HEALTH ECONOMIC EVALUATION OF OUTPATIENT MANAGEMENT OF FIBROMYALGIA IN FRANCE

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OBJECTIVES: To estimate the medical and non-medical resource use and related costs for the management of fibromyalgia patients in France from both the societal and the public health care payer perspective. METHODS: A French expert panel, involving 33 general practitioners (GPs) and 27 rheumatologists, was questioned in 2007 by means of a questionnaire describing the UK prescriptions registered in the General Practice Research Database between January 1998 and March 2003 (2260 fibromyalgia patients). Participating experts were asked to compare their own clinical practice to the UK prescriptions for diagnostic tests, drugs, consultations and referrals, over a period of four years before diagnosis to four plus years after diagnosis using 1-year intervals. In addition, prescription data related to paramedical and alternative care were collected. Costs were calculated by multiplying prescribed resource use with corresponding French unit costs (€; 2007; public health care payer perspective (PHCPP) and societal perspective (SP) including patient co-payments). Inpatient care and productivity loss were not considered. RESULTS: The mean medical treatment cost represents 345 euros per patient per year from the PHCPP (i.e. 84% visits, 9% drugs, 7% diagnostic tests) and €502 from the SP. Including paramedical and alternative treatments, the estimated cost is €414 per patient per year from a SP and €889 per patient from a PHCPP. CONCLUSIONS: In France, the cost of outpatient management of fibromyalgia is estimated at 889 euros per patient per year from the PHCPP.

COST OF THERAPY OF TUMOR NECROSIS FACTOR BLOCKING AGENTS IN PATIENTS WITH RHEUMATOID ARTHRITIS IN ITALY

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BACKGROUND: Anti-TNF therapies have proved to be efficacious in clinical trials for the treatment of patients with rheumatoid arthritis (RA). However, it is unknown, how often patients on anti-TNF therapy need dose escalation to try to recover lost effectiveness and how effective this dose escalation is. The potential economic impact of this phenomenon is of interest to health care budget-holders and decision-makers. OBJECTIVES: To assess the cost of the therapy in Italy in patients with RA treated with anti-TNF therapy (infliximab, IFX), etanercept (ETN) and adalimumab (ADA) for 36 months. METHODS: Patients attending participating centres who had received their first anti-TNF therapy between July 1, 2002 and March 31, 2004, and who gave their consent, were invited to participate in the study. Patients were required to be ≥18 years old, with a diagnosis of RA (defined by the ACR criteria). A total of 711 patients were enrolled in this retrospective cohort study involving a national representative sample of 23 rheumatology centres in Italy selected according to both geography and treatment setting characteristics. A patient chart review was conducted to collect data on anti-TNF treatments, and a diary of therapies was completed. Drugs acquisition costs were those officially available on December 2007. RESULTS: Patients’ baseline characteristics were: female 80.8%, mean age 53.3 years (range 18–84 years), mean duration of disease 9.4 years. Of 703 patients who met the inclusion criteria, 248 (35.3%) were treated with IFX, 259 (36.8%) with ETN and 196 (27.9%) with ADA. After a follow-up of 36 months on the Kaplan—Meier curve, dose modification was observed in 34.3%, 4.22% and 6.26% of patients treated with IFX, ETN and ADA, respectively. The difference between ADA and ETN was not statistically significant (p = 0.552). The number of patients with a complete follow up of 36 months were: 98 for IFX, 145 ETN and 112 ADA. Overall, costs of treatment over 36 months of follow-up for these three cohorts of patients were: IFX €28,186.60 (SD 10236.87); ETN €36,541.16 (SD 10,603.65); ADA €38,215.85 (SD 11,558.27). This equals to a 29.6% increase of costs of therapy for IFX, 4.4% for ADA. ETN had a minor decrease of 2.1%. CONCLUSIONS: Our data support that dose modification is a common strategy in RA patients treated with anti-TNFs biologics and its impact on treatment costs is sensible and must be carefully evaluated by health care budget-holders and decision-makers.