

# BUDGET IMPACT ANALYSIS OF RAVULIZUMAB ADOPTION FOR ATYPICAL HEMOLYTIC UREMIC SYNDROME (aHUS) DISEASE, A SINGLE CENTER EXPERIENCE IN SAUDI ARABIA



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## Background

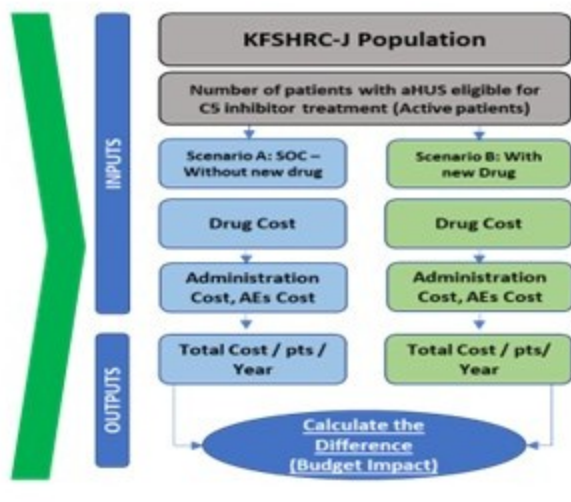
- A budget impact analysis for investigational drug service in KFSH&RC-Jeddah hospital: Aligning with the hospital vision for Atypical Hemolytic Uremic Syndrome (aHUS) management through brand switch initiative.

## Objectives

- To quantify the economic impact of switching patients with Atypical Hemolytic Uremic Syndrome (aHUS) from Eculizumab to Ravulizumab, both C5 inhibitors, at KFSH&RC-Jeddah hospital.

## Methods and Materials

- A model over a three-year time horizon compared the costs associated with Ravulizumab, dosed every eight weeks, to the costs associated with Eculizumab, dosed every two weeks. The model followed a two-scenario approach: scenario A, assumed treatment with Eculizumab only, and scenario B, assumed the availability of Ravulizumab on the market.
- The model was developed using a prescription-based approach. The active patients' number in a specific year was used to project the treated population and market shares of Ravulizumab and Eculizumab. The model assumed all active patients would receive treatment under both scenario A (without Ravulizumab) and scenario B (with Ravulizumab), and no uncontrolled patients were included.

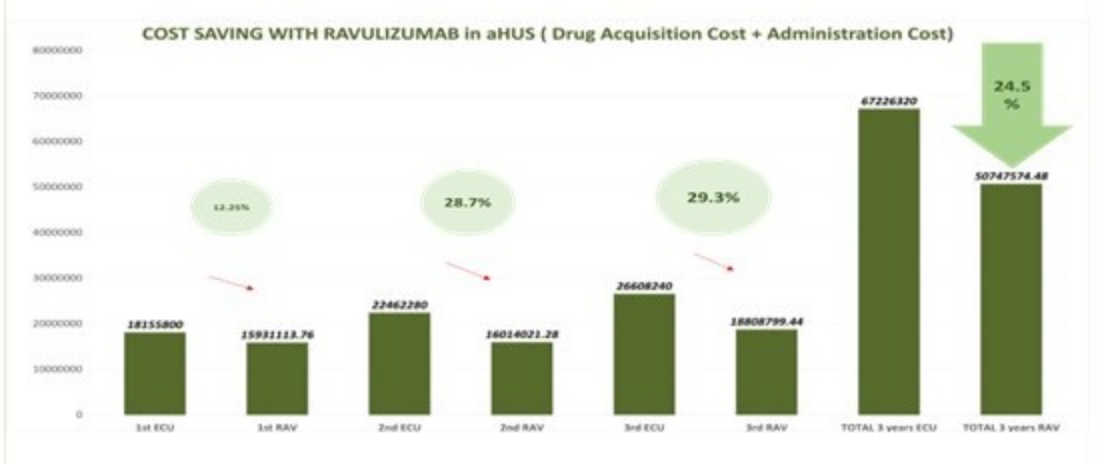


## Results

- The study suggests switching to Ravulizumab will result in cost savings.



- The estimated savings are SAR 2.224 million (12.25%), SAR 6.448 million (28.7%), and SAR 7.799 million (29.3%), respectively, within a three-years horizon. The cumulative savings for 14 patients are estimated to be SAR 16.471 million (24.5%), driven by the drug acquisition cost. These findings are based on assumptions and inputs used in the budget impact analysis.



## Conclusions

- Switching to Ravulizumab would save KFSH&RC-J resources and could have a negative budget impact y-o-y. Less dosing lowers drug acquisition & administration costs. The payer's perspective may not reflect societal costs. Assumes full-year treatment, no mid-year switching. Budget impact analysis aids decision-making, but findings may not apply to all settings.

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