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OBJECTIVES: End-stage renal disease (ESRD) poses a high medical and economic burden on healthcare systems. Information on direct medical costs for dialysis patients in Mexico is comparatively sparse. METHODS: Data was collected retrospectively on 40 patients on automated peritoneal dialysis (APD) and 40 patients on hemodialysis (HD) from institutional databases of two hospitals of the Mexican Institute of Social Security (IMSS). Patient follow up ranged from 3 months up to 67 months. Resources captured in the study were: medications, dialysis procedures, laboratory and diagnostic tests, hospitalizations and medical consultations, blood and hematodervatives and catheter procedures. Drug and medical services costs were calculated using information from the Mexican Government website (http://web.compranet.gob.mx ) based on 2010 fees. All costs were converted into US dollars (USD = 12.54 Mexican pesos).

RESULTS: Forty patients on peritoneal dialysis (APD, age 50 ± 15.6, 40% female) and 40 patients on hemodialysis (HD, age 47 ± 17.3 years, 42.5% female). Total annual costs were: USD 12,589 (APD), USD 7,541 (HD). Dialysis: USD 1,058 (APD), USD 13,739 (HD). Hospitalization: USD 6,212 (APD), USD 1,128 (HD). Medication: USD 5,042 (APD), USD 7,580 (HD). Costs for complications: USD 5,586 (APD) and USD 3,943 (HD).

CONCLUSIONS: Dialysis patients either on peritoneal or hemodialysis present a high cost burden to the Mexican Health System. Medication and hospitalization costs constitute a major part of the total costs. Further investigations are needed to understand how to optimize care to avoid some of these costs.

PUK2

COST PER SUCCESSFUL RESPONSE OF STANDARD TREATMENT PLUS CINACALCET VERSUS STANDARD TREATMENT ALONE IN PATIENTS WITH SECONDARY HYPERPARATHYROIDISM IN MEXICO

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OBJECTIVES: Secondary Hyperparathyroidism (SHPT) is a common complication of chronic kidney disease. Abnormal levels of Parathyroid Hormone (PTH), Calcium (Ca) and Phosphorus (P) are associated with an increased risk of cardiovascular death and fracture. The aim of the study was to assess the cost per successful response with standard treatment (ST)+ Cinacalcet versus ST alone (vitanmin D sterols and chelated phosphates) in patients with SHPT in Mexico. METHODS: A decision analytic model was developed to calculate and compare the costs per successful response with Cinacalcet in adult patients with SHPT to whom a specific scheme of ST has been prescribed. The successful response was defined as the balance (normal levels) in all target parameters: PTH, Ca, P and Ca x P. ST was defined as one of the following combinations: Paricalcitol IV + Chelated Phosphate (PCP), Chelated Phosphate + Calcitriol (CPC) and Paricalcitol + Calcium Carbonate (PC+)

CONCLUSIONS: The addition of Cinacalcet to any ST combination represents a more cost-effective treatment. Cinacalcet treatment was more cost-effective than CERA treatment. The cost-effectiveness ratio of Epo-rHu therapy was R$ 21,052.00. In addition, the cost per QALY gained of CERA therapy was R$ 72,974.00. CONCLUSIONS: Anemia treatment with CERA is associated with improvement in quality of life compared to Epo-rHu therapy. However, the new drug is not more cost-effective than the drug provided by the Brazilian Public Health System.

PUE4

COSTO-EFECTIVIDAD DE INTERVENCIONES PARA INSUFICIENCIA RENAL CRÓNICA TERMINAL EN MÉXICO

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OBJECTIVES: Analysis of cost-effectiveness in interventions for patients with insufficient renal chronic terminal (IRCT) in terms of the costs economic of each intervention, the years of age gained and the quality of life that generate three alternatives comparables and mutually exclusive: dialysis peritoneal continuous ambulatoria (DPCA), the hemodiálisis (HD) and the transplant renal (TR).

