24 weeks received a 50 mg B/W maintenance dose, and 23% of infliximab patients 24 weeks received a 50 mg BIW maintenance dose, and 23% of infliximab patients 2013, the BPH indication expired in 2006. Patients have been known to purchase 2013, the BPH indication expired in 2006. Patients have been known to purchase 1 mg strength and for male symptomatic benign prostatic hyperplasia (BPH) at 5 mg strength. While the pattern of a possible interaction did not appear to impact sales of branded 1 mg finasteride as demonstrated by a maintained steady growth in TRx. This suggests that patients who pill split may not have been prior users of branded 1 mg finasteride.

The survey was conducted in 24 practices in the statutory health insurance system and 2 specialized centers of the occupational health insurance. Patients with CHE refractory to potent topical treatments were included. Patient characteristics, status and resource use were elicited from patients and physicians. Costs were evaluated from the societal perspective (using insurance specific tariffs). Regression models were employed to compare the costs across both data sets. RESULTS: A total of 223,815 patients were included in the study. The results showed that the patient's severity was similar across both samples. The yearly direct and indirect costs per patient were €1742 and €386 in the statutory health insurance system, as well as €3390 (€5234 according to statutory health insurance tariff) and €3422 in the occupational health system. The indirect costs are more pronounced among patients with work-related CHE, a comparison of direct and indirect costs reveal higher costs for patients covered by occupational health insurance (P = 0.01); however, no cost differences between both systems can be detected after controlling for treatment stage and tariff differences. CONCLUSIONS: Differences in the costs between both systems can be explained by different treatment mixes, as direct costs are similar across treatment stages. As a result of longer absences from work, the indirect costs of patients with work-related CHE are higher. This may lead to the use of more effective and costly treatment strategies in this patient group.

24 weeks received a 50 mg B/W maintenance dose, and 23% of infliximab patients received infusions every 6 weeks. Reasons for dose increase included higher severity of disease, longer disease duration, loss of efficacy, overweight, joint involvement, higher number of previous systemic therapies received. CONCLUSIONS: Real-life dosing of biologics is not always consistent with the posology recommended in the product label, especially for high need patients. About 20% of patients being treated with a TNF-alpha-inhibitor seem to need a higher non-standard dose.

CONCLUSIONS: Guidelines on cataract surgery are available at an international level but are rarely provided at a country level in Europe.

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OBJECTIVES: Cataract surgery numbers were estimated from available databases. Costs associated with cataract surgery were based on official tariffs of local health care systems. The number of surgeries and the costs per 100,000 people were estimated for each country to allow comparisons. Astigmatism related costs were also explored. This survey was carried out in 14 European countries: Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, the Netherlands, Portugal, Spain, Sweden, and the UK. RESULTS: Information was fully available in 10 countries and partly available in OECD statistics. Cataract surgery rates were in the range of 444 to 1,006 operations per 100,000 people in the countries with complete information. All the countries were using a DRG system for costs and tariffs. Costs of operations were highly sensitive to complications, type of surgery, and surgical setting (outpatient or inpatient). Average cost of surgery ranged across the countries from €875 to €2000. Average cost per inhabitant was estimated at between €5 and €15 per year. Astigmatism was associated with the operation, but was never taken into account. CONCLUSIONS: Cataract surgery was performed in a large part of the European population with variations across countries. Further research needs to be conducted to explain differences between countries.