observational study was conducted prospectively in a parallel group design. In 22 hospitals, 580 patients were enrolled, 261 patients in the moxifloxacin-(M-)cohort and 319 patients in the standard-(S-)cohort of other antibiotics. The economic perspective of a German hospital was applied for the cost measurement. After conduct of the study, the patient data were grouped into the relevant German DRG and the course of treatment, costs and reimbursement of both cohorts were analysed. RESULTS: The outcome of the patients at the beginning of treatment was comparable in both cohorts. The length-of-stay of the patients was significantly shorter in the moxifloxacin cohort for the more severe DRGs E62A (M-cohort 10.1 days, N = 113; S-cohort 12.2 days, N = 164; p = 0.004) and E62B (M-cohort 9.7 days, N = 112; S-cohort 10.7 days, N = 146; p = 0.041). In the third DRG E62C no differences were found (M-cohort 10.2 days, N = 36; S-cohort 9.4 days, N = 9; p = 0.306). Net profit per case for the hospitals in the DRG E62A was €193€ and €163€ for the cohorts M and S, respectively (E62B: M €136€, S €129€, E62C: M €802€, S €791€). CONCLUSIONS: For the treatment of hospitalised CAP the study demonstrated the economical relevance of fast recovery secondary to efficacious drug therapy. Under current reimbursement modalities the treatment with moxifloxacin is more profitable from the hospitals’ perspective due to a shortened length of stay of the patients.

PRSS

COSTS OF COMMUNITY-ACQUIRED PNEUMONIA FROM THE HOSPITAL’S PERSPECTIVE IN GERMANY—FINAL RESULTS OF A PROSPECTIVE OBSERVATIONAL STUDY
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OBJECTIVES: Since the beginning of 2004, the diagnosis-related-groups (DRG) are implemented in the reimbursement procedure for German hospitals representing a significant change for the hospitals economic situation. As an example for non-invasive treatment procedures in a German hospital, a prospective health economic study evaluated the treatment costs of community-acquired pneumonia (CAP) from the hospital’s perspective. Results of an interim analysis were published in 2003, now the final results of the study are presented. METHODS: Open, non-randomized prospective observational study from the perspective of the German hospital administration. In 11 study centres, 319 patients were enrolled. A process-cost-analysis was performed to determine the costs for the German hospital sector starting from the admission up to the discharge of the patient. The cost calculation comprises diagnostic and therapeutic measures, drugs, hotel costs and nursing. Both personnel costs and material costs were included. Acquisition of medical devices was not included into the analysis. RESULTS: The patients enrolled suffered from moderate to severe stages of CAP with a mean length-of-stay of 11.5 days (peripheral ward: 10.7; ICU 0.8). Mean costs per patient amounted to €528 (SD: 1011€). Most important cost-driving factors were hotel costs (€640€) and nursing (€554€). Drug acquisition cost resulted in €2016, whereas costs for diagnostics (€80€) and therapeutic measures (€54€) were comparatively low. The most often applied drugs were macrolides (37.6% of the patients), β-lactamase inhibitor-aminopenicillin combinations (32.3%), and cephalosporins of 2nd (30.4%) and 3rd generation (28.5%). Thirty-six patients (11.3%) died during the hospital stay. CONCLUSIONS: In hospitalised CAP, length of stay determines the costs from the economic perspective of the hospital, which underlines the importance of a reduction of length of stay in this indication. The need for rapid and safe antibiotic treatment becomes evident especially under consideration of the DRG reimbursement system.

