

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

Patrick T. Anderson MD and Neal E. Rowe MD

Department of Surgery, Division of Urology, The Ottawa Hospital, University of Ottawa, Ottawa Ontario Canada

Introduction

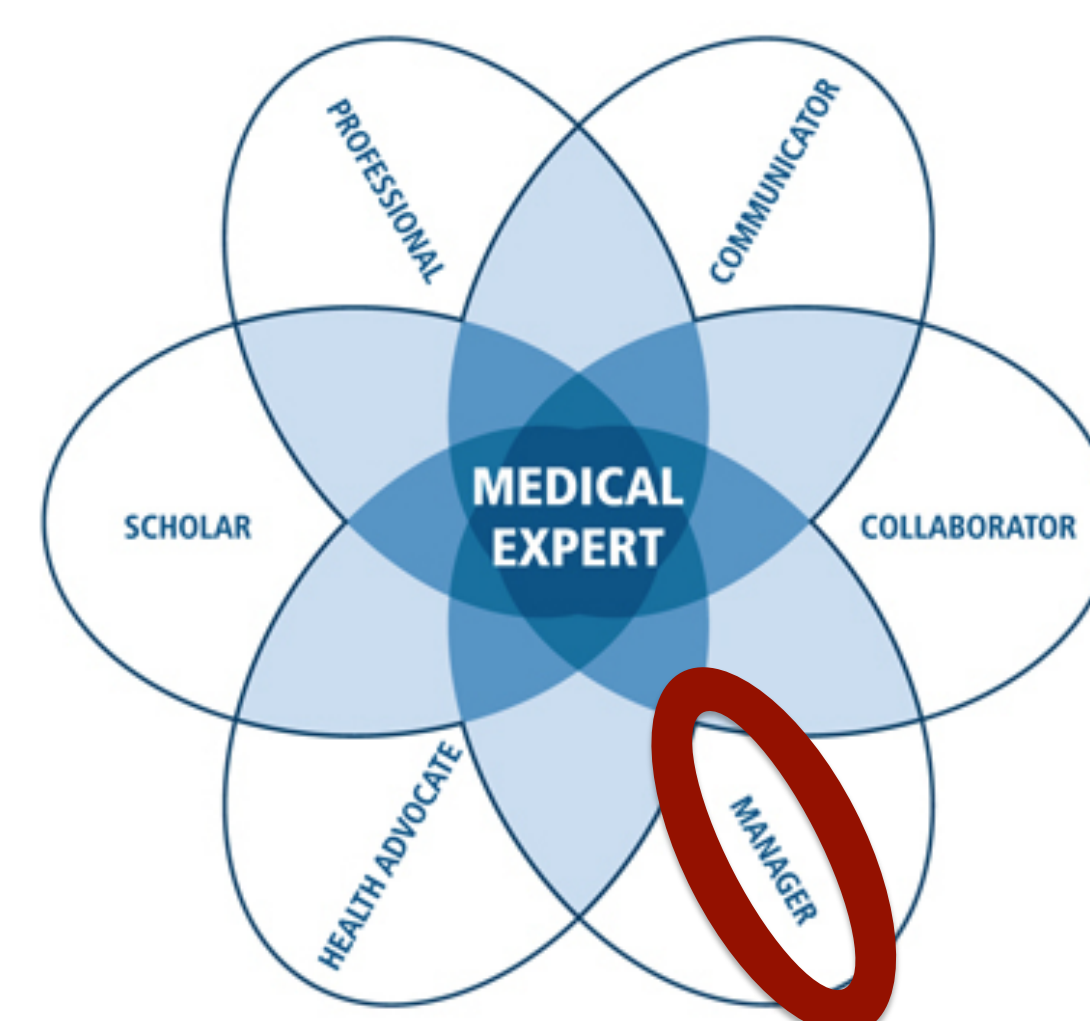
- Canadians pay the second most for prescription drugs in the world
- Funding comes from multiple sources
 - MOHLTC (ODB, etc.)
 - Third-party private insurance
 - Out-of-pocket
- Considerable price differences between brand name and generic formulations
- Physicians often do not routinely consider cost of therapy when prescribing medications
- Implications
 - Public system with limited resources
 - Patient adherence
 - 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
 - tamsulosin, silodosin, finasteride, and dutasteride
 - GreenLight PVP
- Androgen deprivation therapy
 - leuprolide, goserelin, triptorelin, buserelin, and degarelix
 - bicalutamide 50mg daily x 1 month added to regimens requiring androgen blockade
 - Bilateral orchiectomy (surgical castration)
- Cumulative costs compared up to 5 years



