

COST-MINIMISATION ANALYSIS OF MAINTENANCE THERAPY OF ANTINEUTROPHIL CYTOPLASM ANTIBODY-ASSOCIATED VASCULITIDES

4CPS-121
L01-
Cytostatics

A.B. GUIADO GIL¹, M. MUÑOZ BURGOS¹, F.J. BAUTISTA PALOMA¹, F.J. GARCIA HERNANDEZ², B. SANTOS RAMOS¹.

¹HOSPITAL UNIVERSITARIO VIRGEN DEL ROCIO, HOSPITAL PHARMACY, SEVILLE, SPAIN.

²HOSPITAL UNIVERSITARIO VIRGEN DEL ROCIO, INTERNAL MEDICINE, SEVILLE, SPAIN.

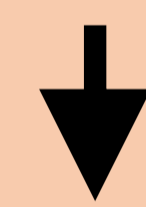
OBJECTIVE

Examine the real-world costs of an individually tailored-therapy compared to a fixed-schedule therapy with rituximab for remission maintenance of AAVs

MATERIAL & METHODS

Cost-minimization analysis (CMA) → 18-month time period → direct costs

drug acquisition preparation
administration monitoring costs
(National Health Service perspective)



sensitivity analyses with different assumptions for unit costs + 2 further scenarios including the interquartile range of the tailored-infusion group

RESULTS

-Individually tailored maintenance therapy with rituximab → cost-saving treatment compared to the fixed-schedule therapy (6048.36 € vs. 7850.52 €)

-Savings resulted primarily from lower drug acquisition costs (2861.01 € vs. 4768.35 €) and lower preparation and administration costs (891.81 € vs. 1486.35 €)

-The tailored-infusion regimen → higher costs in monitoring (2295.54 € vs. 1886.70 €).

-This result was replicated in all assumptions considered in the sensitivity analysis.

CONCLUSION

The tailored-therapy regimen would seem to be the preferable option in terms of costs. Further studies assessing all the costs associated to AAV maintenance treatment with rituximab are needed to support clinical management and healthcare planning

