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## Correspondence

# Cost-effectiveness of saxagliptin in the Brazilian supplementary health system

## Custo-efetividade da saxagliptina no sistema de saúde suplementar brasileiro

Dear Editor,

Nita et al.,<sup>1</sup> in the May/June issue of the journal, reported on the cost-effectiveness of using saxagliptin as an additional therapy to metformin in patients with decompensated diabetes mellitus. Although initially the summary called my attention due to its conclusion, I believe that some limitations and doubts are applicable to the study.

In cost-effectiveness studies, where costs must be detailed, the unit value specification is mandatory, as well as the calculation basis in relation to the drug dose and reference. This should be especially observed in simulations similar to that presented in the abovementioned article, as well as in any cost-effectiveness analysis of a country's health networks, using data from other economies and realities from totally different systems. Otherwise, a simple comparison of effectiveness of the standard dose of a drug to the detriment of an initial dose of another would show considerable bias.

Carrying out a simple price analysis, the annual cost for pioglitazone may be only 27.38% of the value reported by the study, and can also vary 257% between the available doses. I also report that the lack of results in relative terms to the economy of the population loss ratio can also lead to

an inadequate discussion. Thus, I believe that the authors' conclusions are fragile due to the indicated limitations and doubts, and I suggest that their analysis should be confirmed (or refuted) by a study with a more appropriate method and design.

### REFERENCE

1. Nita ME, Eliaschewitz FG, Ribeiro E, Asano E, Barbosa E, Takemoto M, et al. Cost-effectiveness and budget impact of saxagliptine as additional therapy to metformin for the treatment of diabetes mellitus type 2 in the Brazilian private health system. *Rev Assoc Med Bras.* 2012;58:294–301.

Ítalo Martins de Oliveira  
 Hospital de Messejana Dr. Carlos Alberto Studart Gomes,  
 Fortaleza, CE, Brazil

\*Corresponding author at: Hospital de Messejana  
 Dr. Carlos Alberto Studart Gomes, Av. Frei Cirilo, 3480,  
 Messejana, Fortaleza, CE, 60846-190, Brazil  
 E-mail: italomartins@cardiol.br (I.M. Oliveira)