

# Ivabradine's added therapeutic and pharmaco-economic value in Portugal

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- Portuguese heath system & financing
- Cost-effectiveness of ivabradine: supporting reimbursement
- Decision tool supporting the economic efficiency of ivabradine in the Portuguese NHS hospitals
- Discussion and conclusion

### **Pricing & reimbursement**



- Agency: INFARMED (Regulatory; Pricing; HTA)
- Primary care drugs
  - Price (reference countries Spain, Italy and Slovenia)
  - HTA (added therapeutic value; economic value)
  - Reimbursement (15%, 37%, 69%, 90%)
- Hospital drugs
  - Mandatory therapeutic value and economic value assessment prior to utilization by NHS hospitals
  - several layers of decision until effective use
    - Central (HTA, budget caps, clinical guidelines, positive list)
    - Local (Pharmacy and Therapeutics Committee, financial agreements)
  - 100% public funding

### Cardiovascular diseases/hearth failure in Portugal



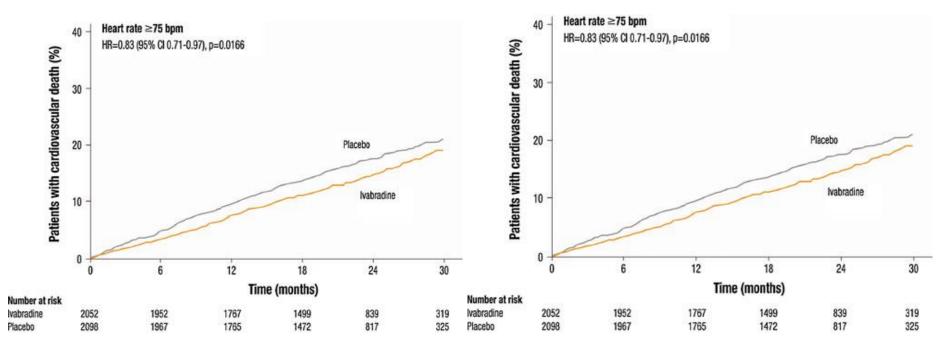
- Cardiovascular diseases
  - 1<sup>st</sup> cause of death in Portugal
  - $2^{nd}$  most frequent cause of hospitalization in NHS hospitals
  - 1<sup>st</sup> Pharmacotherapeutic Group in NHS Expenditure (30% of ambulatory)
  - >15<sup>o</sup> Pharmacotherapeutic Group in NHS Expenditure (hospital)
- Heart failure
  - Most frequent CV hospitalization, DRG 127 in 2006 (n= 15,664, 16% of all CV)
  - High 30 days, 6 months and 12 months readmission rate (7.8%<sup>1</sup>, 20.9%<sup>2</sup>, 23.9%<sup>2</sup>)
  - High in-hospital mortality (5.5%<sup>2</sup>-17.3%<sup>1</sup>)
  - No study on costs, however 50-75% due to hospitalizations!

Source: [1] Sousa-Pinto B, Gomes AR, Oliveira A, Ivo C, Costa G, Ramos J, Silva J, Carneiro MC, Domingues MJ, Cunha MJ, Costa-Pereira AD, Freitas A. [Hospital Readmissions in Portugal over the Last Decade]. Acta Med Port. 2013 Nov-Dec;26(6):711-20.. [2] Pinho-Gomes AC, Silva Cardoso J, Azevedo LF, Almeida R, Pinho T, Maciel MJ. Characterization of acute heart failure hospitalizations in a Portuguese cardiology department. Rev Port Cardiol. 2013 Jul-Aug;32(7-8):567-75.

#### **Cost-effectiveness of ivabradine: supporting reimbursement**



Chronic heart failure NYHA II to IV class with systolic dysfunction, in patients in sinus rhythm and whose heart rate is  $\geq$  75 bpm



#### Markov modelling approach to extrapolate beyond clinical trial duration

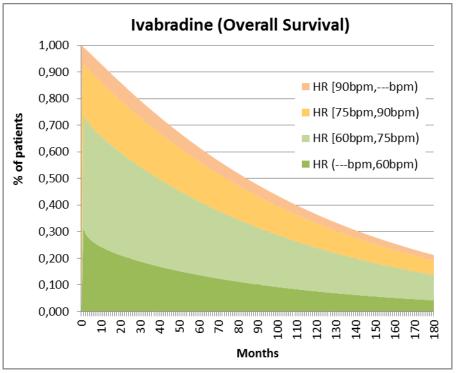
Source: Böhm M, Borer J, Ford I, Gonzalez-Juanatey JR, Komajda M, Lopez-Sendon J, Reil JC, Swedberg K, Tavazzi L. Heart rate at baseline influences the effect of ivabradine on cardiovascular outcomes in chronic heart failure: analysis from the SHIFT study. Clin Res Cardiol. 2013 Jan;102(1):11-22.

