Direct healthcare cost comparison of Fluticasone propionate/Salmeterol vs MART for moderate/severe asthma: Results from Thailand

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Background

- Inhaled corticosteroid/long-acting β2-agonist (ICS/LABA) i.e. regular Fluticasone propionate/Salmeterol (FP/salm) or ICS/Formoterol Maintenance And Reliver Therapy (MART) are the recommended options for moderate/severe asthma (1).
- There is limited data comparing treatment cost between both strategies in a resource limited setting in countries like Thailand.

Methods

- Data from 3 published randomized trials in asthma patients aged ≥ 12 years comparing regular twice-daily FP/salm with as-needed short acting beta-2 agonist (SABA) vs Budesonide/Formoterol MART in moderate/severe asthma:
- AHEAD (NCT00242775/17 countries/2309 patients) (2)
- 2. COMPASS (AstraZeneca study SD-039-0735/16 countries/3335 patients) (3)
- **3.** COSMOS (AstraZeneca study SD-039-0691/16 countries/2143 patients) (4) were calculated direct healthcare costs.

Numbers of resource use per patient by studies are shown in Table 1.

Economic Analysis

- **Total direct treatment cost** comparison/patient/year was calculated as a combination from
- 1) Medication costs plus
- 2) Healthcare utilization costs i.e. cost for health care visit, emergency room visit, and hospitalization.
- Medication costs were referred from Thailand median price 2020, National drug information (5). Cost of medications were based on the licensed dose and calculated as THB/dose or THB/puff.
- Healthcare utilization costs were referred from Health Intervention and Technology Assessment (HITAP), Ministry of Public Health (6).
- Unit cost of resource utilization are shown in Table 2.
- **Percent saving total cost** by FP/Salm was calculated by [(total treatment cost MART- total treatment cost FP/Salm)/ total treatment cost MART]x100.

GSK funded this study (Study no. 213963). Data for AHEAD and COMPASS studies extrapolated to 1 year. Bud/form: budesonide/formoterol, FP/salm: fluticasone propionate/salmeterol, THB: Thai Baht

- Medication, healthcare utilization, and total direct treatment cost by studies as baht/patient/year across the 3 studies and per treatment arms were shown in Table 3.
- Percent saving of total direct treatment costs by FP/salm+SABA was 45% lower than with MART.
- Total direct treatment cost by treatment options in each study are shown in Figure 1.

Table 1 Mean number of resource use	AHEAD		COMPASS		COSMOS		
	FP/Salm	MART	FP/Salm	MART	FP/Salm	MART	
Medication use/patient/day							
Bud/Form+Bud/Form (160/4.5 μg) Bud/form (320/9 μg) FP/salm (125/25 μg) FP/salm (100/50 μg) FP/salm (250/50 μg) FP/salm (500/50 μg) Salbutamol Terbutaline (0.4 mg)	- - - 1.978 - 0.995	4.879 - - - - - - -	- 4.304 - - 1.036	3.250 - - - - - - - -	- 0.233 1.214 0.490 0.907 -	3.94 - - - - - - -	
Healthcare use/patient/year Hospitalization Intensive care unit (ICU) General ward	0 0.05	0.01 0.06	0.012 0.296	0.048 0.074	0.005 0.09	0.009 0.05	
Healthcare visit Emergency department Specialist General practitioner Other	0.104 0.240 0.192 0.056	0.094 0.152 0.168 0.028	0.178 0.408 0.270 0.096	0.134 0.314 0.282 0.074	0.06 0.24 0.37 0.10	0.04 0.17 0.32 0.05	
Home visit General practitioner Other	0.016 0.006	0.010 0.002	0.016 0.044	0.006 0.006	0.04 0.01	0.03 0	

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Conclusion

- Bud/Form MART primarily due to lower medication costs.
- should be considered for asthma patient care in Thailand.

Results

Thai Baht/patient/year 16,000 Total direct treatment cost by treatment options in each study 14,000 12,000 10,000 8,000 6,000 4,000 2,000 MART FP/salm FP/salm MART FP/salm MART FP/salm AHEAD COMPASS COMPASS COSMOS COSMOS AHEAD Overall 3

Medication Costs (THB/patient/year)

Medication cost, por patient por deco/puff							
Medication cost, per patient per dose/puff		Table 3	Treatment	Madiaation	Healthcare	Total direct	
Bud/form + Bud/Form (160/4.5 μg)	7.42	Cost/pt/Yr	arm	Medication costs (THB)	utilization costs (THB)	treatment costs (THB)	% Savings in Total cost by
Bud/form (320/9 µg)	10.52						
FP/salm (125/25 μg)	2.50						FP/Salm*
FP/salm (100/50 μg)	6.42						
FP/salm (250/50 μg)	7.79	AHEAD	FP/salm	7,248	288	7,536	
FP/salm (500/50 μg)	9.95		11700111	7,210	200	1,000	44%
Salbutamol	0.23		MART	13,175	314	13,489	
Terbutaline (0.4 mg)	0.23			10,170	514	15,405	
Healthcare utilization costs		COMPASS	FP/salm	3,998	966	4,964	
Hospitalization, per day			11/54111	0,000	300	7,307	47%
Intensive care unit (ICU)	5,070		MART	8,776	632	9,408	
General ward	1,953			0,770	032	9,400	
Healthcare visit, per visit		COSMOS	FP/salm	5,839	390	6,228	
Emergency room (21)	796.36	COSINOS	1 F/Saim	5,059	390	0,220	43%
Specialist	306		MART	10 640	076	10.016	
General care physician	101		MARI	10,640	276	10,916	
Other	118	0			F 40	0.040	
Home visit (13), per visit		Overall**	FP/salm	5,695	548	6,243	45%
General care physician	359.3		MADT	40.004	407	44.074	
Other	359.3	(3 studies)	MART	10,864	407	11,271	

• Total direct treatment costs with regular twice-daily FP/salm with as-needed SABA were lower than with

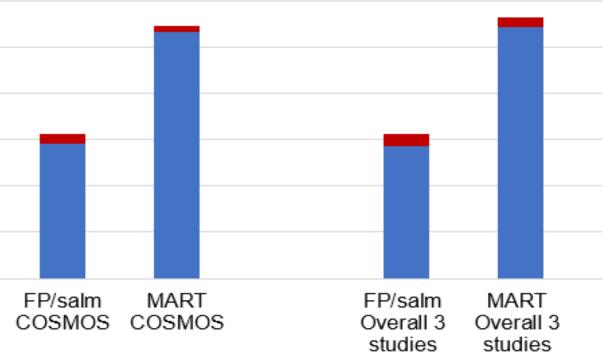
% Saving by FP/salm+SABA was 45% for total direct treatment cost compared to MART. Health care cost

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Poster presentation: Thai Asthma Council (TAC) meeting 11-12 Mar 2021, Bangkok, Thailand.

Conflict of Interest Declaration: TB, JK are employees of GSK. WB has received personal fees from AstraZeneca Thailand, Boehringer ngelheim and Thai Otsuka. BA is an employee of GSK and holds shares. There are no other conflicts of interest to declare.

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Healthcare utilization costs (THB/patient/year)