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SWEDISH ADAPTATION OF CZECH PHARMACOECONOMIC COMPARISON OF TREATMENTS IN HAEMOPHILIA PATIENTS WITH INHIBITORS

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Objectives: Due to limited patient population and scarcity of real-world data, performing health economic analyses in haemophilia patients with inhibitors is challenging. A recent publication based on national data from the Czech Republic presented a health economic comparison of recombinant activated factor VII (rFVIIa) and plasma-derived activated prothrombin complex concentrate (pd-aPCC) in the treatment of bleedings in inhibitor patients. The objective of this study was to adapt the findings from the Czech study to a Swedish setting.
Methods: Aggregated published data were used for the analysis. Real-life resource utilization (bypassing agents and hospitalizations) were derived from the Czech study. Swedish costs were obtained by multiplying each resource with corresponding unit costs obtained from public price lists.
Results: Mean dose per bleeding in the rFVIIa group was 17000 mcg, while the corresponding figure for the pd-aPCC group was 23000 IU. Mean number of hospital days was 0.9 in the rFVIIa group and 3.2 in the pd-aPCC group. Mean total cost per bleeding was almost twice as high in the pd-aPCC group (SEK 225549) compared to the rFVIIa group (SEK 112298). There was a large variability in resource use across bleeding episodes in both treatment groups.
Conclusions: The Swedish adaptation of the Czech health economic analysis of rFVIIa and pd-aPCC showed that rFVIIa treatment was associated with substantially lower costs per bleeding episode. The main limitation of this analysis in a Swedish setting is that it is based on data from the Czech Republic. However, Czech data should have relevance in a Swedish setting, considering the large similarities between the countries regarding incidence and severity of the disease, management of haemophilia, availability of health care resources, clinical practice patterns, and relative prices. A strength of the analysis is that it is based on real-life data.

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1. **rFVIIa treatment was associated with substantially lower costs per bleeding episode**
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