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ABSTRACTS

ISPOR 4TH LATIN AMERICA CONFERENCE RESEARCH ABSTRACTS

RESEARCH PODIUM PRESENTATIONS – SESSION I BUDGET IMPACT STUDIES

BU1

TREATMENT OF TYPE 2 DIABETES WITH SAXAGLIPTIN/METFORMIN EXTENDED-RELEASE (XR): BUDGET IMPACT ANALYSIS IN ARGENTINA

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OBJECTIVES: To estimate the budget impact of adopting the saxagliptin/metformin XR fixed-dose combination, to treat type 2 diabetes (T2DM) in the Social Security System of Argentina, compared to the current standard treatment. **METHODS:** We used an Excel-based budget impact model assuming coverage for one million people. The time horizon was three years from the perspective of a social security organization in Argentina. T2DM prevalence data was obtained from the national risk factor survey conducted by the Ministry of Health. Only pharmaceutical expenditures of oral antidiabetic agents (OAAs) were analyzed. The cost of OAAs was obtained from the prices list adjusted to co-payments, and expressed in 2012 Argentinean pesos. Asset market-share was taken from the QUALIDIAB Database, market studies and data provided by Bristol Myers Squibb. The analysis reported findings in terms of budget impact, per-member per-month (PMPM) and per-patient per-month (PPPM). Probabilistic Sensitivity Analysis (PSA) was performed using Monte-Carlo simulations (10,000 iterations) and included parameters of demographic characteristics, price and market-shares. **RESULTS:** The net budget impact estimated that the introduction of saxagliptin/metformin XR was \$32,930 for the first year, \$58,768 for the second year and \$85,584 for the third year. The cumulative net budget impact was \$177,282. PMPM was \$0.0027, \$0.0049 and \$0.0071 for the first, second and third year, respectively. PPPM was \$0.107, \$0.198 and \$0.299 each year, respectively. The cumulative impact in the total annual budget for OAAs represented an increase of 0.27%. Monte Carlo simulation showed that cumulative budget impact varied from 0.08 to 0.30%. **CONCLUSIONS:** The introduction of saxagliptin/metformin XR in a social security organization as a treatment option for patients with T2DM, has a minimal budgetary impact.

BU2

ANÁLISE DE IMPACTO ORÇAMENTÁRIO: QUANTO CUSTARIA AO SISTEMA PÚBLICO DE SAÚDE BRASILEIRO INCREMENTAR, POR MEIO DE TRANSPLANTES, O TRATAMENTO DA DOENÇA RENAL CRÔNICA TERMINAL?

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INTRODUÇÃO: O transplante renal é apontado na literatura como a terapia de substituição renal mais custo-efetiva, permitindo reintegração do paciente as atividades cotidianas, aumentando expectativa e qualidade de vida. Entretanto, os sistemas públicos de saúde deparam-se com necessidades infinitas, recursos finitos, imperativo da qualidade na assistência e gasto e adequação das novas tecnologias aos recursos disponíveis. **OBJETIVOS:** Conhecer o impacto orçamentário no Sistema Único de Saúde (SUS) - no âmbito das avaliações de tecnologia em saúde - gerado por uma possível ampliação da utilização de transplantes como tratamento de pacientes portadores de insuficiência renal crônica. **MÉTODOS:** Foram utilizadas informações metodológicas para desenvolvimento de estudos de impacto orçamentário voltados ao SUS disponibilizado pela publicação: DIRETRIZES METODOLÓGICAS - Análise de Impacto Orçamentário: Manual para o Sistema de Saúde do Brasil. **RESULTADOS:** Em análise temporal de cinco anos, considerando-se cenários alternativos que ampliam a utilização de transplante frente a hemodiálise (HD) e diálise peritoneal (DP), dos atuais 3% para 10%; 20%; 30%, com crescimento esperado de utilização que variam de 20% a 100% no período. Considerando a população brasileira, com prevalência da doença de 0,047%, incidência de 32% e taxa de mortalidade de 22% para HD+DP e 4,5% para transplante, temos que: no Cenário01 (10%) haverá uma queda de 1,2% na taxa de mortalidade e em cinco anos um incremento de gasto de R\$7bilhões; Cenário02(20%) 2,9% e R\$6,5bilhões; Cenário03(30%) 4,7% e R\$6bilhões. Nesse cenário a queda na taxa de mortalidade representa a manutenção de 4.374 vidas, mediante um incremento de gasto médio anual da ordem de R\$1,2bilhões, já considerando a inflação. **CONCLUSÕES:** O transplante, apesar de ter menor custo que HD e DP, por resultar em redução significativa na mortalidade gera impacto orçamentário em cinco anos de R1,2bilhões. Esse é o preço a se pagar por aumento na sobrevida e na qualidade de vida. Então, quanto vale a vida?

