

Risedronic acid vs ibandronic acid: a cost-effective analysis

At a range of rebate discounts of wholesale acquisition costs (WACs), risedronic acid appears to be more cost effective than ibandronic acid for the treatment and prevention of fractures in elderly, postmenopausal women, according to study results presented at the annual meeting of the American Society for Bone and Mineral Research.

Investigators used a Markov model to evaluate the cost-effectiveness of risedronic acid and ibandronic acid in a cohort of such women over a 1-year time horizon, considering these discounts. Eligible patients had a previous vertebral fracture and a BMD T-score of < -2.5 ; fracture rates were derived from US studies.

Annual WACs before rebate discounts were \$US853.56 for ibandronic acid and \$US924.69 for risedronic acid. Vertebral and non vertebral risk reduction measures were 58% and 0%, respectively, for ibandronic acid, and 65% and 74%, respectively for risedronic acid.

When discount levels were equivalent, risedronic acid use was associated with lower fracture costs and lower total costs of treating fractures than ibandronic acid. Moreover, total medical cost with risedronic acid at 0% discount were less than those with ibandronic acid at 60% discount.

Risedronic acid was also associated with lower costs than ibandronic acid for the cost per fracture avoided versus no treatment; a discount of $\geq 40\%$ for risedronic acid, relative to no treatment, resulted in costs savings. Even when a 90% discount was considered, ibandronic acid was not associated with cost saving.

The investigators concluded that "in this analysis, overall cost-effectiveness is more dependent on efficacy than rebate discounts".