthritis index as a meaningful measure of treatment response. CONCLUSIONS: From a randomized and placebo-controlled phase II trial

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OBJECTIVES: To examine the treatment effect of ustekinumab on physical disability and QoL in PsA patients using data from a phase II trial. METHODS: Patients with active PsA were randomized to ustekinumab 90mg 6/8mg (n = 76) at wk1, wk2, and 3, followed by placebo at wk12 and 16, or placebo at wk6, wk1, 2, and 3, followed by ustekinumab 6/8mg at wk12 and 16 (n = 70). Physical disability was assessed using the disability index from the HAQ (0.00 to 3.00: unable to do) and DLQI (range 0-30) assessed QoL. Clinically meaningful improvement was defined as a 0.25-point improvement in the disability index, and a 5-point improvement in the DLQI. Continuous variables were compared using ANOVA on the van der Waerden normal scores. Linear endpoints were compared using Chi-square test. RESULTS: Baseline PsA patients had moderate physical disability (mean disability index 1.0) and impaired QoL (mean DLQI 11.5). Ustekinumab-treated patients demonstrated significant improvement in physical disability as early as wk12 after the first dose. After 4 treatments at wk6, 1, 2, and 3, 60% of patients in the ustekinumab group vs. 28% in the placebo group achieved clinically meaningful improvement in disability (HAQ responders) at wk12 (p < 0.001). The mean reduction in disability index at wk12 was 0.31 in the ustekinumab group vs. 0.04 in the placebo group (p < 0.001). At wk12, 67.0% of HAQ responders maintained response through wk24. 60.3% of patients in the ustekinumab group vs. 28.6% in the placebo group achieved a clinically meaningful improvement in QoL (DLQI responders at wk12 p < 0.001). At wk12, 45.2% of DLQI responders in the ustekinumab group maintained response through wk24. Patients in the placebo group who crossed over to ustekinumab at wk12 and 16 improved in disability and QoL, at wk6 similar in magnitude to those initially randomized to ustekinumab. CONCLUSIONS: Ustekinumab significantly improved physical disability and QoL in patients with PsA.

NEUROLOGICAL DISORDERS – Cost Studies

BUDGET IMPACT ANALYSIS OF FIXED DOSAGE COMBINATION (FDC) OF LEVODOPA/CARBIDOPA/ENTACAPONE IN PARKINSON DISEASE TREATMENT BY DISTRITO FEDERAL PUBLIC HEALTH CARE SYSTEM

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OBJECTIVES: To determine the budget impact of incorporating levodopa/carbidopa/entacapone FDC in Distrito Federal’s public reimbursement system for Parkinson disease treatment. METHODS: In present analysis, it was considered the quantity reimbursed for Distrito Federal in 2007 in Parkinson Disease Reimbursement System, distorted by DATASUS (National public health care database). Results were converted in US Dollars ($2.27/USD 1.00). It was considered the medications costs used in Distrito Federal’s bidding: USD 0.04/tablet for both combinations of levodopa/carbidopa; USD 0.33/tablet for both combinations of levodopa/benserazide; USD 0.42/tablet for entacapone. Levodopa/benserazide's presentations have different prices, however to simplify the analysis, we took the price of the most used presentation (78% in units) and considered it for both. According to DATASUS, considering all levodopas’ combinations reimbursed in Distrito Federal in 2007, 62% was levodopa/carbidopa and 38% was levodopa/benserazide. The price of all levodopa/carbidopa/entacapone FDC’s were fixed in USD 0.97/tablet. A one-way sensitivity analysis was performed. RESULTS: In Distrito Federal, the quantities reimbursed in 2007 for entacapone were 43,180 and for all levodopas’ combinations were 395,510. Considering the prices used in Distrito Federal’s bidding, the total of expenses was US $131,311. In this scenario, if levodopa/carbidopa/entacapone FDC is used in the place of free dosage combinations, then the total of expenses was estimated in US$122,369. The sensitivity analysis on cost variables in an interval of ±20% was robust with the base analysis. CONCLUSIONS: This budget impact analysis showed a potential economy of US$8942 if levodopa/carbidopa/entacapone FDC is incorporated in Distrito Federal’s public reimbursement system for Parkinson disease treatment. Besides, the use of FDC can provide higher adherence of patients to the treatment, once it is easier administrating one tablet instead of two or more; the patients prefer to take less quantity of tablets, the switches of dosage are lower.