

IMPACT OF DECENTRALIZED DRUG PURCHASE ON ANTIRETROVIRAL TREATMENT COSTS IN SPAIN

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OBJECTIVE

Spain has a highly decentralized administration which could lead to important HIV-related healthcare costs variability. The objective of the present analysis was to assess cost variability of different antiretroviral treatment (ART) regimens in different hospitals of Spain in 2011.

METHODS

- Data from ten hospitals of the Spanish AIDS Research Network Cohort (RIS), from seven different autonomous communities
- Hospitals chosen for continued participation in the cohort between January 1st 2007 and October 31st 2011, constant quality check and ethics approval in a suitable time
- Single-dose cost for all ART drugs collected from all ten hospital pharmacies
- Total cost by combination/month (30 days intake) was calculated for preferred ART regimens for initial therapy defined by 2010 Spanish AIDS Study Group guidelines.
- We calculated mean, standard deviation, minimum and maximum costs per combination.
- Comparison between TDF/FTC/EFV and TDF/FTC+EFV was done through Student's t-test.
- Differences by number of beds and referral population were calculated through one-way ANOVA.

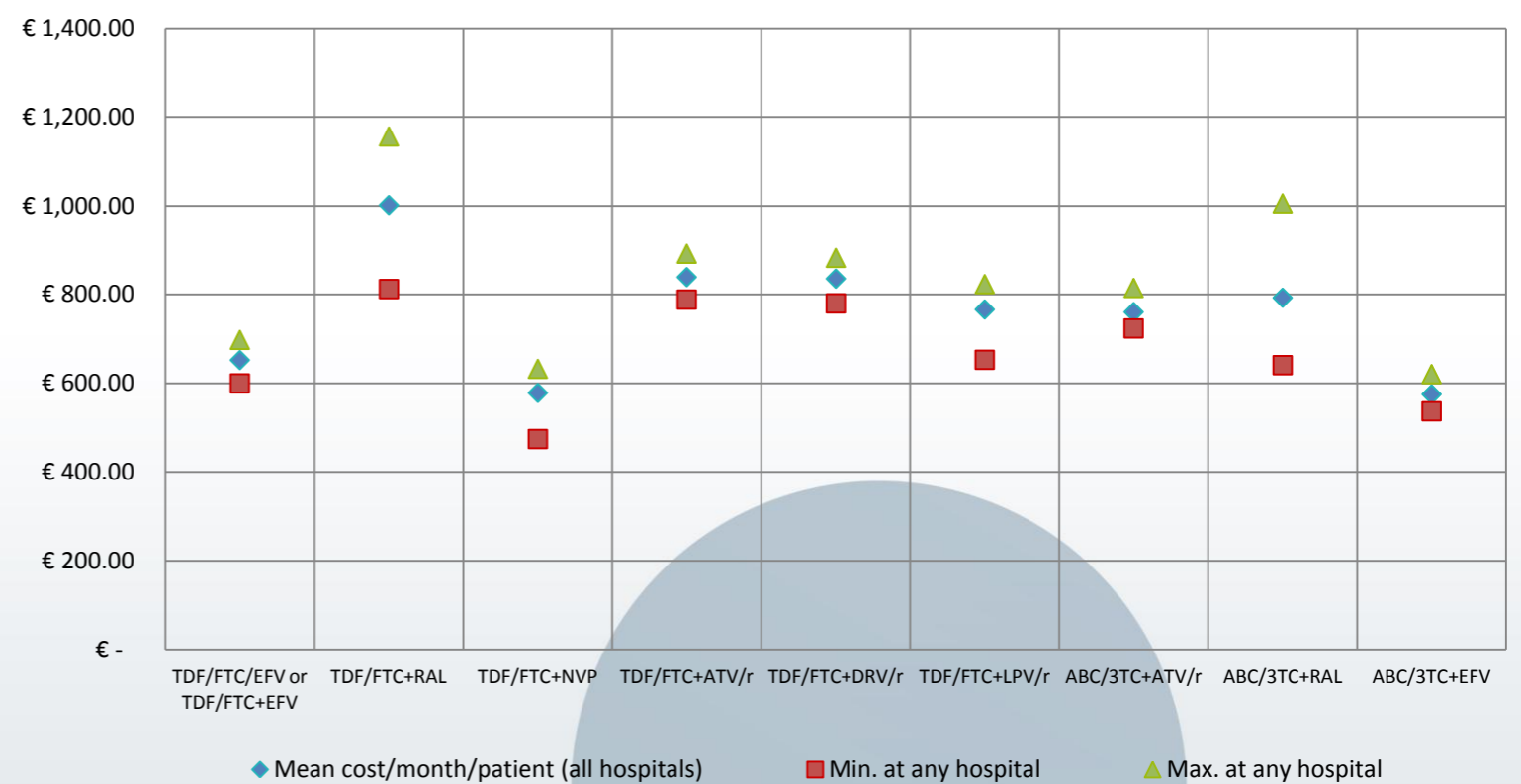
RESULTS

- ABC/3TC+EFV had the lowest mean cost at 574.98€/month, and the highest was TDF/FTC+RAL at 1001.84€/month.
- No differences were found between TDF/FTC/EFV and TDF/FTC+EFV costs ($p=0.8304$).
- No differences in costs were found based on the number of beds or by referral population.

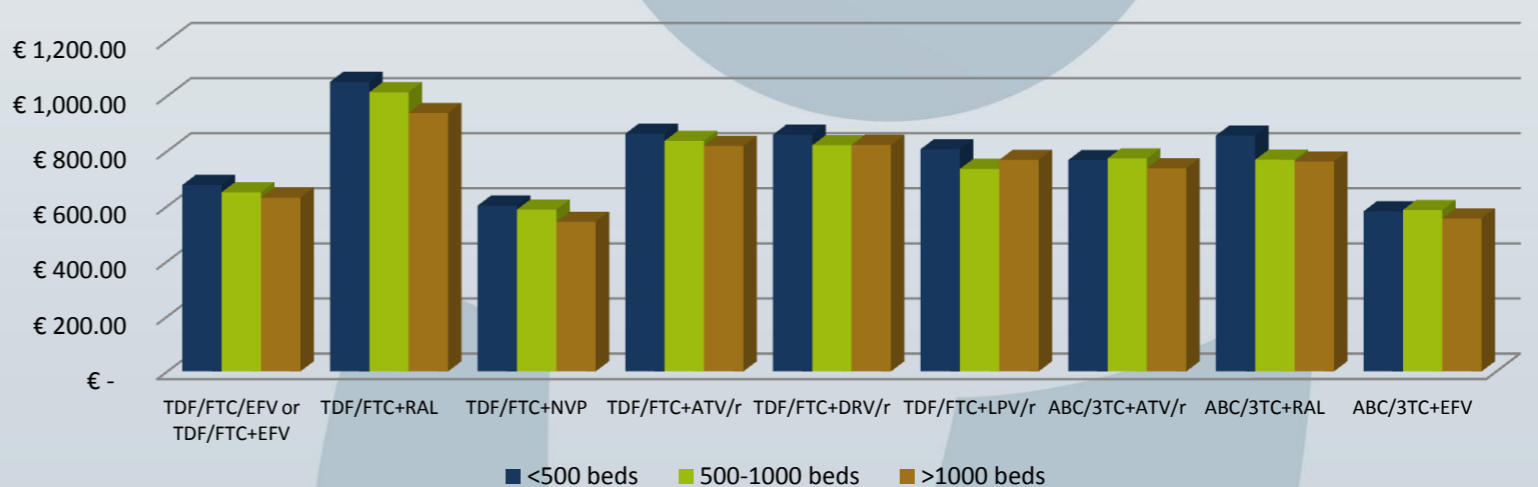
CONCLUSIONS

There was a high variability in same ART regimen costs between hospitals going up to 4380€/year/patient due to differences in raltegravir costs. Variability between ART regimens in same hospital reached 5122€/year/patient mainly due to differences between raltegravir and efavirenz costs.