#### **Cost-effectiveness of ivabradine: supporting reimbursement**

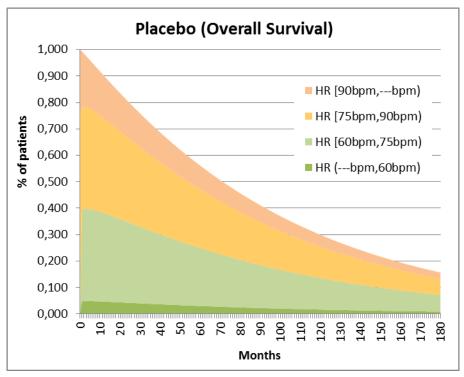


IVABRADINE 14 months increment in median OS 18 months gain in Life expectancy

#### Median OS = 85 months Mean Life expectancy = 116,8 months

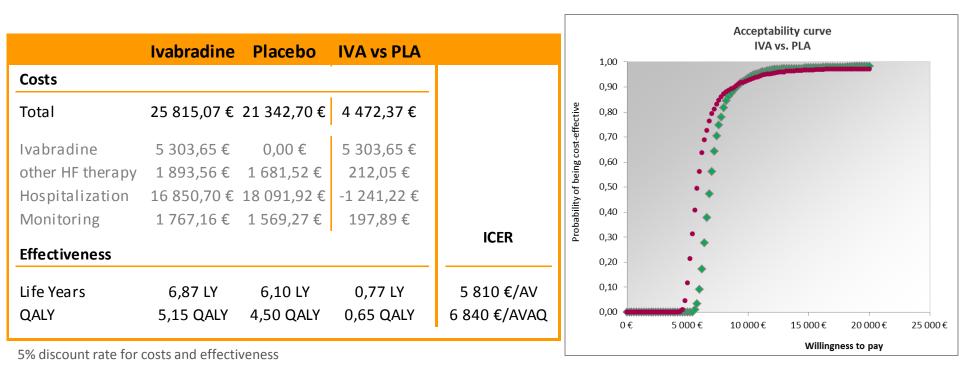


#### Median OS = 71 months Mean Life expectancy = 98,7 months



#### **Cost-effectiveness of ivabradine: supporting reimbursement**





Ivabradine considered cost-effective at the commonly accepted ICER threshold (< 30,000€)

In UK NICE considered Ivabradine cost-effective at £8,498 per QALY

# How to translate CE into economic efficiency at hospital level?



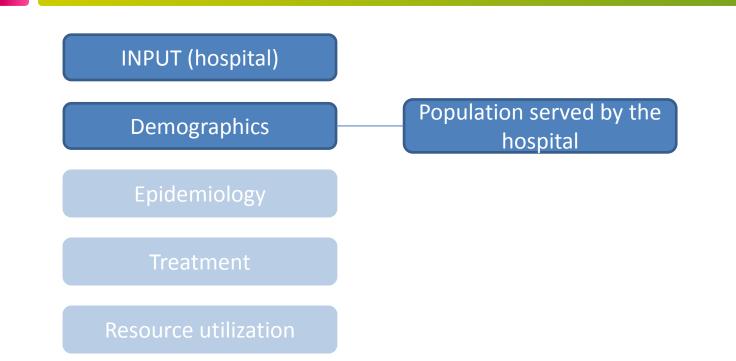
- NHS hospitals contracting system 2014
  - National objectives
    - Length of stay
    - Readmission within 30days
  - Variable regional objectives

	Prices / Costs	Source
Hospitalization (price medical DRG )	2 120.28€	ACSS contrato programa 2014
Cardiology department daily cost	438€	BDEA 2008
Mean length of stay for heart failure	10,2 days	
Hospitalization cost for cardiology department (BDEA 2008)	4 467 € (4.6% medicines)	BDEA 2008
1 <sup>st</sup> hospitalization cost	2.1 x subsequent	Ballard et al. Int J Qual Health Care (2010 )
% of patients without previous hospitalizations	15%	Cleland et al. European Heart Journal (2003)