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Results

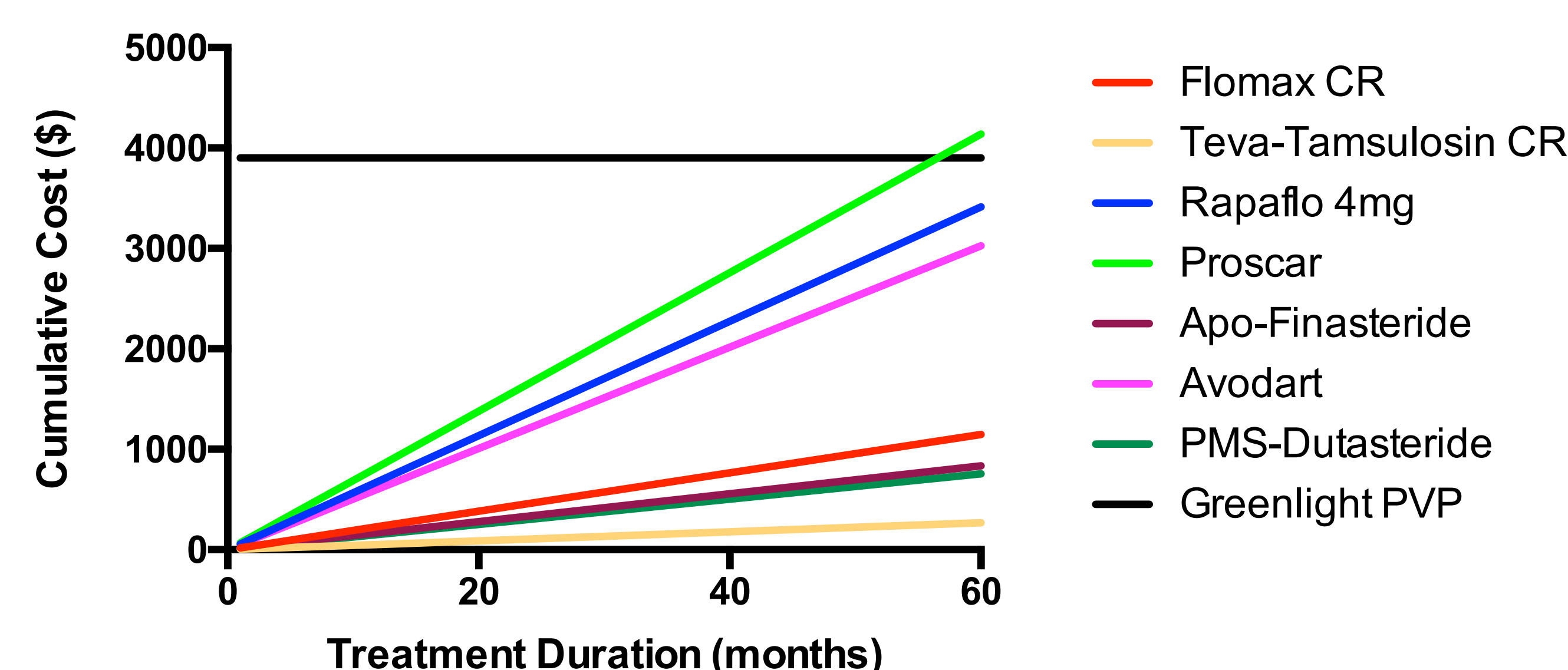


Figure 1. Comparative cost-projection of various medical treatment regimens for treatment of BPH up to 5 years.

Drug	Cost/day	3 months	6 months	1 year	2 years	5 years
Flomax CR	\$0.64	\$57.41	\$114.82	\$229.64	\$459.29	\$1,148.22
Teva-Tamsulosin CR	\$0.15	\$13.50	\$27.00	\$54.00	\$108.00	\$270.00
Novo-Tamsulosin SR	\$0.24	\$21.38	\$42.75	\$85.50	\$171.00	\$427.50
Rapaflo (silodosin) 4mg	\$1.90	\$170.70	\$341.41	\$682.81	\$1,365.62	\$3,414.06
Proscar	\$2.30	\$206.91	\$413.82	\$827.64	\$1,655.28	\$4,138.20
Apo-Finasteride	\$0.46	\$41.70	\$83.39	\$166.79	\$333.58	\$833.94
Avodart	\$1.68	\$151.37	\$302.74	\$605.48	\$1,210.97	\$3,027.42
PMS-Dutasteride	\$0.42	\$37.85	\$75.69	\$151.38	\$302.76	\$756.90
Greenlight PVP*						\$3,900.75

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.

