OBJECTIVES: In Mexico, iron deficiency anemia (IDA) is frequent and varies according to age and sex; 9 years: 33.7%, 23-65 years: 15.5%, 20-24 years: 20.6%. Intravenous iron (IV) is a treatment option for IDA when patients are intolerant to oral iron or there is a need to replenish iron stores. The objective of this study was to estimate the relative direct health care costs (RHC) of IV iron dextran transfusions for patients with IDA in Mexican private hospitals. The assessment has been made from the third party payer perspective represented by health insurance companies, since these patients mainly consult the health care institutions. 

Methods: A cost-minimization analysis assuming similar efficacy and safety of the alternatives was conducted since the evidence of IV ID is limited in the selected TAs limiting our ability for indirect comparisons. Mean IV iron dose here presented to select IDA (2000 mg per 15 min) and IV treatment time per patient required is based on the Mexican SmPc for both products (FCM 15 minutes versus ID 6 hours). Mean cost of infusions was calculated based on daily hospitalization costs for patients admitted to national target hospitals (for haematology care institutions).

Results: Savings due to IV iron-induced reduction of RBC transfusion before hip and knee surgery are based on published evidence (Kotze et al). In all the TAs, the use of FCM compared to ID regarding infusion efficiency derived from reduced number of infusions and higher dose per infusion, IFC requires less time (FCM 15 minutes versus ID 6 hours). Mean cost of infusions was calculated based on daily hospitalization costs for patients admitted to national target hospitals (for haematology care institutions).

Conclusions: This study showed that the utilization of FCM could reduce costs to the health insurances at private hospitals due to improved administration efficiency and reduction in RBC transfusions.

PSY34 

COST-MINIMIZATION ANALYSIS OF ANTI-TNF BIOLOGICS IN THE TREATMENT OF RHEUMATOID ARTHRITIS, ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS UNDER THE BRAZILIAN PUBLIC HEALTH CARE SYSTEM (SUS) 
PERSPECTIVE
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OBJECTIVES: To compare the treatment cost of anti-TNF biologics indicated simultaneously for the treatment of rheumatoid arthritis (RA), ankylosing spondylitis (AS) and psoriatic arthritis (PsA) under the Brazilian public health care system (SUS) perspective.

METHODS: In Brazil, four anti-TNF biologics are approved for the treatment of RA, AS, and PsA: adalimumab (ADA), etanercept (ETA), infliximab (IFX), and golimumab (GOL). Published literature shows no difference in safety and efficacy among them; therefore, a cost-minimization analysis was conducted to determine the impact of this parameter on outcomes. Results: GOL has the lowest cost of treatment across the biologics in all indications, at R$17,703 per patient per year. GOL treatment remains unchanged across indications or years of treatment, as loading dose is not required. For RA treatment, IFX has the second lowest cost of treatment at R$18,313/patient/year. For AS and PsA treatments, due to higher dosing of IFX, the average cost per patient in RA is R$18,118, similar to the cost with ADA and ETA. Using DSA, cost of treatment with IFX for AS and PsA can reach up to R$10,522, assuming a patient weight of 100 kg. CONCLUSIONS: With the lowest cost of treatment, GOL is already available in SUS BRAZIL, and represents an important treatment option for patients with AS and PsA as well, with potential to reduce the cost of treatment by 27.5%.