for pregnant women suffering from symptoms of significant hyperacidity and GERD. The number of patients was a limiting factor and more studies need to be done to establish the therapeutic benefits of combination antacids in pregnant population.

GASTROINTESTINAL DISORDERS - Cost Studies

PG16 A BUDGET IMPACT ANALYSIS TO ESTIMATE THE ECONOMIC IMPACT OF LACTEST FOR THE DIAGNOSIS OF HYPOLACTASIA IN SPAIN

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OBJECTIVES: To assess the economic impact of introducing LactTest®1, a new drug test which determines the level of hypolactasia in adults and elderly with clinical symptoms of lactose intolerance on the Spanish market. METHODS: A budget impact model was developed using the perspective of the Spanish National Health System (NHS) with a 4-year time horizon. The model was populated with data on diagnostic tests for hypolactasia, health care resource utilization, unit costs and market shares. The potential number of diagnostic tests annually performed in Spanish hospitals was based on a study estimating the number of patients with clinical symptoms eligible for a diagnostic test across 45 Spanish hospitals in Spain. Diagnostic tests included in this study were the hydrogen breath test plus measurements of capillary blood glucose after an overload of lactose, intestinal biopsy, fecal pH test, genetic testing and LactTest®. Costs considered were diagnostic tests, laboratory tests, physician visits and time of health professionals. All costs referred to EUR 2012, using a 3% annual discount rate. Direct medical annual costs per patient with each diagnostic test were estimated before and after the introduction of LactTest® in order to estimate the total annual health care costs. RESULTS: The Spanish population with clinical symptoms of hypolactasia eligible for a diagnostic test was estimated to be constant at 126,420 during the next four years. Total health care costs were estimated at 81.7 million without the introduction of LactTest® and at 89.7 million after its introduction. CONCLUSIONS: The introduction of LactTest® only shows a moderate increase in the total costs for the Spanish NHS. LactTest® though is a test with a high reliability which decreases the need for repeating the test and the cause for additional costs as is the case with some of the other diagnostic tests compared in this study.

PG17 ADHERENCE TO 5-AMINOSALICYLIC ACID (5-ASA) THERAPIES IN ULCERATIVE COLITIS (UC): A UK BUDGET IMPACT ANALYSIS

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OBJECTIVES: Adherence with 5-aminosalicylic acid (5-ASA) treatments has been shown to be associated with a reduction in disease relapses in UC patients. The aim of this budget impact analysis was to explore and quantify how adherence with individual 5-ASA treatments may impact direct medical costs, through its effect on relapse rate, in a real-world setting. METHODS: A 1-year decision analytic budget impact model was developed to combine data from a UK-based adherence study with individual 5-ASA treatments to the 5-ASA with the highest adherence rates. This model also allows running simulations of relative changes in treatment utilization to show the associated budget impact from the perspective of the National Health Service (NHS). RESULTS: Higher adherence rates (48.3% for MMX Matrix System®1, 45.5% for Delacate®2, 42.5% for Pentasa®3, and 40.7% for Asacol®4) were associated with lower hospitalization rates (6.6%, 7.3%, 7.7%, 8.1%, 8.3%, 8.3%, and 8.5%, respectively). The model showed that a hypothetical move from the current utilization mix of 5-ASA treatments to the 5-ASA with the highest adherence rate could save the NHS approximately £92,800 annually per 1,000 UC patients. CONCLUSIONS: As non-adherence in UC is associated with costly medical resource utilization, significant cost offsets could be achieved within the NHS by favoring the 5-ASA treatment with the highest adherence rate.

PG18 SECOND AND THIRD GENERATION FVIII TREATMENT RESOURCES CONSUMPTION BREAK-EVEN POINT: THE PASS STUDY RESULTS

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OBJECTIVES: Second or third generation FVIII determine different resource consumption in long-term therapy. The Pass study aimed to assess the break-even point in patients treated with ADVATE® or with another second or third generation (FVIII X), considering effects on direct medical cost attributable to different inhibitors development. METHODS: A model based on Oldenburg 2010 study population characteristic 348 Pre Treated Patients, FVIII ≥12%, no previous inhibitor stories was developed comparing costs generated from ADVATE® treatment vs “FVIII X”. We considered a time horizon of 5 years and the National Health System’s (NHS) point of view. In order to assess the validity of the break-even point estimate, a sensitivity analysis was conducted modifying the percent of patients allocated to each treatment arm. Results: According to model results the overall cost during 5 years was: 243,966,787.44€ for ADVATE® treatment and 223,402,106.06€ for “FVIII X” treatment. To gain the break-even point between ADVATE® and “FVIII X”, the number of patients who should develop inhibitors was 480 (81.43%) in 5 years. If all patients were allocated to prophylaxis regimen, to gain the break-even point the number of patients who should develop inhibitors was 9,682 (78%). On the other hand for on demand treatment it should be 1,296 (3.7%). CONCLUSIONS: Considering the high costs associated with the management and the treatment of inhibitors, studies in scientific literature, the Pass Study provided interesting information for decision makers in order to manage properly patient care, as an expensive adverse event in hemophilic A patients treatment. A direct comparing study is necessary to study to obtain more consistent results.

