

Budget analysis of Etonogestrel Subdermal contraceptive Implant (ESI) Compared to Levonorgestrel Intrauterine device (LNG-IUD) Reimbursed on the Brazilian Private Health Insurance and Plans

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OBJECTIVE

To estimate the budget analysis of Etonogestrel Subdermal Contraceptive Implant (ESI) Compared to Levonorgestrel Intrauterine device (LNG-IUD) Reimbursed on the Brazilian Private Health Insurance and Plans.



METHODS

A 5-year cost comparison of ESI versus LNG-IUD was performed. The population was based on women at childbearing age enrolled at Private Health Insurance and Plans as from June/21 official databases of National Regulatory Agency for Private Health Insurance and Plans (ANS). Based on market research from IQVIA for 2020 (excluding Pandemic effect) total market growth achieve 7% per year. Products have been marketed for more than 10 years, so sales report sent to CMED was used as a basis to estimate the market uptake ranging from 7% in the 1st year till 27% in the last year of analysis. Costs of contraception and failures included device, drugs, exams and medical management (physician visits, procedures and hospitalizations) were from official ANS's databases or follow agency guidance. A sensitivity analysis of 20% were conduct.



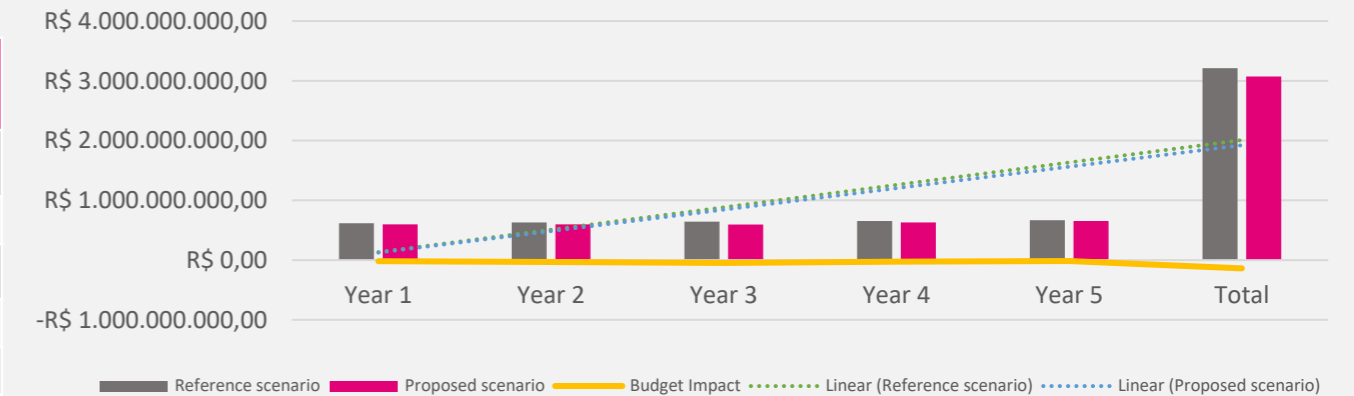
RESULTS

R\$ 1,737.43 **REDUCTION IN COSTS PER-PATIENT**

Table 1. Estimated population per year of the analysis.

Population	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Reference scenario						
LNG-IUD	199929	204146	208363	212580	216797	1.041.815
Proposed scenario						
LNG-IUD	185.934	179.648	172.941	165.812	158.262	862.598
ESI insertions	13.995	24.498	35.422	46.768	58.535	179.217
ESI re-insertions				13.995	24.498	38.493

The cost-ratio shows a potential reduction in favors of ESI (R\$ 1,737.43/patient), in a sectorial perspective the ESI coverage leads to a cost-avoidance of R\$ 17,4 million in the first year and a total of **savings of R\$ 187,5 million** in the time of analysis, even considering ESI reinsertions from the 3rd year and beyond. The results are sensitive to market uptake for ESI with **savings range from R\$ 153 to 222 million**.



CONCLUSION

Adding ESI to the current reimbursed contraceptive basket on the Brazilian Private Health Insurance and Plans allows a more efficient budget allocation, higher initial acquisition costs were offset within 1 year. Moreover, new entrants tend to increase competition and open space for increase efficiency gains.



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