

COMPARISON OF COSTS BETWEEN PARICALCITOL AND DOXERCALCIFEROL IN HEMODIALYSIS PATIENTS

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In hemodialysis patients, decreased vitamin D receptor (VDR) activation is one of the key contributors to the development of secondary hyperparathyroidism (SHPT). The VDR activator paricalcitol (Zemlar) is the standard of care for controlling SHPT. Recent clinical observations found that paricalcitol therapy is associated with reduced hospitalization and mortality risk for dialysis patients beyond PTH control compared to calcitriol. However, there is limited evidence of differential costs associated with paricalcitol compared to doxercalciferol.

This study evaluated the costs incurred by hemodialysis patients with a focus on comparing paricalcitol (n=443) and doxercalciferol (n=199) therapy. Cost values were obtained from the Thompson Medstat MarketScan database (active employees, 18 years and over) that initiated paricalcitol or doxercalciferol claim between 1/1/2005 and 3/31/2006, and remained enrolled for at least 90 days. Many patients were on other medications including phosphate binders and cinacalcet.

Patients who received both drugs during this period were excluded. Cost per patient year was used for normalization in each treatment group. The drug acquisition cost alone was

significantly greater for paricalcitol; however, after adjusting for all the costs associated with hospitalization and non-hospitalization events when all costs are included in the analysis, the difference in the total cost per patient year was only 4% between the two groups.

These descriptive results suggest the greater cost of paricalcitol may be off-set by a reduction in overall costs when compared to doxercalciferol. These results are consistent with previous findings that paricalcitol therapy is associated with reduced hospitalization and improved survival. Further comparative studies are necessary to validate these results.

