OBJECTIVES: To determine 1-year direct medical costs of treating patients with Chronic Lymphoid Leukemia (CLL) from the Brazilian Private Health Care perspective.

METHODS: The Orizon database, an administrative database containing inpatient and outpatient claims to a pool of 102 HMOs representing 34% of the total Private Health System, was reviewed from Jan/2009 to Dec/2012. Eligibility criteria included all new CLL (ICD-10 C91) treatment episodes from Jan/2011 to Dec/2011. Outcome was direct medical costs (DMC) per patient-year, calculated as the sum of the medical claims for each patient included in the analysis, for a maximum period of 12-months of health care. When different patients from a public reimbursement database (i.e., SIGTAP) were included in the analysis, the costs and outcomes disease treatment were computed for each comparator. Only direct medical costs (DMC) were categorized in chemotherapy, hospitalizations, and other outpatient costs. Further analysis was conducted for chemotherapy and hospitalizations.

RESULTS: From 735 patients with CLL identified in the database, 164 met eligibility criteria and were included in the analysis, representing 10% of 1,000 patients-years. Total DMC in this population was R$ 16,555,421 (mean cost of R$ 165,827 per patient-year), from which R$ 9,451,124 (57%) are related to chemo- therapy, R$ 5,341,862 (32%) to hospitalizations and R$ 1,762,434 (11%) to other outpatient costs. Outpatient laboratory exams accounted for only a small fraction (R$ 176,545, 1%) of DMC, and only one patient had a record of radiotherapy (<1% of DMC). A total of 326 hospitalizations were identified in 79 (48%) patients, with an average cost per hospitalization of R$ 129,079 (US$64,539) and BV R$ 117,172 (US$58,568).

CONCLUSIONS: Patients with CLL represent a significant economic burden to private payers. Chemotherapy and hospitalization costs account for almost 90% of the total costs.

PCN15 COSTS OF HORMONAL RECEPTOR POSITIVE, HER 2 NEGATIVE METASTATIC BREAST CANCER (MBC-HR) IN BRAZILIAN PRIVATE SYSTEM (BPS): A REAL WORLD STUDY AND PUBLISHED LITERATURE ANALYSIS

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OBJECTIVES: Results from a real world study on therapy costs were retrieved from a diverse pattern of response to the treatment compared to other MBC. Our aim is to determine the costs of treat- ment associated with this disease, from the perspective of BPS. METHODS: A large private database of medical claims for chemotherapy (Ch) (Evidencias Database) was searched in order to identify MBC-HR+ patients that were treated in the last two years (2010-12). We extracted data regarding treatment received, length of the treatment, and anatomic-sites data for each MBC-HR+ patient. After, medical literature was performed for studies of MBC-HR+ treatments and the same data was extracted. Based on the combination of real-world (RW) and published data we constructed a decision tree, considering three groups of MBC-HR+, according to the sites of metastasis: bone exclusive (B), visceral exclusive (V) and bone plus viscous (BV). For each group we calculated the costs of treatment plus adverse events, by a micro-costing approach. We simulated a cohort of 100 patients with MBC-HR+ in a decision tree, to obtain the costs for each group and a mean costs/patient. RESULTS: RW data showed the following distribution of patients: B 38%, V 42% BV 20%. Lengths of treatment (in months) were: B: 25.1 to 30.5 Y 16.1; V 14.6 to 19.6. Most com- monly used treatments were, B – two biological lines, fulvestrant and three lines of Ch, V – Four lines of Ch, BV- one biological line, fulvestrant, three lines of Ch. Most used therapies were, oxaliplatin, paclitaxel and gemcitabine. Mean costs/patient group, considering hormones, Ch, bisphosphonates, hospitalization, infusion, evalua- tions of the disease, radiation therapy and adverse events were: B: R$ 135,744 (US$ 67 871.75); V: R$ 129,079 (US$64,539) and BV R$ 117,172 (US$58,568). CONCLUSIONS: MBC-HR+ is associated to a high cost of treatment under the BPS perspective.

PCN16 COST-EFFECTIVENESS OF PAZOPANIB AS FIRST LINE TREATMENT FOR METASTATIC RENAL CELL CARCINOMA IN BRAZIL: UPDATED ANALYSIS

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OBJECTIVES: Targeted therapies showed marked clinical improvements over standard treatments such as interferon alfa (IFNα) in the treatment of advanced/metastatic renal cell carcinoma (mRCC). We report an updated cost-effectiveness analysis of pazopanib, sunitinib, and bevacizumab (the later associated IFNα) as first line treat- ments for mRCC under the Brazilian public health care perspective. In previous analysis, taxation was accounted exclusively for pazopanib’s price [Value Health 2012;15(4):A218]. The present analysis applied ex-factory 0% tax prices, where now all comparisons were made under tax waiver programs. In previous analysis applied ex-factory 0% tax prices, where now all comparisons were made under tax waiver programs. METHODS: A Markov model was designed to simulate mRCC progression, mortality and costs. The assessed time horizon was 2 years. An indirect comparison estimated the relative efficacy and safety of the targeted therapies in mRCC patients. Costs and consequences of disease treatment were computed for each comparator. Only direct medical costs were considered and reported in 2013 Brazilian currency (BRL=0.50USD). Drug prices derived from official price list (i.e., CMED). Disease management costs were those from a public reimbursement database (i.e., SIGTAP). Costs and outcomes were discounted at 5% yearly. Outcomes assessed were progression-free survival (PFS), overall survival (OS), quality of life (QoL) and costs. The QoL was measured by standardized simulation, for a more realistic and robustness. RESULTS: The indirect PFS hazard ratio (i.e < favours pazopanib (95%CI) indicated that pazopanib is not statistically different from sunitinib (0.93 ±0.56. 1.51), or from bevacizumab + IFNα (1.34 ± 1.47). Paclitaxel and cycle chemotherapy was used as a head trial comparison. (COMPAR) of pazopanib versus sunitinib confirmed indirect results. Estimated costs and QALYs were BRL 93,389.88 and 0.90 for pazopanib, BRL 124,923.36 and 0.93 for sunitinib, and BRL 185,942.43 and 0.88 for bevacizumab+IFNα. Propensity analysis (PS), a methodologic tool for improving comparisons, was employed to reduce the bias in comparison results. For patients with metastasis (COMPAR) when compared to sunitinib. Bevacizumab+IFNα was dominated in all sce- narios. CONCLUSIONS: Pazopanib reported significantly lower costs and similar benefits against other comparators as first line treatment of patients diagnosed with mRCC under the Brazilian public health care perspective.