Annual Treatment Costs of Patients with Rheumatoid Arthritis with Metotrexate and Leflunomide in Spain

Rebollo P1, Prieto L2, García Ruiz A, Begegon L3, Echevarría A3

1BAP Health Outcomes, Oviedo, Asturias, Spain, 2Health Outcomes and Economics Consultant, Madrid, Madrid, Spain, 3Universidad de Málaga, Málaga, Spain, 4IMS HEOR, Madrid, Spain, 5sanoﬁ-aventis, Madrid, Spain

OBJECTIVES: To compare, in the Spanish setting, the annual costs associated with the management of adult patients with rheumatoid arthritis using oral leflunomide (Arava®) or a new presentation of metotrexate (Metoject®, prefilled syringes).

METHODS: Due to the absence of any randomized controlled trial that had showed significant differences in effectiveness between leflunomide and metotrexate a cost-minimization analysis has been performed under the Spanish societal perspective. Data about effectiveness and dose of drugs administered were obtained from the clinical trial US310, a 12-months-randomised controlled trial which compares head-to-head 20 mg daily of leflunomide versus 7.15–15 mg weekly of metotrexate. Use of other medical resources like lab tests and consultations related with drug monitoring were derived from the manufacturers’ summary of product characteristics. Patient time and productivity time lost were derived from other published studies and economic evaluations. RESULTS: Annual drug costs with leflunomide and prefilled syringes of metotrexate are €1,112.52 and €1,438.91 respectively. Annual monitoring costs amount €577 and €862 respectively. Annual monitoring costs amount 862€ and 1,438.91€ respectively. Annual monitoring costs amount €577 and €862 respectively. CONCLUSION: Metoject®, a new presentation of metotrexate has been recently launched in Spain. The significant rise in price of Metoject® compared with other presentations of metotrexate justifies performing an economic evaluation comparing it with the administration of oral leflunomide (Arava®). Arava® has lower drug and monitoring related costs than Metoject®, while not statistically significant differences in other direct and indirect costs have been observed between the treatments.

Cost Minimization Analysis of Rituximab versus Inﬂiximab, Adalimumab and Etanercept for Rheumatoid Arthritis from a Payer Perspective in Brazil

Saggia MG, Santos EA, Nasciben V

Roche Brazil, Sao Paulo, SP Brazil

OBJECTIVES: Rituximab is an anti-CD20 monoclonal antibody with demonstrated efficacy for patients with rheumatoid arthritis who had inadequate response to anti-TNF therapies (Cohen et al. 2005). The primary objective of this analysis was to estimate the total cost of rituximab therapy and to compare it with infliximab, adalimumab and etanercept under a private payer perspective in Brazil. A budget impact analysis (BIA) of the incorporation of rituximab was also performed. METHODS: We assumed the same efficacy for the comparators as there is not any head-to-head clinical trial available until date and indirect comparisons showed higher ACR response rates for Mabthera. Direct annual medical costs for biological drugs, IV administration, weekly metotrexate (MTX) and routine exams were taken from a Delphi panel with Brazilian rheumatologists. Base case dosages considered were: rituximab (2 g at every 8 months), infliximab (4 mg/kg at weeks 0, 2, 6 and then at every 8 weeks); adalimumab (40 mg every other week) and etanercept (50 mg per week). Local administration costs were obtained from Scheinberg et al. (2005). Costs were reported in 2007 Brazilian Reais and discounted at a 5% rate in the BIA. Therapies were evaluated using a 5-year horizon. In order to assess uncertainty, one and two-way sensitivity analyses were also performed. RESULTS: In the base case scenario, rituximab therapy resulted in a total annual cost of R$ 45,647 per patient. Total annual costs per patient for infliximab, adalimumab and etanercept were R$ 78,638; R$ 89,943 and R$ 119,170 respectively. In the BIA, rituximab therapy resulted in total savings of R$ 91,006,061 in 5 years. Results were sensitive to dosage schedule (rituximab and infliximab) and drug acquisition costs. CONCLUSION: Results suggest that therapy with rituximab is a cost-saving alternative for patients with rheumatoid arthritis in the Brazilian private health care system, unfettering resources for other disease areas.