severe reflux oesophagitis (RO), Los Angeles grades C or D compared with standard adult doses of other proton pump inhibitors (PPIs), i.e., generic lansoprazole 30 mg od, generic omeprazole 20 mg od, pantoprazole 40 mg od, and rabeprazole 20 mg od. METHODS: A simple decision-tree model was designed to evaluate the cost-effectiveness of esomeprazole over a 6-month time horizon from the perspective of the UK National Health Service. Healing rate probabilities were extrapolated from the results of a meta-analysis of 6 randomised, controlled trials that compared esomeprazole with other PPIs in adults who had endoscopically-confirmed RO. Data from the IMS Disease Analyser was used to estimate the average duration of a course of PPI therapy prescribed to adolescents in the UK. Health state valuations were estimated from a European study that used Time Trade Off to obtain utilities scores from a sample of more than 1,000 patients with GORD symptoms. RESULTS: Esomeprazole was a cost-effective treatment option for adolescents with moderate or severe RO versus all other standard-dose PPIs. For example, incremental cost-effectiveness ratios ranged from £2,200/QALY (95% CI, £1,100/QALY to £5,600/QALY) and £15,200/QALY (95% CI, £6,700 to >£80,000/QALY), when esomeprazole was compared with pantoprazole (in adolescents with severe RO) and generic lansoprazole (in adolescents with moderate RO), respectively. The probability of esomeprazole being cost-effective at a threshold of £30,000/QALY was greater than 84% for all the analyses that were undertaken. CONCLUSION: Esomeprazole is a cost-effective treatment for adolescent patients who are presumed to have moderate or severe reflux oesophagitis.

**PGI9**

**PHARMACOECONOMIC ANALYSIS OF GERD TREATMENT AFTER OMEPRAZOLE FAILURE IN SPAIN**

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**OBJECTIVES:** Determine which new generation proton pump inhibitor (PPI) is most cost-effective in the treatment of GERD after omeprazole failure as well as their expected impact on Spanish NHS budget. METHODS: A pharmacoeconomic deterministic model was developed, based on data extracted from literature, form an NHS perspective to compare esomeprazole (ESO40 mg/d), lansoprazole (LANSO30 mg/d), pantoprazole (PANTO40 mg/d) and rabeprazole (RABE20 mg/d) in patients with GERD refractory to omeprazole (patients without remission or remaining symptomatic after OME 20 mg/day 4 weeks). The effectiveness measure was symptom free-days after 12 months of treatment. The costs included were drugs and health care utilization resources (diagnostic methods, physicians visits and surgery), expressed as 2006 €. Moreover a budget impact model was done to know the affordability of most cost-effective drug utilization in a 1000 patients cohort. RESULTS: ESO provide higher remission rates (238 days without symptoms) than the other alternatives: LANSO-213 days; PANTO-203 days; RABE-205 days. The annual cost by patient are: 652€-ESO, 703€-LANSO, 734€-PANTO; 706€-RABE. The analysis indicates that ESO being a dominant therapy in this case. The expected cost by patient is 428.84€ (310 symptoms free-days), based on 2006 treatment patterns. Increasing the ESO utilization on 25, 50, 75 & 100%, instead of less effective and costly drugs, could produce potential savings for the Spanish NHS: 720€, 1430€, 2000€ & 2860€, respectively, which would allow for the treatment of more patients with the same budget: 1.68, 3.35, 4.69 and 6.71 additional patients, correspondingly. CONCLUSION: ESO is the most cost-effective and efficient PPI in the treatment of GERD after omeprazole failure in Spain.

**PGI10**

**WITHDRAWN**

**PGI11**

**IMPACT OF CONSTIPATION ON HEALTH CARE UTILIZATION AND COSTS IN PATIENTS ON OPIOID THERAPY**

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**OBJECTIVES:** To assess the impact of constipation on opioid use patterns, resource utilization, and costs in patients on opioid therapy. METHODS: A retrospective study was conducted in patients who initiated opioid therapy between 1/1/99 and 12/31/05. Patients were identified from longitudinal insurance claims from US health plans. An index date was defined as the date of the 1st pharmacy claim for an opioid. Patients had ≥30 days of opioid use and continuous plan coverage for ≥6 months before and ≥12 months after their index date. Outcomes were assessed over 12 months following the index date. Constipation was defined as evidence of ≥1 ICD-9 code of 564.0 in the follow-up period. Opioid use patterns were compared between patients...