

ISPOR 20th Annual European Congress Glasgow, November 4th | 8th 2017

BUDGET IMPACT ANALYSIS OF ENSTILAR® FOR THE TREATMENT OF PSORIASIS IN ITALY

Orlando VL¹, Lanati E¹
¹MA Provider, Milano, Italy

Introduction: Psoriasis is a common chronic inflammatory skin condition that affects approximately 2%–3% of the Caucasian population in western countries. In Italy about the 3% of the adult population is affected by psoriasis, the 10%-12% of whom has a severe type of psoriasis.

Eligible Patients in Italy	
Dovobet® Gel	157,118
Monocomponents	248,375
Corticosteroids	285,981
DMARD	135,754
Biologics	16,219
TOTAL	843,447

ESTIMATED MARKET SHARE				
SCENARIO 2	Year 0	Year 1	Year 2	Year 3
Enstilar®	0,0%	27,4%	39,7%	44,2%
GEL	18,6%	3,7%	0,0%	0,0%
Monocomponents	29,4%	26,4%	24,3%	23,0%
Corticosteroids	33,9%	25,4%	19,5%	16,5%
DMARD	16,1%	15,2%	14,5%	14,1%
Biologics	1,9%	1,9%	2,0%	2,1%
Total	100%	100%	100%	100%

The latest data indicate that the incidence of the disease among the adult population in Italy is 230/100,000 person- year.

Objectives: The objective of this study was to perform a Budget Impact Analysis (BIA) assessing the introduction of Enstilar® for the treatment of psoriasis into the Italian market. Enstilar® is a fixed combination foam (calcipotriene and betamethasone dipropionate) approved for the treatment of psoriasis vulgaris in adult patients. The current Standard of Care in Italy is Dovobet® Gel, indicated for the topical treatment of mild to moderate psoriasis.

Methods: BIA compared two different scenarios: Scenario 1 without the fixed combination foam vs. Scenario 2 with the introduction of Enstilar®. Population data were obtained from IMS database and OsMed report 2015. The time horizon was 3 years from the introduction of Enstilar®. Total number of patients was the same for the two Scenarios, because the model allows the switch of patients from current treatments: Dovobet® Gel, mono-component therapies, topical corticosteroids and systemic therapies (DMARDs and Biologics).

Compared to the current SoC, Enstilar® is more effective with a lower drug consumption (Table 3).

The perspective of the Italian National Healthcare Service was considered. The number of patients potentially eligible for Enstilar® is 843.447 (Table 1-Upper panel). The market share for the entire model's time horizon is represented in table 1-Lower panel.

Prices used in the model are ex-factory prices as published in AIFA web site after price cuts (Table 2).

Table 1. Upper panel: Eligible Patients in the Italian market
Lower panel: Estimated Market Shares in Italy

ITALIAN DRUG PRICES €				
	Unit Price	Number of units per cycle	Therapy's cost	Source
Enstilar®	41.93	2.00	83.86	
Dovobet® GEL	15.31	6.00	91.86	AIFA
Monocomponents	7.13	2.50	17.84	Average Price IMS 2016
Corticosteroids	4.03	2.50	10.07	Average Price IMS 2016
DMARD	427.50	1.00	427.50	Perrone et al.
Biologics	7,808.25	1.00	7,808.25	Perrone et al. (-25% Biosimilars)

Table 2.: Prices, units and costs in an Italian setting

	Consumption per cycle*	Consumption per year	Units per cycle*	Units per year	Actual Units per Year	PGA at cycle end*
Dovobet® Gel	164.24	164.24	5.47	5.47	6.00	22.50%
Enstilar®	98.60	98.60	1.64	1.64	2.00	38.30%

Table 3: Consumption and efficacy
*Paul et al. 2016

Results: The study showed that the introduction of Enstilar®, thanks to its superior efficacy and shorter therapy cycle compared to other topical agents (4 weeks with Enstilar® compared to 8 weeks with Dovobet® Gel), generates savings for the Italian NHS equal to 4.926.537 €, 5.076.094 € and 6.465.717 € respectively in year 1, 2 and 3 over the total expenditure of 215.254.963 €, 224.089.975 € and 232.924.987 € related to the year 1, 2 and 3 in the first scenario.

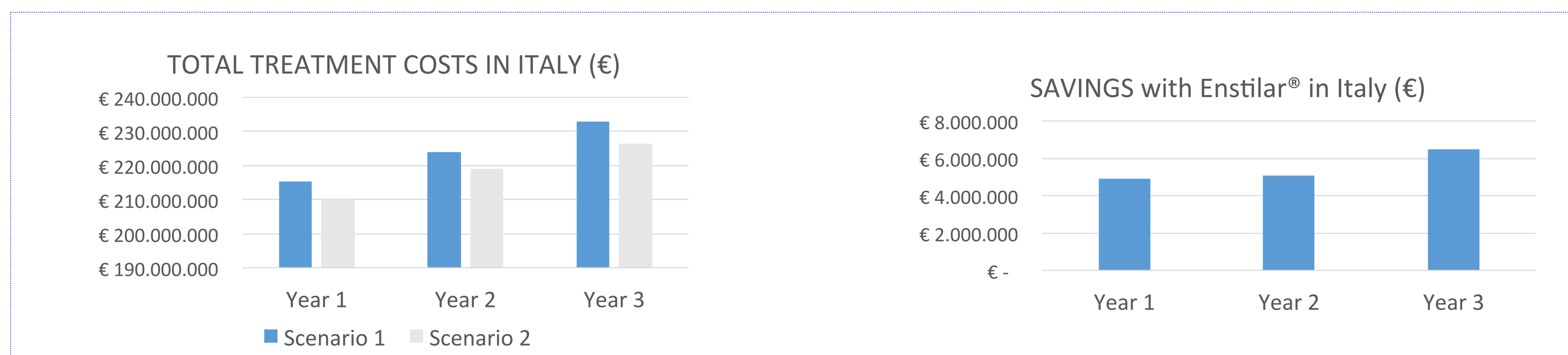


Figure 1

Conclusions: The present study indicates that the introduction of Enstilar® leads to lower total treatment costs for the Italian healthcare system and generates significant savings. Indeed, because of its superior efficacy, Enstilar may reduce or delay the use of systemic therapies.