POTENTIAL FOR COST-SAVINGS THROUGH UROLOGIC MEDICATION PRESCRIBING HABITS IN ONTARIO

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Abstract

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• Canadians pay the second most for prescription drugs in the world
• Funding comes from multiple sources
  o MOHLTC (ODB, etc.)
  o Third-party private insurance
  o Out-of-pocket
• Considerable price differences between brand name and generic formulations
• Physicians often do not routinely consider cost of therapy when prescribing medications
• Implications
  o Public system with limited resources
  o Patient adherence
  o Role of the physician (urologist)

Aims

Illustrate the potential for savings through a cost-analysis of commonly prescribed medications in urologic practice

Methods

• Treatment of benign prostatic hyperplasia (BPH) and metastatic prostate cancer selected for study
• Ontario Drug Benefit/Comparative Drug Index used to obtain brand name and generic formulation prescription drug costs
• Cost of definitive surgical treatments provided by The Ottawa Hospital
• Benign prostatic hyperplasia
  o tamsulosin, silodosin, finasteride, and dutasteride
  o GreenLight PVP
• Androgen deprivation therapy
  o leuprolide, goserelin, triptorelin, buserelin, and degarelix
  o bicalutamide 50mg daily x 1 month added to regimens requiring androgen blockade
  o Bilateral orchectomy (surgical castration)
• Cumulative costs compared up to 5 years

Table 1. Comparative cost-analysis for various prescription formulations in medical treatment of BPH. *Cost of surgical treatment (Greenlight PVP) provided by The Ottawa Hospital.

Table 2. Comparative cost-analysis for various ADT treatment regimens for metastatic prostate cancer. Cost of bicalutamide 50 mg daily added to regimens requiring initial androgen blockade. *Cost of surgical castration (bilateral orchectomy) provided by The Ottawa Hospital.

Conclusions

• Urologists, as physicians, have a leadership role within the healthcare system
• As leaders, we are expected to be effective allocators of public and private resources
• Altering prescribing habits has the potential for substantial cost-savings
• Surgical castration has been identified as an extremely cost-effective alternative to ADT

Disclosure

The authors of this poster do not have any personal financial interest in the findings presented.

Figure 1. Comparative cost-projection of various medical treatment regimens for treatment of BPH up to 5 years.

Figure 2. Comparative cost-projection of various ADT regimens for treatment of metastatic prostate cancer up to 5 years.