BU3

COSTO E IMPACTO PRESUPUESTAL DEL TRATAMIENTO DE LA ARTRITIS REUMATOIDE MODERADA Y SEVERA CONSIDERANDO EL USO DE TERAPIAS BIOLÓGICAS EN MÉXICO

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OBJECTIVOS: El impacto económico del potencial uso de terapias biológicas (TB) en el tratamiento de la artritis reumatoide moderada y severa (AR-MS) en el Seguro Popular (SP) de México no se ha estimado. Este estudio estuvo enfocado a estimar este impacto. **METODOLOGÍAS:** Con datos de la Community Oriented Program for Control of Rheumatic Diseases (COPCORD) y registros de casos nuevos en la base de datos del Sistema de Información en Salud (Secretaría de Salud), se estimó la prevalencia de AR-MS para el 2012. Se estimó la cantidad de pacientes con AR-MS candidatos a recibir TB. La estimación de los costos de tratamiento de AR-MS se realizó mediante la metodología bottom-up y se expresan en US\$ de 2013. Un panel de 10 expertos determinó el perfil de uso de recursos: consultas, medicamentos, pruebas de laboratorio y gabinete, rehabilitación y manejo de eventos adversos. Los costos unitarios se extrajeron de fuentes institucionales. Se realizó un análisis de impacto presupuestal en base al Presupuesto de Egresos de la Federación (PEF) para 2012. **RESULTADOS:** Se estimó que en 2012 había 115,827 pacientes con AR-MS con posibilidad de ser tratados con TB en el SP. El costo esperado (anual) de tratamiento con TB fue de US\$16,880, mientras que sin TB fue de \$10,883 (64.5%). El costo de la TB está determinado por el costo de adquisición del biológico, mientras que el costo de manejo de complicaciones es el rubro más importante en los pacientes sin TB. Si se tratase con TB al 5% (5,791) de los pacientes candidatos, el impacto presupuestal sería del 0.95% del PEF. **CONCLUSIONES:** El tratamiento de AR-MS con terapias biológicas representa alrededor de dos terceras partes del costo de tratamiento con TB. La introducción progresiva de TB en el SP permitiría controlar el impacto presupuestal acorde a la disponibilidad de recursos.

BU4

BUDGET IMPACT ANALYSIS OF ABIRATERONE ACETATE IN METASTATIC CASTRATION-RESISTANT PROSTATE CANCER PATIENTS PREVIOUSLY TREATED WITH DOCETAXEL FROM THE PERSPECTIVE OF THE BRAZILIAN PRIVATE HEALTH CARE SYSTEM

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OBJECTIVES: To evaluate the Budget Impact from the perspective of the Brazilian Private Health Care System after the introduction of abiraterone acetate (AA) for the treatment of metastatic castration-resistant prostate cancer (mCRPC) patients previously treated with docetaxel. **METHODS:** An epidemiological model based on reports of Brazilian National Cancer Institute and published literature was developed to estimate the incidence of mCRPC patients in the next three years. Budget impact was simulated comparing current scenario, where all patients undergo treatment with cabazitaxel, and a new scenario with the introduction of AA from the perspectives of the payers (HMOs) and service provider (infusion clinics). Pharmaceutical costs were based on official list price applying reimbursement inflators. Costs with adverse events and drug administration were obtained from published literature. Deterministic sensitivity analysis (DSA) was conducted to determine the impact of parameters on results. **RESULTS:** According to the model, a total of 5,098 patients were eligible for treatment with either cabazitaxel or AA over the three years of analysis. In the base case scenario, from the payers' perspective the introduction of AA decreased total treatment costs of the target population by R\$47,516,469. If reinvested on the treatment of mCRPC patients, these economic savings could allow for the treatment of 692 more patients with AA. For the service provider, assuming reimbursement inflator of 10% in cabazitaxel factory price, better financial results per patient are achieved in a scenario where reimbursement inflator of AA is set at 15% of factory price. In DSA, economic savings from the payers perspective ranged from R\$12,454,979 (assuming mean duration of treatment with AA of 10 months) and R\$118,637,890 (assuming 100% of market share for AA). **CONCLUSIONS:** The introduction of AA may generate economic savings for both HMOs and infusion clinics, possibly allowing treatment of more patients with mCRPC previously treated with docetaxel.

CARDIOVASCULAR DISEASE OUTCOMES RESEARCH

CV1

UTILIDAD DE BIOMARCADORES CARDIACOS (POINT OF CARE TESTING) EN EL AREA DE URGENCIAS Y SU IMPACTO ECONÓMICO

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