OBJECTIVE: To evaluate the direct medical cost in the management of rheumatoid arthritis (RA) as well as the extent of resource use in current practice from the perspective of public health organization in Hong Kong. METHODS: This study was a retrospective design. Subjects recruited must have RA diagnosed and attended the follow-up visits, receiving RA treatment in the Prince of Wales Hospital (PWH) between the period of 1st January 2002 to 31st December 2002. Data was collected by medical chart review. The direct medical costs included inpatient care, outpatient visits, laboratory monitoring, radiological procedure, drug cost and side effects management. RESULTS: A total of 147 patients were included in our study. The average age and the duration of disease of our subjects were 54.7 years old (SD: 10.9) and 12.6 year (SD: 7.0) respectively. The annual direct medical cost per each RA patient was HK $18,657 (US $1 = HK $7.8). The inpatient care contributed 43.8% of the total, which was the highest. The cost for laboratory monitoring was the second (19.2%) where the outpatient cost ranked the third (15.4%). The cost for RA-related drugs accounted for 9.8%. The cost for the management of the side effects shared 3.1% of the total. Based on a local epidemiological study, the RA prevalence rate was 0.3%. The annual direct medical cost for the management of RA in Hong Kong would be HK $443 million, which shared 1.4% of the total health care budget in 2002. CONCLUSION: This study demonstrated that RA was a significant economic burden to the health care budget of Hong Kong.

PAR14

EVALUATION OF ACCESS TO HIGH-COST MEDICINES IN AUSTRALIA USING NATIONAL CLAIMS DATA

Lu CY, Williams K, Day R
University of New South Wales, Sydney, New South Wales, Australia

Effective high-cost medicines, for example, tumour necrosis factor inhibitors (TNFIs), are subsidised in Australia under the Pharmaceutical Benefits Scheme (PBS), but access is restricted to ensure cost-effective use. An application for initial or continuing access to TNFIs requires detailed information on each patient, including laboratory markers and previous pharmacotherapies.

OBJECTIVES: To examine the access to TNFIs in Australia for treating rheumatoid arthritis. METHODS: Both aggregated, and individual de-identified information were requested from the Health Insurance Commission (HIC) including the number of applications received and approved, patient demographics, use of other disease-modifying anti-rheumatic drugs, changes in clinical outcomes, the time interval between application and decision to approve, and geographical pattern of usage. Prescription and expenditure data (August 2003–March 2005) for the TNFIs, etanercept, infliximab, and adalimumab, were examined.

RESULTS: The detailed clinical information submitted with the applications was not captured by the HIC database. A total of 19,629 prescriptions was reimbursed: etanercept (15,675), infliximab (570), and adalimumab (3384), at a total cost of AUD$43.5 million. The uptake of these agents was considerably lower than expected. The number of patients using a TNFI under the PBS could only be approximated from these aggregated figures—more than 2,000 patients had been commenced on TNFIs. The proportion of patients that were approved to figures—more than 2,000 patients had been commenced on the PBS could only be approximated from these aggregated lower than expected. The number of patients using a TNFI under AUD$43.5 million. The uptake of these agents was considerably considerably.

PAR15

TARGETED ACCESS TO HIGH-COST MEDICINES IN AUSTRALIA: EARLY ANALYSIS FROM A QUALITATIVE STUDY

Lu CY, Ritchie J, Williams K, Day R
University of New South Wales, Sydney, New South Wales, Australia

Access to high-cost medicines such as to the tumour necrosis factor inhibitors (TNFIs) for the treatment of rheumatoid arthritis is tightly regulated under Australia’s Pharmaceutical Benefits Scheme (PBS) to ensure their cost-effective use. OBJECTIVES: To explore stakeholders’ perceptions and experiences associated with the restricted access to TNFIs and the process of collaboration between key stakeholders who formulated the access criteria. METHODS: Thirty-three, in-depth semi-structured interviews were conducted between 2004 and 2005. Participants included rheumatologists, patients treated with TNFIs, consumer representatives, government health advisors, public servants, and representatives from pharmaceutical companies involved in formulating and implementing the access restrictions. Participants were asked to comment on the access restrictions that have applied since August 2003, and their views on the collaboration between stakeholders were collected. Interviews were recorded, transcribed verbatim, and thematically analysed. RESULTS: The principle of “controlled access” to TNFIs was in general accepted by all, despite the different perspectives each person represented. However, there were concerns regarding some of the specific PBS criteria. Overall, the collaborative approach that was taken to formulate the criteria for access to TNFIs was perceived by key stakeholders as a valuable advance and has set a new paradigm for subsequent PBS subsidy decisions. However, a wider and more transparent decision-making process, and a more structured and continuing communication between stakeholders were judged desirable. Some degree of flexibility with respect to physician prescribing, and a need to increase education to health care professionals and the community were proposed. CONCLUSION: Targeting access to high-cost medicines through a national subsidy system was agreed to be practical and equitable. Increased transparency, communication and education were identified as the main elements needed to secure support of the final access criteria by all involved. In order to confirm these primary themes, further interviews are being undertaken until data saturation is achieved.

PAR16

POTENTIAL PROBLEMS IN USING RCT DATA TO ESTIMATE COST-EFFECTIVENESS: RESULTS FROM AN ANALYSIS OF ETANERCEPT USE IN RHEUMATOID ARTHRITIS

Farhani P, Goeree R, Gaebel K, Levine M
McMaster University, Hamilton, ON, Canada

Data from randomized controlled trials (RCTs) are often used in economic evaluations when estimating cost-effectiveness. The data generated from RCTs represent ideal experimental conditions (efficacy) and the applicability of this data to real world settings (effectiveness) may be questionable. OBJECTIVES: 1) To conduct an economic evaluation of etanercept (a competitive inhibitor of TNF-a) use in rheumatoid arthritis patients in Canada, and 2) To compare the results of a cost-effectiveness analysis conducted with efficacy data obtained from a RCT, to results derived by using effectiveness data obtained from community-based clinical practice. METHODS: The data used to perform the analyses were obtained from a trans Canadian community-based cohort study conducted between 1999 and 2003. A cost-utility analysis was performed and incremental cost-effec-