PG19 PHARMACOECONOMIC EVALUATION OF ANTIHELICOBACTER THERAPY IN ULCERS DUODENUM IN UKRAINE

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OBJECTIVES: Sequential antihelicobacter therapy (A) is one of the ways to overcome Helicobacter pylori (H. pylori) resistance to antibiotics. The aim is comparable effectiveness of different schemes of AT: A1, A2, A3. A1: a sequential therapy (scheme 1) and traditional triple therapy (scheme 2). METHODS: Cost-effectiveness analysis was used. The schemes and their efficacy were taken from a clinical study which were conducted in a hospital in Kharkiv (by O.I.J., 2009). The data were obtained from 63 patients with the symptoms of the duodenum (PUD) associated with H. pylori. Scheme 1: the drugs were prescribed in 2 stages: the first (5 days) - rabeprazole (daily dose (DD) 40 mg), amoxicillin (DD 2000 mg), the second (5 days) – rabeprazole (DD 40 mg), clarithromycin (DD 1000 mg) and bismuthate tripotassium diclrate (DD 480 mg). Scheme 2 included of rabeprazole (DD 40 mg), amoxicillin (DD 2000 mg), clarithromycin (DD 1000 mg) for 10 days. After administration of both schemes, the patients received rabeprazole (DD 20 mg) for one month. A criterion of efficacy was the number of patients (%) with H. pylori eradication: scheme 1 – 96.80%, scheme 2 – 72.00%. For determining the costs of the course of AT per patient only the costs of the drugs were taken into account. The prices of drugs were taken from the information system “Drugs” of Company “Morion” (February, 2012). The currency ratio of UAH to dollar (USA) on 01.02.12 was 7:98.1. RESULTS: The costs for the scheme 1 are £170.28, for scheme 2 are £202.29. The first scheme (NER 175.91$) 1.6 times is more cost effective than the scheme 2 (NER 280.96$). CONCLUSIONS: The application of sequential antihelicobacter therapy can provide effective and economically founded AT PUD in medical practice.

PG12 COST OF DISEASE RELATED MALNUTRITION IN CROATIA – A HIDDEN COST IN THE HEALTH CARE CLOSET WANTS OUT

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OBJECTIVES: Disease related malnutrition (DRM) and its risk are still highly prevalent in some patient populations, depending on patients’ diagnoses and age, setting and assessment tools used. DRM is associated with increased morbidity and mortality, decreased QOL, frequent hospitalizations and increased health care costs. Moreover, the economic and human costs of malnutrition are avoidable. The purpose of the study is to estimate cost of DRM in Croatia by assessing direct costs related to hospitalizations, drug consumption, outpatient care in selected illnesses (IBD, gastric and lung cancers, chronic renal impairment and COPD). Selection was based on most evident indications and available data. Secondary objective was to calculate and compare the total and per capita medical expenditures for people with DRM and identify cost saving potential. METHODS: Prevalence-based cost-illness methodology was used to estimate the direct costs (hospital, drugs, physician and institutional care) and indirect costs (sickness leave) associated with disease complications related to DRM, as well as patient monitoring and drugs. The overall burden associated primary care patients receiving hospital in-patient, outpatient or specified community health-care services. RESULTS: The annual cost associated with adult malnourished patients in selected illnesses is estimated at over 100 million. Most of this cost are in acute hospital (infections, rehospitalizations) and home care with nutrition support estimated to <10 % of spend. This cost is substantial, including to population with population aging (older people have increased DRM risk). So far there has been no attention on the economic burden associated with DRM in Croatia or the potential for savings arising from improved detection and treatment of those at risk. CONCLUSIONS: Screening of malnutrition as well as better nourishing therapies, in sense of better adherence to guidelines, would not only evade mortality and morbidity, but save substantial resources.

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