Cost-minimization criterion for the provision of biological medicine to spondyloarthritis in SUS

INTRODUCTION: The clinical protocols and therapeutic guidelines (CPTG) for ankylosing spondylitis (AS), psoriatic arthritis (PA), ulcerative rectocolitis (UR), and Crohn’s disease (CD) of the Unified Health care System (SUS) define the treatment of the spondyloarthritis, except for UR, include biological medicine (BM). Due to their high cost, strategies aiming to optimize expenses with BM are primordial for financial sustainability of SUS. The aim of this study is to measure the financial impact exerted by the adoption of the cost-minimization criterion for provision of biological medicine to new patients suffering from spondyloarthritis.

METHODS: Retrospective analysis of biological treatment dispensing records for spondyloarthritis by the Specialized Pharmaceutical Assistance Component (CEAF) in 2017. The numbers of patients, their clinical and sociodemographic conditions, as well as the medication used in their treatment were described. The cost of treatment was calculated considering the last price paid by the Brazilian Ministry of Health and the posology defined by the CPTG.

RESULTS: In 2017, 102,655 patients received treatment for spondyloarthritis through CEAF, distributed as: CD (33%), UR (26.9%), AS (23.6%), and PA (16.5%). BM were used by 49,212 patients and 12,380 were starting treatment with biological medicines. Among the BM offered, certolizumab presented the lowest cost of treatment for AS and CD – R$ 11,954.88/year (attack phase) and R$ 10,247.04/year (maintenance phase). For PA, adalimumab represented the lowest impact (R$ 12,2016.64/year). The offer of an option with lower cost but same efficacy (better cost-minimization relationship) would represent a reduction of up to 30% (64 million reais) in the costs with new patients using BM for treatment of spondyloarthritis.

CONCLUSION: The adoption of the cost-minimization criterion for the provision of BM for spondyloarthritis would represent a powerful strategy for optimization in the efficient use in the financial resources of SUS.