THE COST BURDEN OF MONOCLONAL ANTIBODY THERAPY IN AN ATHENS GREECE TERTIARY HOSPITAL. A SEVEN YEAR COST COMPARISON ANALYSIS

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Objectives: To assess the cost of monoclonal antibodies in an Athens/Greece tertiary hospital in a seven year cost comparison analysis and to compare results to other in-patient drug categories.

Methods: In this 7-year study (2008-2014) monoclonal antibodies (MAbs) consumption in Evaggelismos hospital (931-beds) was assessed. MAbs consumption/cost in hematology, oncology, rheumatology, gastroenterology, ophthalmology and neurology departments was especially studied. The pharmacoeconomic evaluation was performed using a direct cost comparison analysis, in which MAbs cost is compared (2011-2014) to total drug cost per department, total in-patient drug cost, in-patient antibiotics cost and anti-HIV drug cost. The cost saving of Central Cytostatic Drug Preparation Unit operation for the year 2014 was especially studied. The analysis was performed in Euros (€) and drug cost was based on average hospital prices in Greece (official price lists).

Results: Data analysis revealed that MAbs relative cost showed an augmentative trend throughout the study period (from 12.6%, 2008 to 13.45%, 2014). MAbs cost for all studied clinics, with the exception of ophthalmology and hematology departments, showed minor decline. In-patient antibiotics and anti-HIV drugs represented a substantial and ongoing category of cost burden prescribed drugs (from 6.18%, 2011 to 9.98%, 2014 and from 13.04%, 2011 to 21.44%, 2014 respectively).

Conclusions: From 2008 to 2012, though a substantial reduce of hospital pharmaceutical expenditure was obtained, due to memorandum obligations, an increase in MAbs consumption was detected (from 12.6% to 13.45% of total drug cost). The average hospital prices for all drugs were reduced for the same period. The total cost saving is mainly due both to generics and off-patent drugs use and drugs’ price negotiations supported with an obligated by the Ministry of Health 5% and 6.5 % rebate for in-patient drugs.

MAbs therapies are undoubtedly on the rise and look set to play a greater role in healthcare in the future, especially in cancer therapy and autoimmune disorders. In the current financial crisis, where it is crucial to limit expenditures, the use of monoclonal antibodies is an expensive choice. The use of standard treatment protocols is a key contributor to proper prescription practices.