

COST-EFFECTIVENESS OF FESOTERODINE IN THE TREATMENT OF PATIENTS WITH OVERACTIVE BLADDER IN SPAIN

Hypothesis / aims of study

Fesoterodine, a new once daily antimuscarinic which has been recently launched in Spain, has proven to be an effective, safe, and well-tolerated treatment in patients with overactive bladder (OAB) in two large pivotal phase III studies^{1,2}. Fesoterodine has also demonstrated clinically and statistically significant improvements health-related quality of life (HRQL) compared to placebo in subjects with OAB³. This analysis assesses the economic value of OAB treatment with fesoterodine relative to extended release tolterodine (TOL) and solifenacin (SOL), from the perspective of the Spanish National Healthcare system.

Study design, materials and methods

The economic model is based on data from a 12-week, randomized, double-blind, multicenter trial comparing Fesoterodine 4mg and 8mg and TOL 4mg/day extended released (ER). Treatment response rates for SOL were abstracted from the published literature.

Discontinuation, efficacy, and changes in HRQL were based on the results of a 12-week multinational randomised clinical trial extrapolated to 52 weeks.

Changes in Health-related quality of life were assessed from a disease specific HRQL tool: the King's Health Questionnaire (administered during the trial) which was transformed into preference-based utility values.

Medical costs included were antimuscarinic drugs, physician visits, laboratory tests, incontinence pads and the costs of OAB-related comorbidities such as fractures, skin infections, urinary tract infections, depression, and nursing home admissions associated with incontinence. Time lost from work was also considered. Direct and indirect costs related to OAB were taken from the published literature. All costs are expressed in € 2008.

Univariate sensitivity analyses were also performed.

Results

At week 12, responders accounted for 50.6%, 40.6% and 47.19% of patients in the FESO, TOL, and SOL groups, respectively. By week 52, the projected proportions of patients remaining on therapy were 33.1%, 26.5% and 30.8%, respectively. The projected QALY gain (compared to baseline) over the 52-week simulation period were 0.01014, 0.00846 and 0.00957 for FESO, TOL and SOL, respectively.

The overall treatment cost was estimated at €1,685, €1,790 and €1,706 for FESO, TOL and SOL, respectively.

Therefore, treatment with FESO resulted in lower overall costs and greater QALY gain than treatment with either TOL or SOL.

Sensitivity analysis showed that these results were robust to changes in drug acquisition costs, treatment response rates and OAB-related co-morbidity rates, but not when varying utility values.

Interpretation of results

Fesoterodine is a dominant treatment option over tolterodine and solifenacin.

Concluding message

The results of this economic analysis suggest that fesoterodine is a cost-effective alternative to tolterodine and solifenacin for the treatment of patients with OAB in Spain. Fesoterodine provides additional health benefits at lower costs being a cost-saving treatment strategy from a societal perspective.

References

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Is this a clinical trial?

No

What were the subjects in the study?

NONE