

OBJECTIVES:

Mucormycosis is a invasive fungal infection with high lethality, affecting mainly patients with hematological neoplasia, decompensated diabetes, and covid-19 infection.

METHODS:

A decision tree model was built.

The analysis considered:

- Costs of the treatment over a six-month.
- Hospitalization during the entire course of Amphotericin B treatment
- Expenditures related to complication like dialysis, occurring in 5% (3%–6%) of cases treated with the Amphotericin B.
- Appointments with specialists Isavuconazole arm;
- Amphotericin B was used if the patient failed to respond to isavuconazole.
- Utility of the patient with mucormycosis, cured and with renal failure was estimated.

Uncertainties were assessed through probabilistic and deterministic sensitivity analyses.

RESULTS:

In deterministic sensitivity analysis, the probability of dialysis was the variable with the greatest impact.

In probabilistic analysis, the ICER is distributed in the right and left lower quadrant, the acceptability curve for all the scenarios analyzed is favorable for isavuconazole.

The budget impact suggests a potential savings of between R\$ 350 million and R\$ 415 million over five years. In Brazil, the formulation of posaconazole approved is inadequate for treating mucormycosis during the consolidation phase, therefore isavuconazole is the single oral drug available.

Cost-effectiveness analysis of Liposomal amphotericin B versus Isavuconazole for treating mucormycosis in the consolidation phase from the perspective of the Brazilian Unified Health System

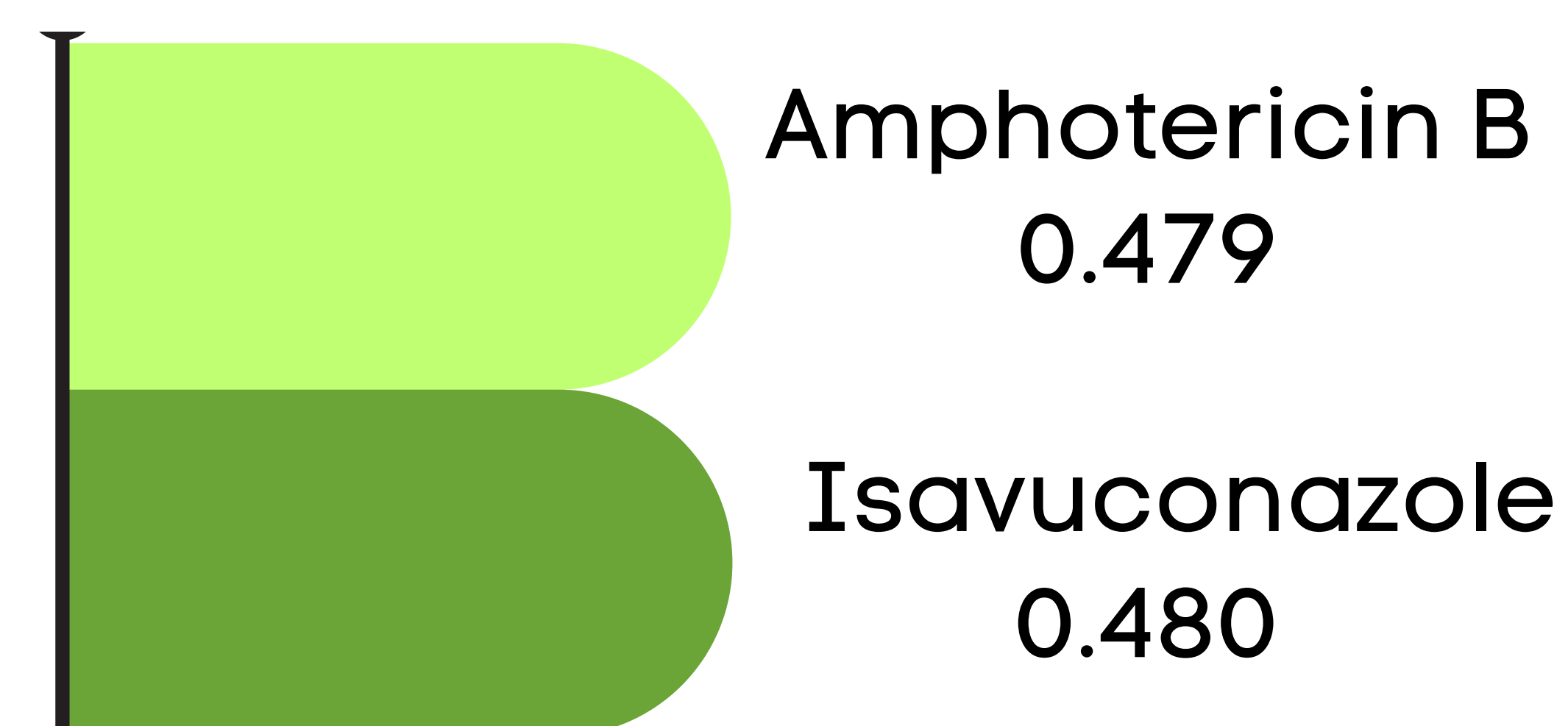
Braga, A; Santos, M; Dias, Q; Mateus, I

The treatment of mucormycosis during the consolidation phase with isavuconazole represents a lower cost, besides the convenience of oral treatment and reduced incidence of severe adverse events, with mortality similar to the amphotericin B arm.

Cost



Utility (QALY)



Incremental Cost: R\$ -516,519.92
Incremental Effectiveness: 0.0008
ICER: **Dominant**
R\$ -684,494,237.19



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