



Title	Transdermal Hormone Replacement Therapy Patches for Women with Postmenopausal Symptoms: Economic Analysis of Short-term Use
Agency	CADTH, Canadian Agency for Drugs and Technologies in Health Suite 600, 865 Carling Ave, Ottawa, ON K1S 5S8, Canada; Tel: +1 613 226 2553, Fax: +1 613 226 5392; publications@cadth.ca, www.cadth.ca
Reference	CADTH Technology Report, Issue 61, January 2006. ISBN 1-894978-84-6 (print). Full text available at www.cadth.ca/media/pdf/250_costbenefit_HRT_tr_e_.pdf

Aim

To present an economic analysis of transdermal patches for the short-term treatment of postmenopausal symptoms in women.

Conclusions and results

Eight studies reporting on 9 unique RCTs met the inclusion criteria of the clinical search, and the data were used as inputs to the economic model. The economic analysis found that transdermal hormone replacement therapy (HRT) patches are not cost effective relative to oral HRT for either the moderate or severe postmenopausal symptom groups. Relative to no treatment, transdermal HRT patches may be cost effective for women with moderate or severe symptoms. This suggests that transdermal patches may be an appropriate treatment option for patients who do not tolerate oral HRT, especially if they are experiencing severe postmenopausal symptoms.

Recommendations

Not applicable.

Methods

A literature search was performed to select relevant clinical studies as inputs for the economic model. The search covered the years 1990 through to May 2004. The studies considered were randomized controlled trials (RCTs) that compared the efficacy of transdermal HRT patches with oral HRT, or the efficacy of transdermal HRT patches with placebo patches. A decision analytic Markov model was developed to assess the costs and quality-adjusted life-years (QALYs) of women who were using HRT for postmenopausal symptoms in the short term (2 to 3 years). Separate analyses were performed for women with severe symptoms and women with moderate symptoms. Cost effectiveness was assessed in terms of transdermal HRT patches relative to oral HRT, and transdermal HRT patches relative to no treatment. The perspective taken was that of a third-party payer.