TB MEDICINE COSTS FOR RIFAMPIN-RESISTANT TUBERCULOSIS TREATED WITH A SHORTER REGIMEN

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OUTLINE

- Background
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BACKGROUND

• Procurement of medicines for STREAM clinical trial, 2011–2019

• Regimens:
  
  o Isoniazid – Kanamycin – Prothionamide – Clofazimine – Ethambutol – Moxifloxacin – Pyrazinamide

  o Isoniazid – **Amikacin** – Prothionamide – Clofazimine – Ethambutol – **Levofloxacin** – Pyrazinamide

• TB medicine Sources: Global Drug Facility/IDA Foundation and Appointed Agent or Manufacturers directly

• Medication costs accounted for 6% (South Africa) to 33% (Ethiopia) of treatment costs
METHODOLOGY

• Prices from 50 purchase orders collected
• Average prices calculated per year
• Cost of medication calculated per patient >50 kg
• Logistics fees were excluded (e.g. shipping, customs, duties)
RESULTS

• MDR-TB medications cost per patient decreased from 1,900 USD (2011) to 620 USD (2019) – 67% decrease

• Three medicines – clofazimine, kanamycin/amikacin, moxifloxacin/levofloxacin – accounted for 94% (2011) to 82% (2019) of medication costs
RESULTS

Evolution of MDR-TB Medication Costs per Patient (>50 kg)

Cost (USD)
RESULTS

Evolution of MDR TB Medication Costs per Patient (>50 kg)

- Moxifloxacin
- Levofloxacin
- Clofazimine
- Kanamycin
- Amikacin
- Pyrazinamid
- Prothionamid
- Ethambutol
- Isoniazid

Years: 2011 to 2019
RESULTS

- Sourcing TB medicines directly from the manufacturers resulted in 60% higher costs

*400 mg tablet  
** 400 mg tablet  
*** 100 mg tablet
CONCLUSIONS

• Increased demand for TB medicines through clear treatment guidelines and pooled procurement results in lower prices and decreased medication costs.

• Poor forecast/unexpected demand and ad-hoc procurement increases prices and results in increased medication costs.

• Future savings for MDR-TB regimens could be achieved through price reductions for clofazimine.
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