Pharmaco-economic report, summary

Ulipristal (Esmya[®]) for the indication preoperative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age.

Recommendation by Zorginstituut Nederland dated 25-03-2013, based on an evaluation by the WAR (Scientific Advisory Committee)

The Medical Products Committee (*Commissie Geneesmiddelen*, CG) has approved a pharmacoeconomic report for the medicine ulipristal (Esmya[®]). The following is a summary of the data supplied by the applicant. The final conclusion indicates the findings of the CG.

Economic evaluation

The economic evaluation was carried out using a cost-minimisation analysis. A decision tree was used. The study results, measured over a period of 3 years, were not extrapolated.

Comparative treatment

Ulipristal was compared with leuprorelin in the economic evaluation.

Assumptions

- Leuprorelin was administered to all patients allocated to this treatment by a GP (base-case)

- GP visits for diagnosis and prescription costs were the same for both treatments
- the administration of leuprorelin does not lead to productivity losses
- treatment with ulipristal or leuprorelin stops after 3 months or 12 weeks

- it takes 15 minutes for a home-care nurse to administer a GnRH-agonist

Effects

Not applicable.

Costs

Direct medical costs and direct non-medical costs were included in the base-case calculation. The average costs per patient were \in 442.86. The average incremental costs per patient are - \in 11.18 in comparison with the costs of leuprorelin.

Efficiency

The applicant reports that treatment with ulipristal, in comparison with leuprorelin, is costeffective.

Final conclusion

The applicant claims that treatment with ulipristal is a cost-effective intervention for the preoperative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age.

The CG concludes that the cost-effectiveness of ulipristal in the preoperative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age has been sufficiently substantiated.

The original text of this excerpt from a WAR-**Report** of Zorginstituut Nederland was in Dutch. Although great care was taken in translating the text from Dutch to English, the translation may nevertheless have resulted in discrepancies. Rights may only be derived on the basis of the Dutch version of Zorginstituut Nederland's CFH-Report.

Furthermore, Zorginstituut Nederland points out that only the summary of this report was translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.