PMU10 WHEN THE GERMAN HEALTHCARE SYSTEM SEEMS OVERBURDENED, WHO ARE THE MOST EXPENSIVE PHARMACEUTICALS IN THE GERMAN HTA (AMNOG)-PROCEDURE

Kenfack E, Presuhn F, Schoenermark MP

1 Technische Universität München, Munich, Germany, 2 SKK Beratungsgesellschaft mbH, Hannover, Germany

Objectives: The AMNOG procedure has significantly reduced prices of pharmaceutical products in Germany which are now even below the European average. However, there is a small segment of extremely high-priced drugs (annual therapy costs (ATC) > 300,000€) which are continuously growing, posing a considerable financial burden on the Statutory Health Insurance. The aim of this study was to analyze this market segment, specifically regarding the performance in the AMNOG process and to understand the underlying and consecutive market dynamics. Method: We analyzed data from the proprietary MAIS database, including all publicly available s-BA procedures until June 2020. The ATC along with the total rebates were calculated based on the information provided in the benefit assessment and the official price lists. The results of the 500 complex products to date, 26 equivalent to 22 pharmaceuticals were the most expensive products with net minimum annual therapy costs of 312,192€. The most expensive drug with 1,575,000€ annual therapy cost was betabigogene adometre, a gene therapy, 77% of these pharmaceutical products were orphan drugs with no previously existing therapy. Several of these showed positive effects in survival endpoints. The remaining 23% were hemophilia products with no additional benefit. Furthermore, metabolic disease (42%) and hematology (35%) were the most frequent therapeutic areas in the high cost segment. All high-priced products possess specific, advanced mechanisms of action including recombinant proteins (58%), monoclonal antibodies (15%), synthetic nucleic acids (12%), gene therapies (11%) and kinase inhibitors (4%). The total net rebates after negotiation varied between 14.86% and 39.05% and did not correlate with the benefit category nor with the cost level. Conclusions: Our results confirm the general German notion, that also in the high-price segment of pharmaceutical drugs, there is no correlation between the negotiated rebate and the category of the additional benefit nor with the cost level of the treatments.

PMU11 EVALUATION OF MISSED PHYSIOTHERAPY APPOINTMENT AND ITS INFLUENCE ON COST, EFFICIENCY AND PATIENT OUTCOMES

Fatoye F, Gebruy T, Fatoye C, Mbada C, Afolabi O, Fasuyi F

1 Manchester Metropolitan University, Manchester, LIN, UK, 2 Manchester Metropolitan University, Manchester, UK, 3 Obafemi Awolowo University, Ille-Ife, Nigeria, 4 University of Medical Sciences, Ondo, Nigeria

Objectives: Missed appointments (MAs) contribute to the rising costs of physiotherapy and are a significant challenge to healthcare administration, organisational workflow and health outcomes for patients. This study assessed prevalence and pattern of missed physiotherapy appointments, wait time, and its impact on cost efficiency and patient outcome in Nigeria. Methods: A retrospective study was conducted at the Outpatient Physiotherapy Clinic of Obafemi Awolowo University, Ille-Ife, Nigeria. A total of 3243 physiotherapy appointments booked between 2009 and 2018 were assessed. Data were collected on socio-demographic and patient outcomes related to Mas. MAs were defined as any appointment where a patient did not show up at all, or attend to follow up appointment or notify staff of a cancellation. The total revenue loss due to Mas was calculated as a product of the total of MAs and per treatment cost. Descriptive of mean, standard deviation and frequency and inferential statistics of t-test were used to analyse the data. Results: MAs constituted 1701 (52.5%) of all appointments and the average wait time for first appointment was 9.6 ± 23.2 days. The proportion of MAs was higher among females (50.2%), middle-aged adults (34-55 years) (31.7%), patients who were not resident close to the clinic (45.3%), patients with orthopaedic conditions (56.2%) and patients referred from orthopaedic surgeons (32.8%). There were significant (p = 0.05) between MAs and age, sex, location of patient’s residence and the source of referral. Considering the per treatment schedule cost of 1000 naira, a 52.5% MAs rate resulted in a lower efficiency of 76.6% with an efficiency ratio of 0.23. Conclusions: MAs for physiotherapy treatment poses a serious challenge on costs, efficiency and patients’ outcome. Thus, an innovative reminder system may help reduce patients’ non-attendance of physiotherapy and its consequences.

