ECONOMIC CONSIDERATIONS FOR MID-URETHRAL SLING PROCEDURES AMONG PATIENTS WITH STRESS URINARY INCONTINENCE

OBJECTIVES: Stress urinary incontinence (SUI) is associated with a hefty economic burden. Mid-urethral slings have become common surgical options for women with SUI. This study examines the costs of transobturator slings for SUI surgeries. METHODS: A model was created to estimate the budget impact to hospitals of transobturator sling surgery in women with SUI. Current practice using transobturator slings including the Monarc™ Subfascial Hammock, Obtryx™ Transobturator Mid-Urethral Sling System, Arix™ Transobturator Sling System, Align™ TO Trans-Oblturator Urethral Support System, Desara™ Sling System, Gyncare TVTZ™ Obturator System Tension-free Support for Incontinence and Gyncare TVT™ Abbrevio™ Continence System were modeled. Four surgical complications were also considered: re-operation due to failure, urinary tract infection, and pelvic complications. This model calculates the expected reduction in overall expenditure compared with others. Moreover, such transobturator slings represent a sound economic choice for hospitals with an expected increase in the share of use of these slings resulted in lowering of overall expenditure.

RESULTS: This study represents the first comparative assessment of the costs of different sling options for SUI surgeries. Gyncare transobturator slings represent a sound economic choice for hospitals with an expected increase in overall expenditure compared with others. Moreover, such reduction is obtained at the benefit of patients who experience fewer complications.

BUDGET IMPACT ANALYSIS OF THE USE OF TOBRAMYCIN INHALATION POWDER (TIP) FOR THE TREATMENT OF CHRONIC PSEUDOMONAS AERUGINOSA (PA) INFECTION IN PATIENTS WITH CYSTIC FIBROSIS AGED ≥6 YEARS IN MEXICO

OBJECTIVES: To estimate the budget impact analysis of replacing Tobramycin Inhalation Powder (TIP) by the in-patient (TIS) and out-patient (TIP) in the public health care system. METHODS: A steady-state condition over a period of 5 years under the perspective of Mexican society was estimated using the societal time value for economic evaluations of US$2.64 hour. (ER 1US$=13MX$). Adverse events do not represent additional costs. However the estimated using TIP instead of TIS in the 315 patients currently identified receiving treatment. Efficacy is the same between the two presentations, except for additional costs per patient of TIS. CONCLUSIONS: The annual 6-cycles cost is US$13,617.81 for TIS and estimated TIP=US$2155.76. The annual 6-cycles cost is US$13,617.81 for TIS and US$0.03USD in PMPM costs, and 119 in UP.

RESULTS: The Truven Health

RETROSPECTIVE DATABASE ANALYSIS OF CLINICAL OUTCOMES AND COSTS FOR TREATMENT OF MENORRHAGIA AMONG WOMEN ENROLLED IN MEDICAID PROGRAMS IN THE UNITED STATES

OBJECTIVES: To describe the costs and clinical outcomes of global endometrial ablation (GEA) and hysterectomy for the treatment of menorrhagia among women insured through Medicaid programs. METHODS: The Truven Health MarketScan® Medicaid Multi-State Database was used to identify Medicaid recipients aged 30-55 years with diagnosed menorrhagia who initiated treatment for menorrhagia with GEA or hysterectomy during 2006-2010. Patients were required to have 12 months of continuous enrollment pre- and post-treatment initiation (index event). Baseline characteristics were assessed in the year prior to treatment initiation. Health care utilization and costs (2011 USD) were assessed in the year following treatment initiation. RESULTS: A total of 1880 women met the study criteria (mean age=40.7); approximately one-half (53.4%) were Hispanic. Nearly one-half (49.3%) were treated with 3d (first/second/third dose at 2/4/6 months) and the other four-fifths used 3d. Costs were nearly 3 times higher than GEA costs for the treatment of menorrhagia. More than one-half (52%) of hysterectomy patients had a treatment-related complication, compared to 36% of GEA patients (p=0.002). Index treatment costs were $694 for hysterectomy and $175 for GEA (p=0.14). Nearly all GEA (93%) procedures occurred in an outpatient setting while 87% of hysterectomies occurred in an inpatient setting. CONCLUSIONS: The results support routine immunization against RV with either 2d or 3d is a highly-cost effective intervention in Mexico. Among the vaccines, 2d was dominant.