URINARY/KIDNEY DISORDERS – Cost Studies

PUK9

EARLY TIMING OF THE USE OF PARICALCITOL FOR THE TREATMENT OF SECONDARY HYPERPARATHYROIDISM (SHPT) IN CHRONIC KIDNEY PATIENTS (CKD): A BUDGET IMPACT ANALYSIS (BIA)

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OBJECTIVES: Budget impact (BIA) analysis of the use of paricalcitol versus standard of care (SOC) in the treatment of secondary hyperparathyroidism (SHPT) in chronic kidney disease (CKD) considering paricalcitol patient start in the pre-dialysis phase. METHODS: Effects and costs deriving from the use of paricalcitol versus SOC for treatment of SHPT in CKD patients were simulated using a Markov models contemplating the natural history of CKD and introducing the use of paricalcitol treatment from the early stage of kidney disease (CKD3) versus SOC considering the use of comparator only from the dialysis stage. A 5-years horizon and the Italian NHS perspective and clinical data were derived from literature and other assumptions were discussed with clinicians. Both national tariffs and costs from literature were used upon availability and referred to 2012. One-way sensitivity analyses were performed to test inputs. RESULTS: The overall direct health care costs were 10,181,627 Euro for paricalcitol and 10,816,812 Euro for SOC. Both drug-related and others direct costs were lower for paricalcitol resulting in an overall cost-saving of 1,256 Euro per-patient and stemming from a per-patient increment in drug-related costs of 1,256 Euro and a cost-saving of 6,382 Euro. CONCLUSIONS: Timing paricalcitol treatment from the early stage of CKD could induce a cost-saving for the NHS. Moreover, despite the high acquisition costs for administration benefits resulting from an early treatment of SHPT could shift a decrease of the others direct costs exceeding the burden of drug costs.
controlling for age and gender effects on costs. Moreover, a propensity score matching analysis was used to test for robustness of the results. Results: OAB patients caused additional annual costs of €772 compared to non-OAB patients. Patients treated with Oxybutynin had the lowest additional costs (€460) while patients treated with Tolterodine yielded the highest additional costs (€1,040). In the special case of patients continuously treated with Solifenacin, incurred the lowest additional costs (€1,242) and patients treated with the highest (€1,835).

The lower treatment costs for Solifenacin are mainly driven by lower spending on medical claim expenses. The need to lower pad use in OAB patients aged 40 years of age or older in Germany. OAB patients treated with Solifenacin had the lowest additional costs (€520) while patients treated with Oxybutynin had the lowest additional costs (€460). Conclusion: This study compares the annual cost of six anticholinergics for the treatment of OAB and incontinence in patients aged 18-64 years. Based on the study results, the need to lower pad use in OAB patients aged 40 years of age or older in Germany. OAB patients treated with Solifenacin had the lowest additional costs (€520) while patients treated with Oxybutynin had the lowest additional costs (€460).

P1UK2
REAL-WORLD DOSE EQUIVALENCE AND COST COMPARISONS OF CONVERSIONS BETWEEN SELEVAMER HYDROCHLORIDE/CARBONATE AND LANTANUM CARBONATE
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OBJECTIVES: To determine the real-world dose equivalence of selevamer hydrochloride/carbonate (SH/C) and lanthanum carbonate (LC) monotherapies, and compare the drug costs associated with various dosages of SH/C versus conversion to LC.
METHODS: Costs were evaluated retrospectively for patients receiving hemodialysis in the US, who converted in either direction between SH/C and LC monotherapies, yet had similar phosphate (P) levels over the observation period. The study compared 6-month pre-conversion to 6-month post-conversion period. Results: Patients who converted from LC to SH/C had lower phosphate levels (P < 0.01) and propensity score matching produced similar findings. CONCLUSIONS: This study compares the annual cost of six anticholinergics for the treatment of OAB and incontinence in patients aged 40 years of age or older in Germany. OAB patients treated with Solifenacin had the lowest additional costs (€520) while patients treated with Oxybutynin had the lowest additional costs (€460). Conclusion: This study compares the annual cost of six anticholinergics for the treatment of OAB and incontinence in patients aged 40 years of age or older in Germany. OAB patients treated with Solifenacin had the lowest additional costs (€520) while patients treated with Oxybutynin had the lowest additional costs (€460).

P1UK3
HEALTH CARE COSTS AMONG PATIENTS WHO CONTINUE THERAPY OR SWITCH ANTIMUSCARINIC AGENTS FOR OVERACTIVE BLADDER
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OBJECTIVES: To compare health care costs among patients who continued therapy on the same antimuscarinic agent (OAB) therapy, or switched antimuscarinic agents for overactive bladder (OAB). Patients initiating antimuscarinic therapy from 1/1/2007-3/31/2012 diagnosed with OAB were identified from a large claims database of privately insured patients. Patients were required to have no antimuscarinic claims in the 12 months before their initiation of therapy, no antimuscarinic claims for 6 months after the index date of therapy, and were non-eligible for AUB-related costs in the month prior to and 6 months after the index date were compared using generalized linear models controlling for baseline characteristics and baseline costs. RESULTS: Persisters compared with switchers were older and had lower baseline costs. After controlling for baseline characteristics and costs, all-couae and OAB-related costs in both the month before and 6 months after the index date were significantly lower among persisters than switchers (1 month before: all-couae $1,222 vs. $1,759, OAB-related $142 vs. $170; 6 months after: all-couae $7,017 vs. $8,806, OAB-related $642 vs. $914). CONCLUSIONS: OAB-related costs in the period immediately before and after switching were higher among patients who switched antimuscarinic therapies compared with patients who persisted on their index antimuscarinic therapy.