METODOLOGÍAS: The design of the study was type longitudinal. The costs of each intervention were determined through the technique of manageable case. The measures to evaluate the criteria of effectiveness were the probability of loss of kidney and the cost of the patient at the time, by the measure of quality adjusted life (QALY, Quality-Adjusted Life Year) measured by the Index of Rossier. RESULTS: The costs of the renal of casual annual case in US $ were: dialysis peritoneal $470.00, hemodiálisis $802.00 and transplant $231.00. In fact to effectiveness, the improvement of the transplant renal resulted of 89.9% and 79.6% a one and three years respectively, whereas the patients treated to DPCA had a decrease of 86.2% and 66.9% a one and three years respectively. In fact to the QUALY’s, the costs for each intervention were: DPCA $0.879, HD $0.864, and for the TR $0.978. CONCLUSIONS: The intervention most cost-effective resulted the transplant renal with a coefficient of 3088.69, followed by the DPCA and the hemodiálisis, whose coefficients were 6416.95 and 11,147.68 respectively. By this way it is recommended promote and utilize the transplant renal as the more cost-effective intervention for patients with IRCT. The results of the coefficient cost-effectiveness identified from one perspective clinical and economical, constitute an aporte relevant for the pursuit and the look of the efficiency of the resources that are assigned to produce services of health for patients with IRCT, in such a way that they are in competencia with other enemidades crónicas e infecto-contagiosas.

PUS5

ANÁLISIS COMPARATIVO DE COSTOS DEL TRATAMIENTO PARA LA ANEMIA RENAL CON METOXI POLIETILENGLICOL-ERITROPOIETINA BETA (MIRCERA®) VS. ERITROPOIETINA ALFA

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OBJECTIVOS: Evaluar si el uso de Metoxi polietileniglicol-eritropoyetina beta (MPEG-beta) ofrece mejores resultados en salud y gasto con respecto a la eritropoyetina alfa. METODOLOGÍAS: Análisis de costo-efectividad incremental basado en un árbol de decisiones para simular los costos del tratamiento, con un horizonte temporal de 12 meses (costos en valor nominal). La dosis mensual de agentes estimulantes de la eritropoyesis se ajustó de acuerdo con los niveles de hemoglobina; si la concentración es mayor a 12 g/dl 20,000 UI/mes de Eritropoyetina alfa o 0.6 mcg/kg/mes de MPEG-beta, para 11-12 g/dl 26,000 UI/mes de Eritropoyetina alfa o 1.2 mcg/kg/mes de MPEG-beta y para concentraciones menores a 11 g/dl 32,000 UI/mes de Eritropoyetina alfa o 1.5 mcg/kg/mes de MPEG-beta. Cada escenario tiene un costo basado en la atención habitual de estos pacientes. Los costos de los insumos se tomaron de las tarifas vigente para 2010 aplicables a los servicios médicos proporcionados por el IMSS. Se evaluaron los riesgos de no estar en un intervalo ideal de Hemoglobina (11-12 g/dl), también conocido como exclusiones de la hemoglobina y su costo asociado. RESULTADOS: MPEG-beta mantiene en forma más estable la concentración de hemoglobina al compararse con Eritropoyetina alfa, de tal forma que a los 6 meses de tratamiento permanecen en el intervalo ideal 94% vs. 5% con Eritropoyetina alpha. Con el uso de Eritropoyetina alfa hay mayor riesgo de tener exclusiones, y por consecuencia se incurre en mayores costos anuales (67,612 vs. 63,931). El análisis costo-efectividad incremental muestra una mejora de 83% en efectividad y un ahorro por paciente de 3,681 utilizando MPEG-beta en comparación con Eritropoyetina alfa. Es el ICER de $12,901 unidades. CONCLUSIONES: Estos resultados demuestran que MPEG-beta ofrece mejores resultados en salud y costos posicionesándose como un tratamiento costo-ahorrador.