CYSTIC FIBROSIS (CF) OUTPATIENT TREATMENT COSTS: A RETROSPECTIVE ANALYSIS

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OBJETIVES

- To asses the pharmaceutical cost associated with CF outpatients from the Adult Cystic Fibrosis Unit at third level hospital.

METHODS

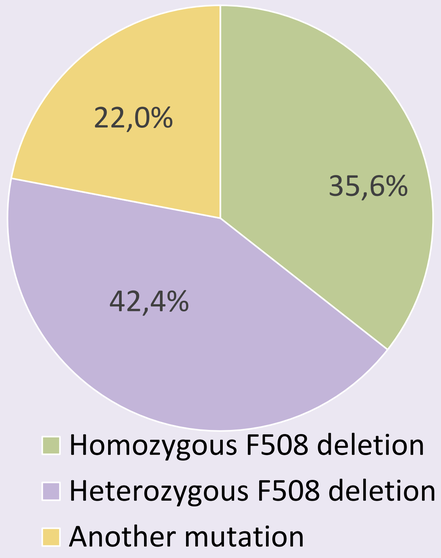
- Retrospective observational study of CF medication in adult patients throughout the year 2017.
- Patients without complete annual monitoring were excluding.
- SPSS program (15.0 version) was used for data analysis.
- CFTR modulators drugs and hypertonic 7% sodium chloride solution as master preparation were not considered for overall costs (purchase price was zero).

Collected data
Age, sex
Mutation of cystic fibrosis transmembrane conductance regulator (CFTR) gene
Forced expiratory volume in 1 second (FEV1)
Colonization by *Pseudomonas aeruginosa* (PA)
Drug therapy costs (laboratory selling price notified in Nomenclator)

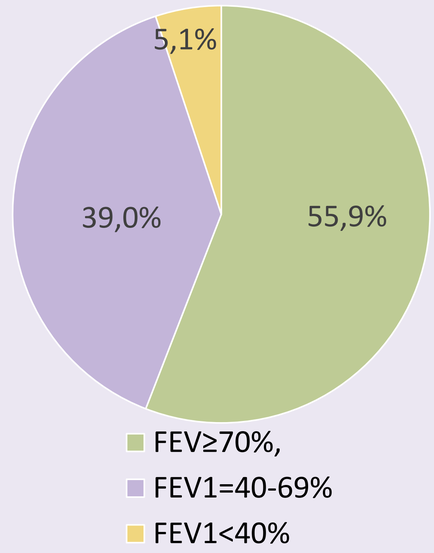
RESULTS

- **Nº pacientes:** 59
- **Mediana de edad:** 32,2 years (±9.2)
- **Sexo:** 54,2 % were female

