THE IMPACT ON COSTS OF TREATING COMPLICATIONS DUE TO CRONIC KIDNEY DISEASE IN PATIENTS UNDERGOING HEMODIALYSIS IN THE PRIVATE HEALTH CARE SYSTEM IN BRAZIL
Sagui HN1, Souto MA2, Moraes MA2, Leite CM2, Vieira Filho PR2, Machado RM2, Boletim IMH2, Rocha Brazil, Sao Paulo, SP, Brazil

OBJECTIVES: To evaluate the impact on costs of treating complications derived from chronic kidney disease (CKD) in patients undergoing hemodialysis in the private health care system in Brazil. METHODS: Owing to the lack of local databases, a survey with experts was conducted to collect data about the main causes of hospital admissions which resulted from complications during the dialysis period of CKD patients. A universe of 600 patients from reference centers in Brazil was studied. Later, the experts answered a questionnaire about the procedures needed to manage complications. Then, a micro-costing was performed, only direct costs were considered: length of stay, medical procedures, physician fees and drugs. Sources used for costing were: CHPM 2009 v.5 (physicians fees list), Revista Kaiser (January 2009) (drugs price list) and Guia Farmaceutico Brasinde (January 2009) (materials price list). The time horizon of this analysis was 1 year, thus no discount rate was assumed. The perspective assumed was that of the private payer. RESULTS: The 3 most frequent causes of hospital admissions and their respective costs in the studied centers were: cardiac complications (33.27%; R$4,979); infections (31.90%; R$13,508); and venous access complications (9.26%; R$2,268). For an average patient, the total costs in 1 year of treatment were estimated to be R$5,539. CONCLUSIONS: This study suggests that for the 600 patients studied group the economic impact for the private payer with hospital admissions caused by CKD complications is significant being as high as R$326,393 in one year.

ANALYSIS OF THE PHARMACOTHERAPY COST OF PATIENTS WITH KIDNEY TRANSPLANTATION IN BULGARIA
Georgiev SI1, Paskalev ED2, Petrova GI3
1University Hospital “Alexandrovska”, Sofia, Bulgaria, 2Medical University in Sofia, University Hospital “Alexandrovska”, Sofia, Bulgaria, 3Medical University, Faculty of Pharmacy, Sofia, Bulgaria

OBJECTIVES: The financial burden of kidney transplantation depends on many variables as the age of patients, available complications, success rate, introduction of new medicines etc. The objective is to analyze the pharmacotherapy cost of patients with kidney transplantation in Bulgaria during 2006–2009. METHODS: It was collected information for all patients with kidney transplantation during 2006–2009. Out of 523 transplanted patients (n = 520) were included in the observation. The patient sample was systematized according to patient age, gender, medicines used for immunosuppression and supporting therapy, monthly and yearly cost of pharmacotherapy. RESULTS: Thirty-six percent (n = 189) are female and 64% (n = 331) are male. Prevaling part of patients are among 31 to 50 years old (n = 264; 51%). Below 20 years are 7 patients and up to 70 years are 6 ones. The standard therapy includes a combination of immunosuppressants. In the prevailing part of the patients were prescribed ciclosporin or sirolimus in combination with azathioprine or mycophenolic acid. In case of allograft rejection the thymoglobulin is used and in case of HBV infection is used lamivudine. The GMV therapy is performed with ganciclovir. The monthly cost of therapy during the first year of observation is varying among 8,29–127,62 for 354 of the patients, while the monthly cost at the end of the period was 9,08–493,81 for 154 of the patients. The yearly cost of pharmacotherapy was found to vary on average from 1973 to 4325 per treated patient but the drop out level was high. CONCLUSIONS: The most effective alternative is the combination therapy. It was col-

COST-EFFECTIVENESS OF COMBINATION THERAPY FOR TREATMENT OF BENIGN PROSTATIC HYPERPLASIA
Baker TM1, Black L2, Bjerklund Johansen TE3
1United BioSource Inc., Bethesda, MD, USA, 2GlaxoSmithKline, Research Triangle Park, NC, USA, 3Aarhus University Hospital, Aarhus, Denmark

OBJECTIVES: To explore whether combination therapy (COMBO) with dutasteride and tamsulosin, provides meaningful additional benefits compared to each individual monotherapy or watchful waiting (WW) and with a lower cost than WW and the monotherapy arms. The availability of a fixed dose COMBO, priced the same as dutasteride monotherapy could provide substantial health care benefits to patients and cost savings to the health care system.

RESULTS: Four years: ICER results for the COMBO and dutasteride arms were similar and higher than the tamsulosin arm, as the reduction in BPH progression events could not offset the higher drug costs. Overall, the QALY benefits of the COMBO and dutasteride arms were greater than the tamsulosin arm. Lifetime: ICERs decrease from those estimated at 4 yrs. COMBO benefits become apparent in this extended time horizon. Follow-up and BPH progression costs of the monotherapies outweigh the higher initial drug cost of COMBO, in addition monitoring costs are lower for COMBO than for either of the MONO arms or WW. The difference in event costs is indicative of lower BPH progression events in COMBO arm. CONCLUSIONS: Results at both time horizons indicate that the combination of dutasteride with tamsulosin for BPH provides gains in QALYs over WW and monotherapy arms, and acceptable cost effectiveness ratios compared to WW and the monotherapy arms. The availability of a fixed dose COMBO, priced the same as dutasteride monotherapy could provide substantial health care benefits to patients and cost savings to the health care system.