PRS6

A CANADIAN COST ANALYSIS OF 4 RANDOMIZED DOUBLE-BLIND ACTIVE COMPARATOR TRIALS WITH TELITHROMYCIN IN ACUTE EXACERBATION OF CHRONIC BRONCHITIS (AECB) AND COMMUNITY-ACQUIRED PNEUMONIA (CAP)
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OBJECTIVE: To estimate health care costs for the treatment of acute exacerbation of chronic bronchitis (AECB) and community-acquired pneumonia (CAP) in 4 previously-reported Phase III multinational comparative trials of telithromycin vs amoxicillin-clavulanic acid and clarithromycin in Canada. METHODS: In each of the 4 studies, patients were followed for 1 month and the primary endpoint was clinical efficacy at the posttherapy/test of cure (TOC) visit. Each trial prospectively collected data on study indication-related hospitalizations, additional health care provider visits, and additional antibiotic therapy. Three trials also collected information on additional laboratory and other tests and procedures. Cost analyses were performed from the perspective of the Ontario Ministry of Health. RESULTS: A total of 1045 and 853 patients in the 4 trials were randomized to receive telithromycin or a comparator, respectively. At baseline, the patient groups were similar with respect to demographic and clinical characteristics. The clinical efficacy of telithromycin and the comparators was similar in each study. Compared to patients randomized to comparator, those randomized to telithromycin were less likely to require AECB- and CAP-related hospitalization. Total and average costs of care were approximately 2 to 3 times higher in the comparator groups, driven by higher hospitalization rates. The ratio of average total treatment cost per patient in each comparator to that of telithromycin was as follows: €40/$19 = 2.1 for amoxicillin-clavulanic acid in AECB; €241/$122 = 1.9 for clarithromycin in AECB; €198/$109 = 1.8 and $293/$90 = 3.3, for clarithromycin in CAP. CONCLUSION: Although clinical cure rates for telithromycin, amoxicillin-clavulanic acid, and clarithromycin are comparable, health care costs appear to be lower among patients taking telithromycin, a finding driven by fewer hospitalizations. Since hospitalization accounts for a major proportion of the direct health care costs associated with AECB and CAP in Canada, the use of telithromycin may significantly reduce the total costs of care for these respiratory conditions.

RESPIRATORY DISEASES/DISORDERS

RESPIRATORY DISEASES/DISORDERS—Quality of Life/Utility/Preference Studies

THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE HAS A NEGATIVE IMPACT ON THE QUALITY OF LIFE OF THE PATIENT: THE RESULTS OF THE EPIDEPOC STUDY
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OBJECTIVES: COPD is a chronic disease that causes disability and increases with age. The aim was to assess the quality of life of COPD patient treated in Primary Assistance in Spain.
METHODS: It is an epidemiological, observational, cross-sectional and descriptive study. There were included mild or severe COPD patients (according to FEV1 value). There were collected demographic, clinical and comorbidity data. The patients were asked to fill the MOS SF-12 questionnaire. RESULTS: A total of 10,711 patients were collected (75.6% were male, 53.4% had moderate COPD (FEV1: 40–59%), 18.9% were active smokers and 21.8% were obese (BMI ≥30), with a mean age of 67.1 ± 9.6 years and a COPD time evolution period of 10.4 ± 7.3 years. The 14.6% of the patients answered that their health was bad and 55.4% could not make the daily life activities because of their disease. Country normalized physical (PCS) and mental health (MCS) component summary scores (SF-12) indicated significant impairment in both domains compared to the general Spanish population: PCS; 36.0 ± 9.9 vs. 50.1 ± 9.5, and MCS; 48.3 ± 10.9 vs. 50.0 ± 9.6, respectively. PCS deteriorated independently with both age and severity of COPD, (p < 0.0001 in all cases), but no differences were seen by smoking habit after adjusting by age, sex and severity. PCS also deteriorated with number of hospitalizations and exacerbations (p < 0.0001), and in obese subjects (p < 0.0001). As expected, MCS deteriorated slightly with age (p < 0.01), but no differences were seen according to severity of disease. After adjusting, non smoker and ex-smokers showed better MCS than active smokers (p < 0.05). MCS also deteriorated with number of hospitalizations and exacerbations (p < 0.0001). CONCLUSIONS: COPD decreases patients’ physical and mental components of QoL, while increasing level of disability in Spain. The impairment in QoL increases with age, severity and exacerbations of COPD.