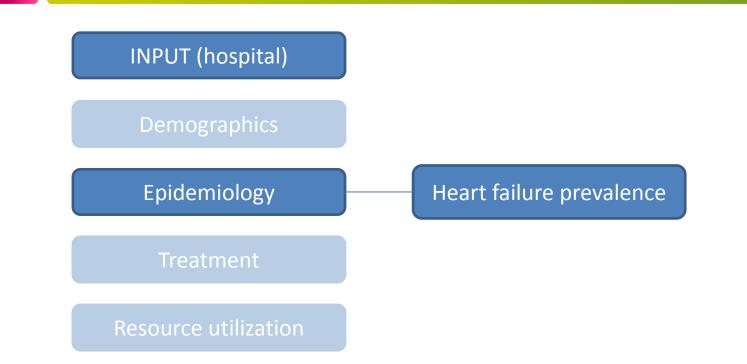




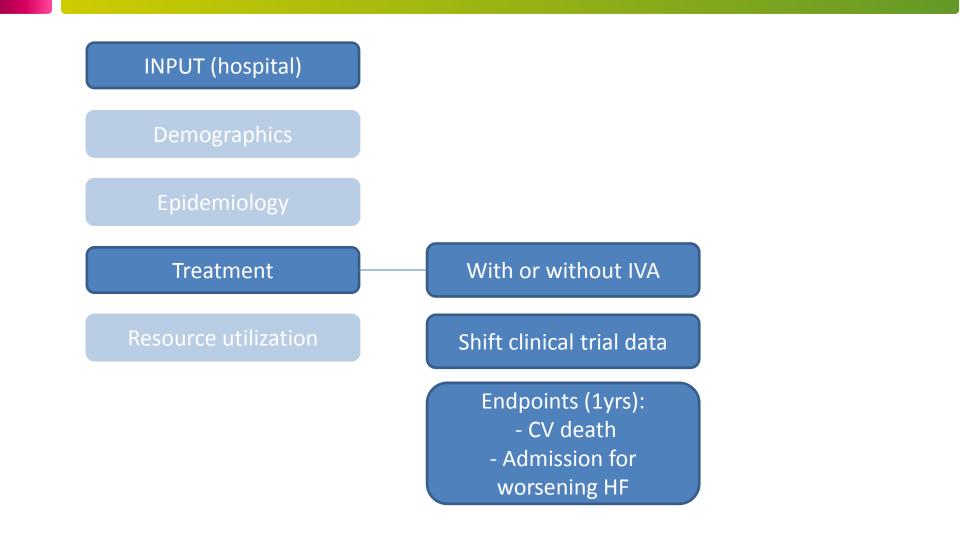




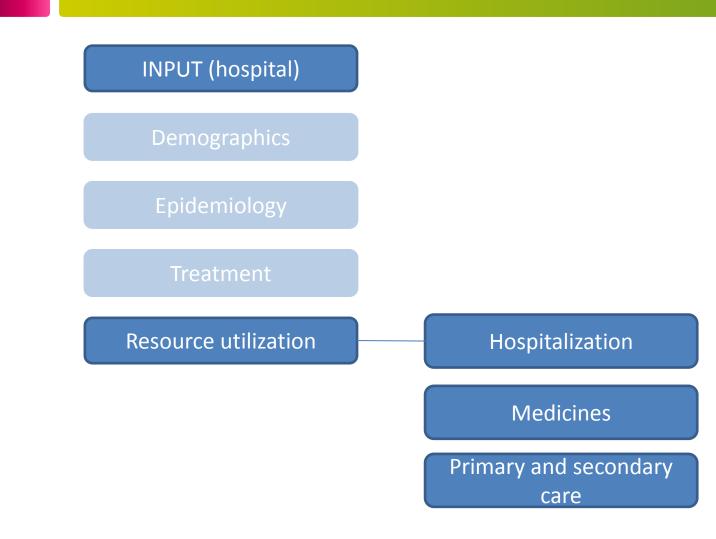




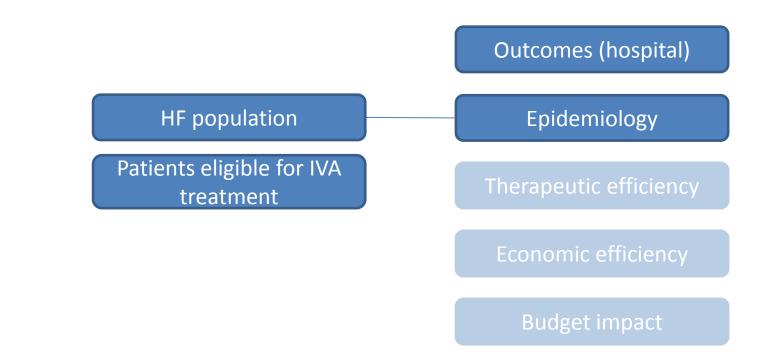




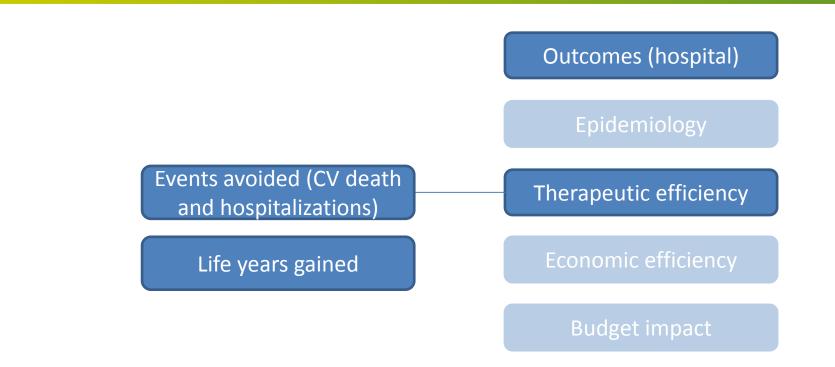




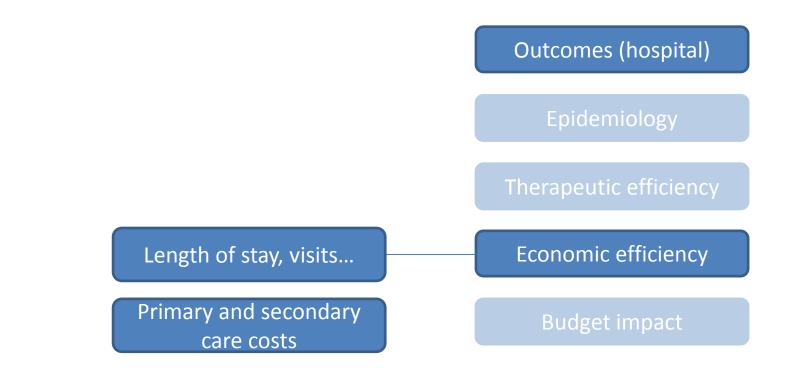






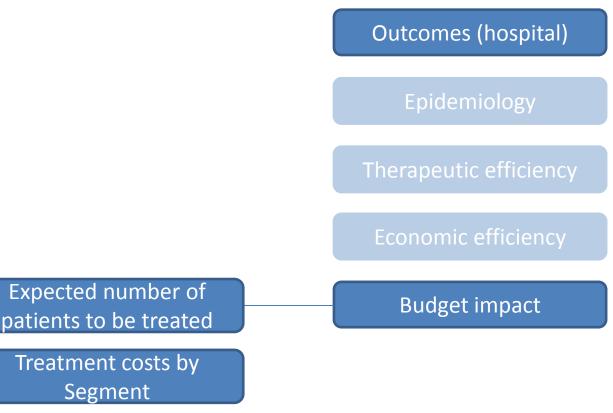


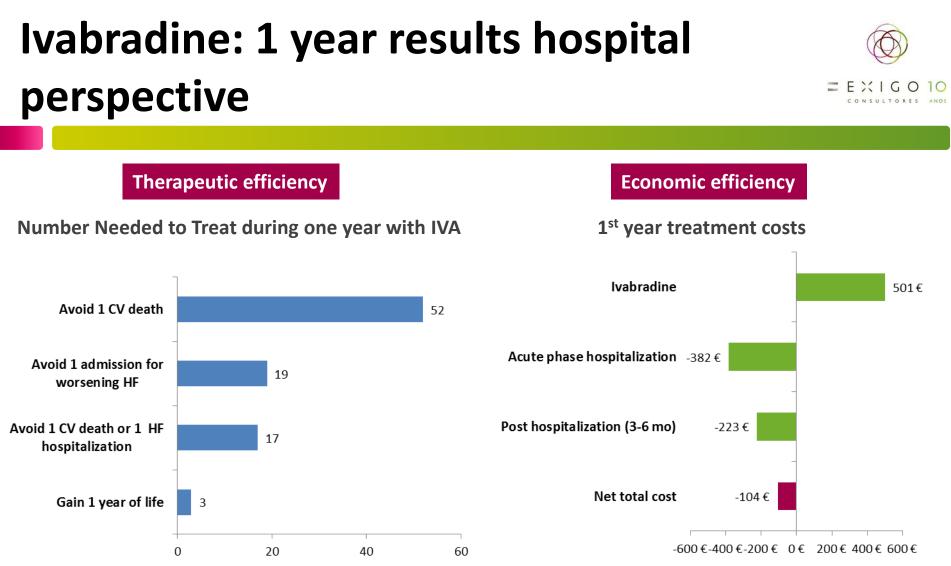




Segment







NNT

### **Discussion and conclusion**



- Pharmacoeconomics has an established role in pricing and reimbursement of medicines in Portugal
- Applied health economics/economic evaluation is increasingly important in to supporting health care decisions
- Ivabradine was found to be a cost-effective treatment option in Portugal
- The use of ivabradine may contribute to reduce hospitals budget while enhancing health outcomes in patients with heart failure