Results

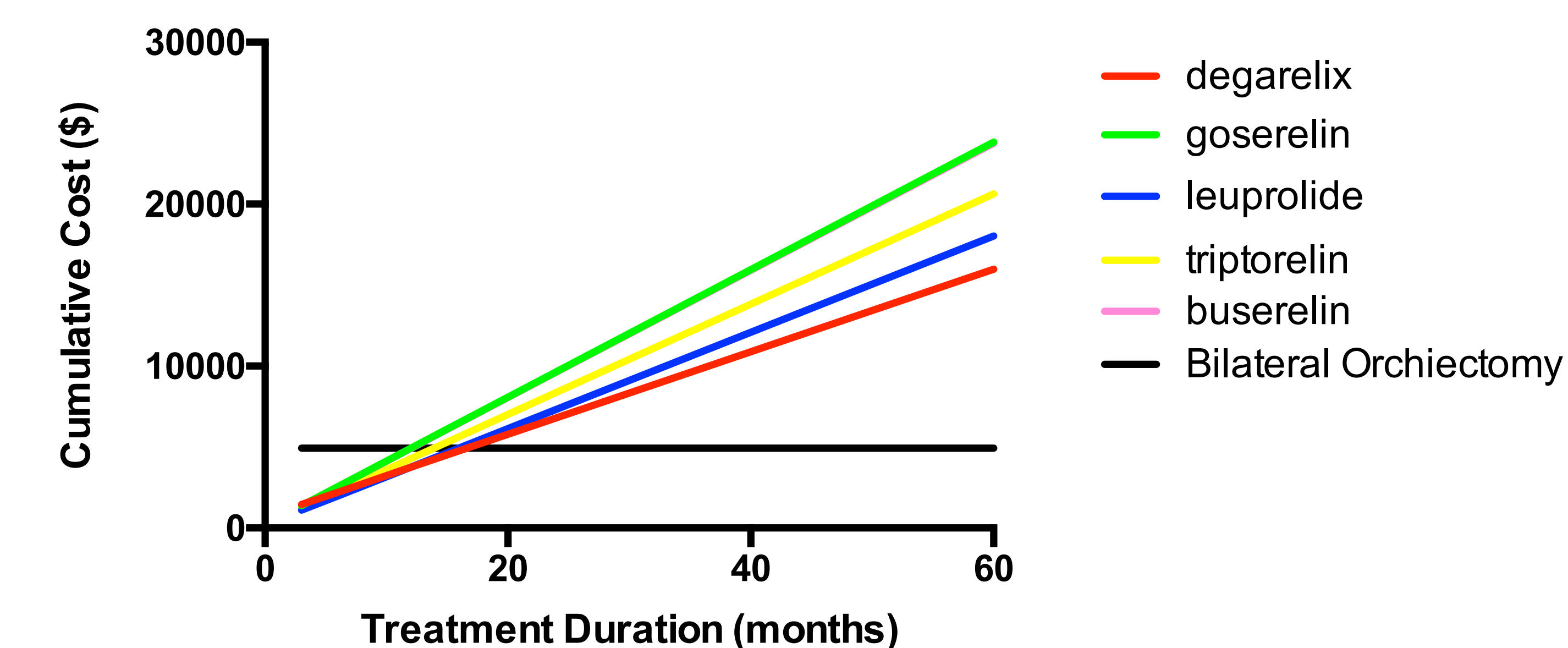


Figure 2. Comparative cost-projection of various ADT regimens for treatment of metastatic prostate cancer up to 5 years.

Drug	Dose	3 months	6 months	1 year	2 years	5 years
degarelix	80mg	\$1,455.00	\$2,220.00	\$3,750.00	\$6,810.00	\$15,990.00
goserelin	10.8mg	\$1,390.21	\$2,571.32	\$4,933.54	\$9,657.98	\$23,831.20
leuprolide	22.5mg	\$1,100.10	\$1,991.10	\$3,773.10	\$7,337.10	\$18,029.10
triptorelin	11.25mg	\$1,230.70	\$2,252.30	\$4,295.50	\$8,381.90	\$20,641.10
buserelin	9.75mg	\$1,386.50	\$2,563.90	\$4,918.70	\$9,628.30	\$23,757.10
Bilateral orchiectomy*						\$4,935.55

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 orchiectomy) 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