RESPIRATORY DISEASES/DISORDERS

RESPIRATORY DISEASES/DISORDERS—Health Policy

PR58 IMPACT ON USE AND COST OF MEDICINES OF EXPANDED DRUG COVERAGE VIA POSITIVE LIST IN THE PHILIPPINES Valera M

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We examined the effects of expanded drug coverage, known as the positive list, on the use and cost of medicines in three selected areas of the Philippines. OBJECTIVES: To determine the impact of the expanded drug coverage (positive list) on the drug utilization, appropriateness and drug costs of managing pneumonia, hypertension and other upper respiratory tract infections. METHODS: A time series design consisting of 12 monthly time points immediately before and after a 3-month implementation period of the Positive List was used. A total of 24 hospitals were randomly selected from major urban centers in the 3 main islands of the country: National Capital Region (n = 12), Davao (n = 6) and Cebu/Dumaguete (n = 6). The main outcome variables were changes in levels and trends from baseline in monthly mean numbers of prescriptions per patient, monthly percentages of antibiotic prescriptions, monthly average percentages of prescriptions which were listed in the national formulary and Positive List, monthly mean appropriateness scores and monthly total drug costs. RESULTS: A total of 8206 patient records from 24 hospitals were reviewed. Among patients with pneumonia, the implementation of the Positive List was not significantly associated with changes in monthly mean number of prescriptions, percentage of positive list drugs, percentage of generic prescriptions, and mean cost of drugs per patient. Trends in appropriateness scores were observed to remain steady before and after the implementation of the expanded drug coverage. CONCLUSIONS: The implementation of the expanded drug coverage in October 2000 had no effect on prescription rates, generic prescription, and choice of antibiotic prescriptions. On the other hand, the monthly percent prescriptions of drugs belonging in the positive list was decreasing slowly before the policy and increasing somewhat after.

Session II

BLOOD RELATED DISEASES/DISORDERS

BLOOD RELATED DISEASES/DISORDERS—Cost Studies

PBR1 COST OF KALIUM SUPPLEMENTATION WITH KALIPOZ PROLONGATUM OR KALDYUM FROM PAYER PERSPECTIVE IN POLAND Kawalec P1, Golgowiski C2, Krzyzanowska A1

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OBJECTIVES: We took into consideration clinical effectiveness, costs and macroeconomic consequences of supplementation with two slow release kalium compounds (Kaliopoz prolongaturn vs Kaldyum) from payer (public insurer and patient) perspective. METHODS: Results of a systematic review of clinical trials referring to hypokaliemia treatment were used to assess effects of kalium supplementation with Kalipoz or Kaldyum. DDD (Defined Daily Dose) costs for supplementation were calculated from payer perspective (based on resold prices of the drugs); simulation was done to compare economic consequences per therapy for payer in case of Kaldyum replacement by Kalipoz; total annual sales of the drugs in Poland were taken into account to assess macroeconomic consequences of kalium supplementation. RESULTS: Clinical effects of the compared drugs are similar, adequate level of kalium in blood could be obtained with both of the drugs. DDD for potassium chloride compounds is 3 g; cost of daily supplementation for payer is 1.36pln (0.34€) in case of Kalipoz and 2.24pln (0.48€) or 2.5 pln (0.54€) for Kaldyum tablets (for 100 caps and 50 caps package respectively). Supplementation for a period of a week with high dose (3g) of Kalipoz is cheaper from payer perspective than with Kaldyum 100 caps and Kaldyum 50 caps (difference is 6.18pln (1.34€) and 7.98pln (1.73€) respectively). Taking into consideration macroeconomic consequences of potassium supplementation savings for payer when use Kalipoz in place of Kaldyum could be as high as 5.6 mln (1.26mln) per year. CONCLUSIONS: Kalipoz prolongaturn in place of Kaldyum supplementation significantly reduce treatment costs for payer in treatment of patients with hypokaliemia.

PBR2 ECONOMIC IMPACT OF ANTIHEMOPHILIC FACTOR (RECOMBINANT), PLASMA/ALBUMIN-FREE METHOD (RAHF-FFM) IN PATIENTS WITH HEMOPHILIA A Chung KC Baxter BioScience, Westlake Village, CA, USA

OBJECTIVES: The HIV and HCV epidemics of the 1980’s and 1990’s highlighted the vulnerability of hemophilia patients to the transmission of unknown blood-borne infections. Consequently, the pharmaceutical industry has been charged with developing recombinant concentrates with the least amount of human or animal proteins in order to reduce the chance of infection by emerging blood-borne infectious agents (e.g., viruses, prions/nvCJD). In response, Antihemophilic Factor (recombi-