

HEALTH ECONOMIC CONSIDERATIONS TO A NEW DEBRIDING AGENT FOR DEEP PARTIAL AND FULL THICKNESS BURNS (P170)

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Introduction: NexoBrid has been approved by the European Medicine Agency at the end of 2012. NexoBrid is a new debriding agent of purified bromelain for the treatment of adults to remove the eschar from deep partial and full thickness burns caused by heat or fire. NexoBrid was granted orphan drug status by the Committee for Ophan Medicinal Products (COMP) Deep partial and full thickness burns may be life threatening, serious thermal injuries of the dermis which are usually best treated with an early removal of the dead tissue [1].

The standard of care for the debridement of these burns is surgical excision, including tangential excision, dermabrasion and hydrosurgery. The evidence of the pivotal study for market authorization has proven that the need for surgery is reduced so that in many cases surgical excision can be avoided [2]. Furthermore, the need for autografting for deep partial thickness wounds is reduced by 65%. In case of full thickness burns autografting is always necessary. NexoBrid can be used immediately after admission to the burn center so that the debridement can be completed even within the day of admission. Debridement with NexoBrid is as effective as surgical debridement but significantly faster, so that potential savings of intensive care and hospital time are possible. An outline of the remuneration options is presented.

Results: As an innovative drug for a small patient population which is treated in burn centers or specialized hospitals, the use of NexoBrid is related to the economic remuneration systems of the hospitals. Many, but not all health care systems in Europe use Diagnosis Related Groups (DRGs) as a lump sum payment for the hospital treatment [3]. Pharmaceuticals which are used during the hospital stay are sometimes part of the calculated DRGs and are sometimes paid in addition to the existing DRGs. Especially for new and innovative drugs the calculation of the DRGs does not include the costs for a new treatment option.

Conclusions: Regardless of the patient benefits that are associated with the new treatment a cost minimization approach is often used by the hospitals to evaluate a new treatment option only from a financial perspective. For some countries a Budget Impact Analysis demonstrates potential savings with NexoBrid even within existing DRGs. However, to take into account the specific advantages for the patients it would be necessary to calculate cost efficiency in terms of a cost benefit assessment. This would ultimately lead to an analysis which evaluates the patients' benefits and the incremental costs that result from the avoidance of surgeries. Health care systems and hospital remuneration systems should be prepared to finance innovative treatments to the benefit of the patients especially since the existing DRGs cannot include the costs and benefits for new treatment options.

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