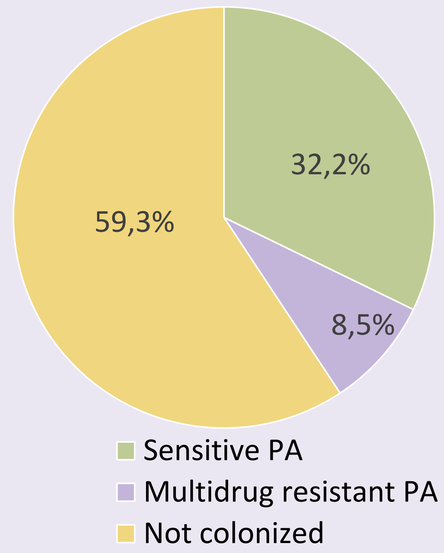
CFTR mutation



FEV1



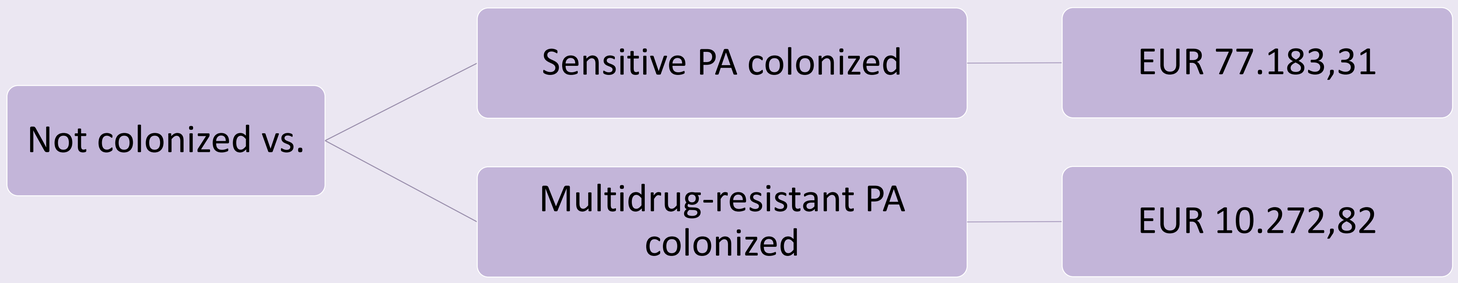
Colonization by PA



Analysis cost

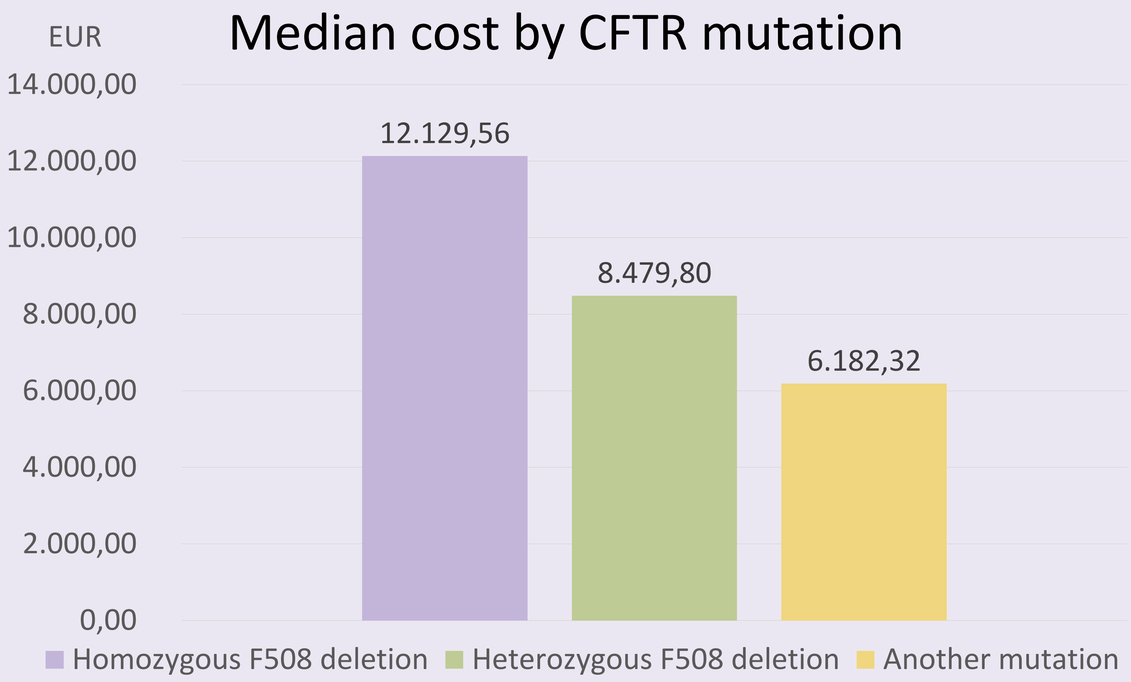
Total cost	EUR 54.7085,70
Median cost	EUR 7.147,58

Difference cost by PA colonization

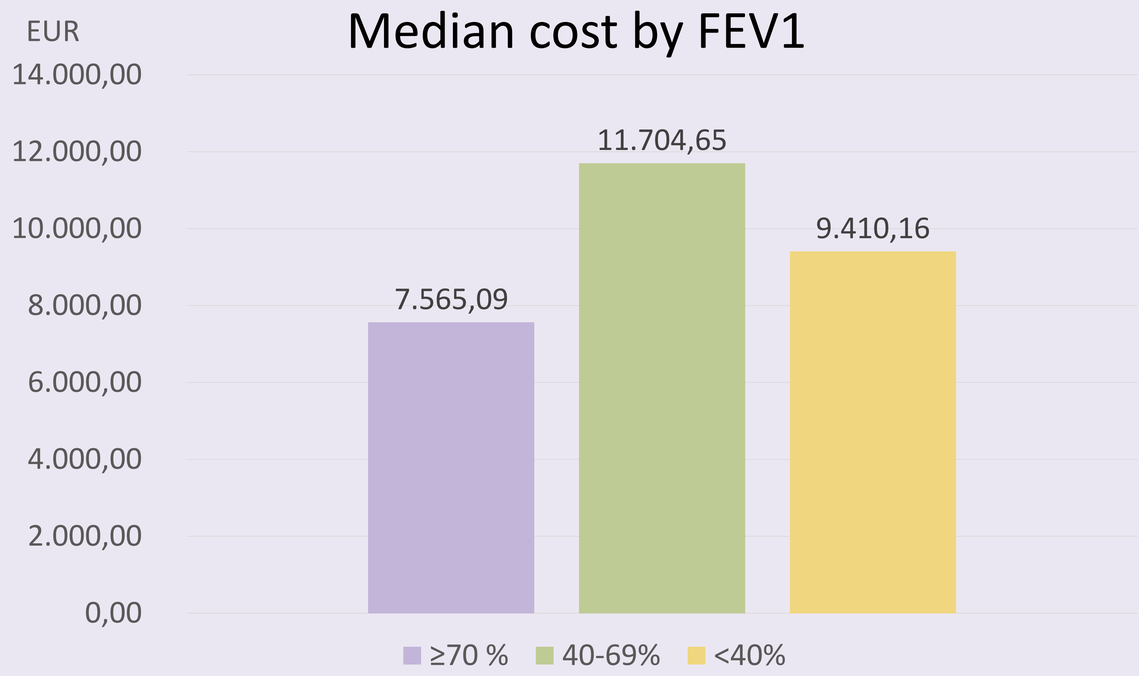


All differences were statistically significant (p<0,007).

Median cost by CFTR mutation



Median cost by FEV1



All differences were statistically significant (p<0,007).

DISCUSSION

- Treatment costs per patient are similar to those reported in literature.
- Severe dysfunction means lower expenditure than intermediate function, on account of excluding CFTR modulators.
- Homozygous F508 deletion, associated with a worse prognosis, means high expenditure.

CONCLUSIONS

- CF is a relatively costly disease, although new CFTR modulator drugs will increase costs considerably.
- The pulmonary function and CFTR mutation are related with treatment cost.
- Relationship between treatment adherence and cost should be analyzed in further studies.

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