



STUDY COMPARATIVE PHARMACOECONOMIC: TUMOR NECROSIS FACTOR -ALPHA ANTAGONISTS THERAPY FOR RHEUMATOID ARTHRITIS

García Molina O; Fernández de Palencia Espinosa MA; Arocas Casañ V; Mendoza Otero F; Mateo Carmona J; Pellicer Franco C; De la Rubia Nieto MA

University Hospital Virgen de la Arrixaca. Murcia.

Background

□ Treatment with Tumor Necrosis Factor (TNF- α) antagonists in patients with Rheumatoid Arthritis (RA) is a high economic impact in the National Health System.

Objective

□ To analyze the economic impact generated by this group of drugs and identifying discrepancies between the theoretical cost and the actual cost.

Methods

□ A retrospective, descriptive study of all patients with RA treated with adalimumab, etanercept or infliximab for the three years (2011-2013) on a tertiary hospital. The variables studied were: number of patients, number of units dispensed and cost per patient per year for each drug. Economic calculations were estimated using the official price of drugs more VAT and the application of own discounts.

Results

TREATMENT	N (PATIENTS)	UNITS DISPENSED	REAL COST (patient / year)	THEORETICAL COST (+VAT-discount)
ADALIMUMAB	92	3.717	8.333 €	12.120 €
ETANERCEPT	69	5.239	6.837 €	11.254€
INFLIXIMAB	59	1.059	8.431€	6.977€ (3mg/kg)

□ The total cost generated of Etanercept, Adalimumab and Infliximab was 4.053.861€ in the study period (1.792.118 adalimumab; 1.086.674 etanercept and 1.175.069 infliximab).

□ The actual cost savings were 4.417 € / patient / year and 3.787€ / patient / year for etanercept and adalimumab respectively. As for the actual cost infliximab represents an increase of 1.454 € / patient /year compared to the theoretical cost.

Conclusions

□ The actual cost of treatment with adalimumab and etanercept per patient / year was less than theoretically calculated, unlike infliximab, where the true cost per patient / year was greater than the theoretical cost.

Disclosure

Authors of this presentation have nothing to disclose.