P1UK4
MANAGEMENT OF ANEMIA AMONG CHRONIC KIDNEY DISEASE PATIENTS ON HEMODIALYSIS: A STUDY OF COST OF ILLNESS
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OBJECTIVES: To analyze the cost of illness in the management of anemia among chronic kidney disease patients on hemodialysis. METHODS: Prospective observational study for a period 7 months was conducted after the approval of the protocol by the Ethics Committee. The patients on hemodialysis of both sexes aged between 18-75 years were enrolled in the management of anemia with erthropoietin. The data relating to the number of units for EPO, iron and vitamin supplements were recorded and computed on weekly basis. Hemoglobin levels were recorded every month. The average cost incurred was calculated for each patient. RESULTS: The need to lower pad use in OAB patients aged 40 years of age or older in Germany. OAB patients treated with Solifenacin had the lowest additional costs (€520) while patients treated with Oxybutynin had the lowest additional costs (€460).

P1UK5
THE SOCIAL COST OF CHRONIC KIDNEY DISEASE IN ITALY
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OBJECTIVES: To analyze the cost of illness in the management of anemia among chronic kidney disease patients on hemodialysis. METHODS: Prospective observational study for a period 7 months was conducted after the approval of the protocol by the Ethics Committee. The patients on hemodialysis of both sexes aged between 18-75 years were enrolled in the management of anemia with erthropoietin. The data relating to the number of units for EPO, iron and vitamin supplements were recorded and computed on weekly basis. Hemoglobin levels were recorded every month. The average cost incurred was calculated for each patient. RESULTS: The need to lower pad use in OAB patients aged 40 years of age or older in Germany. OAB patients treated with Solifenacin had the lowest additional costs (€520) while patients treated with Oxybutynin had the lowest additional costs (€460).

P1UK6
MEDICAL EXPENSE BURDEN OF EMPLOYEE’S HEALTH INSURANCE PARTICIPANTS WITH CHRONIC RENAL FAILURE IN CHINA
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OBJECTIVES: To investigate the employee's health insurance payment policy for stage-5 chronic renal failure patients treated with dialysis as well as stage-4 patients, analyze payment levels of the insurance and out-of-pocket medical expenses. METHODS: This study involved 8809 stage-5 chronic renal failure cases treated with dialysis and 16472 stage-4 cases in 6 provincial capital & vice provincial cities Shenyang, Nanjing, Qingdao, Zhengzhou, Chengdu, Urumchi. The actual claim data of medical expenses and medical care utilization from 2008 to 2010 were collected. Descriptive analysis was applied to the data. The employee's health insurance payment policies of the 6 cities were reviewed. RESULTS: All the cities provided both inpatient and outpatient medical expense payment for stage-5 chronic renal failure with dialysis, but for stage-4 only 3 cities provided both inpatient and outpatient payment while the others did not pay for outpatient.2) The actual payment levels of inpatient expense for dialysis ranged from 70% to 80%, and those of outpatient ranged from 70% to 90% in various cities. The out-of-pocket expense for inpatient and outpatient were US$298 and US$253, respectively. 3) In the 3 cities which provided both inpatient and outpatient payment for stage-4 chronic renal failure, the actual payment levels for inpatient ranged from 64% to 77% and those of outpatient ranged from 61% to 75%. The out-of-pocket expense for inpatient and outpatient reached US$130 and US$64, respectively. CONCLUSIONS: Generally, health insurance for employees eased the economic burden of stage-5 patients with dialysis and moderate out-of-pocket expense acceptable. Provision of outpatient payment for stage-4 patients is necessary in lowering the economic burden and meeting the outpatient service demand of the patients. Therefore, the employee's health insurance should strengthen medical service monitoring for dialysis, handle the catastrophic medical expenses risk of stage-5 patients with extremely high medical expenses and provide outpatient payment for stage-4 patients.

P1UK7
COST OF ILLNESS ANALYSIS OF DIALYSIS IN DIFFERENT REGIONS OF RUSSIA
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OBJECTIVES: To analyze the cost of illness in the management of anemia among chronic kidney disease patients on hemodialysis. METHODS: Prospective observational study for a period 7 months was conducted after the approval of the protocol by the Ethics Committee. The patients on hemodialysis of both sexes aged between 18-75 years were enrolled in the management of anemia with erthropoietin. The data relating to the number of units for EPO, iron and vitamin supplements were recorded and computed on weekly basis. Hemoglobin levels were recorded every month. The average cost incurred was calculated for each patient. RESULTS: The need to lower pad use in OAB patients aged 40 years of age or older in Germany. OAB patients treated with Solifenacin had the lowest additional costs (€520) while patients treated with Oxybutynin had the lowest additional costs (€460).