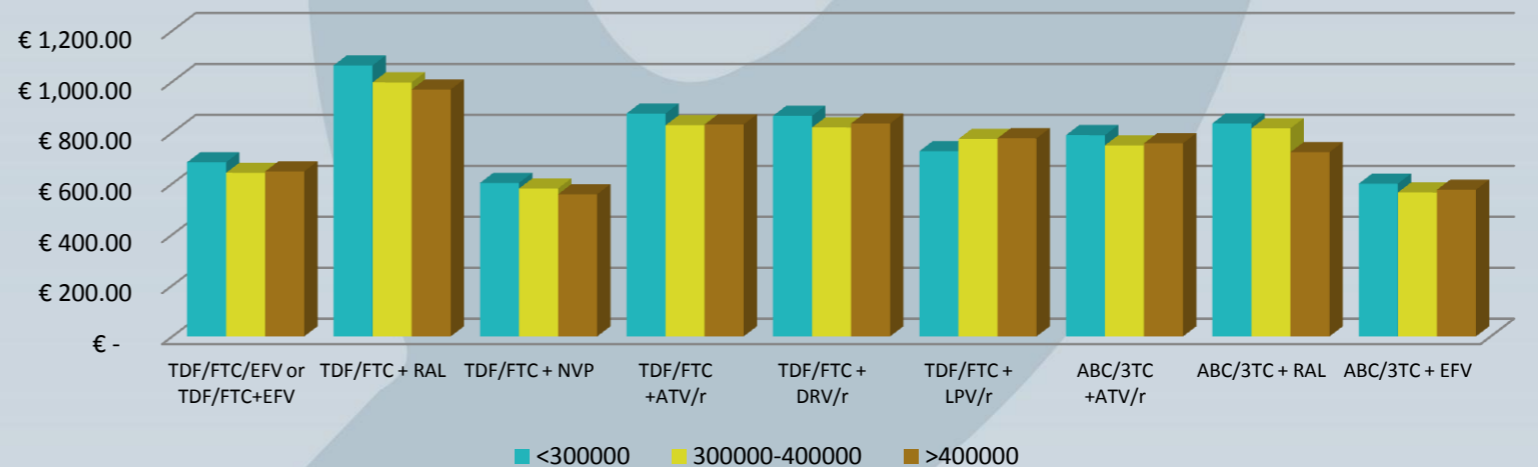
Variability in ART regimen costs



Differences in ART regimen mean cost by number of beds



Differences in ART regimen mean cost by hospital referral population



ACKNOWLEDGEMENTS. CEVIH team: Julia del Amo (ISCIII), Yazdan Yazdanpanah (INSERM), Karen Champenois (INSERM), Débora Álvarez (ISCIII), Susana Monge (UAH), Amaya Azcoaga (CAP), Mercedes Diez (ISCIII), Santiago Moreno (HURC), Olivia Castillo (MSSSI), Juan Gonzalez (HULP), Jesús Martín-Fernández (CAP). Collaborators: Mercedes Álvarez, Kenneth Freedberg (MGH), David Paltiel (Yale Univ.), Rochelle Walensky (MGH). By participating hospitals: Corporació Sanitària Parc Taulí: Ferrán Segura, Gemma Navarro. Hospital General Universitario Gregorio Marañón: Juan Berenguer, Cristina Casado, Alfonso Cuadrado. Hospital Mútua de Terrassa: David Dalmau, Joan Manel Sánchez, Vicenç Mayor, Rosa Garriga. Hospital San Pedro: José Ramón Blanco, Jose Ignacio Torroba, Lorenzo Echeverría, Juan Pedro Salas Rueda, Natividad Valladolid. Hospital Universitari Joan XXIII: Francesc Vidal, Montserrat Otona, Sonia Jornet, Manel Jariod. Hospital Universitari Son Espases: Melchor Riera, Joana Vidal Busch, Olga Delgado Sánchez. Hospital Universitario de Canarias: Juan Luis Gómez Sirvent, Marina Bullejos Molina, María del Carmen García López, Begoña Bellas Beceiro. Hospital Universitario Donostia-Osakidetza: José Antonio Iribarren, Mirian Aguado Atorrasagasti, Maialen Iburguren Pinilla. Hospital Universitario La Paz: Juan Gonzalez, Alberto Martín Vega, Isabel Mateo Cano, Pilar Bravo. Hospital Universitario San Cecilio: Federico García, Jose Manuel Garach, Jose Luis Navarro, Miguel Francisco Escobar, Jose Cabeza, Maria Pilar Ruiz. Funding: AIDS Research Network. Project RIS-EPICLIN-04/2012; FIS grant P112/02134; Rio Hortega Fellowship grant CM12/0009; RIS scholarship; Sociedad Española de Enfermedades Infecciosas y Microbiología Clínica (SEIMC) scholarship; CIBERESP scholarship.

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Co-funded by the 2nd Health
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