PMU12 SCHIZOPHRENIA TREATMENT WITH SECOND-GENERATION ANTIPSYCHOTICS: A MULTI-COUNTRY EVALUATION OF THE COSTS OF CARDIOVASCULAR AND METABOLIC ADVERSE EVENTS AND WEIGHT GAIN

Kearns B, Cooper K, Cartellier E, Cooper K, Cartellier E

1 University of Sheffield, School of Health and Related Research, Sheffield, UK

Objectives: Second-generation antipsychotics have similar effectiveness for the treatment of schizophrenia symptoms, so drug choice is often based on differences in rates of adverse events. Relapse is also a key driver of treatment costs. The key aim of this study was to compare the costs due to adverse events, and how they varied across European countries. Methods: Systematic searches were conducted to identify evidence on effectiveness and costs. A Markov model was developed to assess the costs of ten antipsychotics: aripiprazole, brexpiprazole, cariprazine, lizameritone, olanzapine, paliperidone, quetiapine, risperidone and ziprasidone. Costs were obtained for seven countries: Italy, Hungary, France, Slovenia, Spain, Sweden and the UK. The costs considered were adverse events (including diabetes, myocardial infarction, stroke and weight gain), drug costs, relapse, treatment discontinuation and schizophrenia management. Acute and stable adult populations were modelled, with a life-time horizon for both. Results: For the acute population, the lowest lifetime costs were observed for linduradine for all seven countries. The second lowest were for ziprasidone. The main drivers of cost differences were diabetes and cardiovascular diseases, which were lowest for linduradine, followed by ziprasidone then lizameritone. Costs for managing weight gain were lowest for ziprasidone and linduradine. The stable population provided similar results. The contribution of diabetes and cardiovascular diseases to total costs varied from less than 40% in Slovenia and Sweden to over 70% in Hungary and Italy. Conclusions: Linsuradine was associated with the lowest total lifetime costs in the acute population in seven European countries compared to nine antipsychotics. This was primarily due to the avoidance of diabetes and cardiovascular events. The rankings of the remaining antipsychotics varied by country, emphasising the importance of considering country-specific costs. Future research should investigate the individual costs of relapse management, including differences in the costs and proportions of hospitalisations.

PMU15 COMPARISON OF ALTERNATIVE IMAGING METHODS IN TURKEY


1 ECONY Research, Istanbul, Turkey, 2 Istanbul University, Istanbul, Turkey, 3 Ondokuz Mayas University, Samsun, Turkey, 4 Hacettepe University, Ankara, 5, 6, 7 Ege University, Izmir, Turkey

Objectives: Magnetic resonance imaging (MRI) with Gadobutrol (GAD), MRI with Gadoteric Acid (GOT), and peripheral angiography (PA) methods are used in the diagnosis of vascular disease (VD). MRI with Gadoteric-acid (GAX), MRI with extracellular contrast agent (ECM), or contrast CT (CCT) are used for the diagnosis of liver disease (LM) and VD. The aim of this study was to compare the clinical and economic outcomes of alternative imaging methods in the diagnosis of VD and LM in Turkey. Methods: The clinical and economic data were examined through a literature review. An expert opinion survey conducted for the missing data. The data gathered from literature and expert opinions analyzed via the decision tree model. In case of no diagnosis with GAD for VD; it is modeled that MR contrast imaging applied with GAX or CCT. Results: In 2018, 10,000 patients were diagnosed with GAD for VD; it is modeled that MR contrast imaging applied with GAX or CCT. Conclusion: The cost of diagnosis per patient with LM was 280 TL for CT, 229 TL for ECM, and 9.16% for aids and remedies (mean/median: $12,444.33/181.43) of annual healthcare spending. Considering the per treatment schedule cost of 1000 naira, a 52.5% MAs rate resulted in a lower efficiency of 76.6% with an efficiency ratio of 0.23. Conclusions: MAs for physiotherapy treatment poses a serious challenge on costs, efficiency and patients’ outcome. Thus, an innovative reminder system may help reduce patients’ non-attendance of physiotherapy and its consequences.