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COST ANALYSIS OF HOME-BASED MEDICATION REVIEWS IN A MULTI-ETHNIC ASIAN POPULATION: A PILOT STUDY

Gan HP1, Koh TW1, Tham TV2, Toukhoodu J1, Koh HL1, Chew WZ2, Wee HL1
1National University of Singapore, Singapore, Singapore, 2Frontier Healthcare Group, Singapore, Singapore, 3Veterans General Hospital, Outram, Singapore, 4Guardian Pharmacy, Singapore, Singapore, Singapore

OBJECTIVES: To evaluate the feasibility and cost of conducting home-based medication reviews (HBMR) among community-dwelling multi-ethnic Singaporeans and permanent residents. METHODS: In this cross-sectional study, Chinese, Malay and Indian aged 40 and over and on at least 5 medications were referred by their general practitioners (GPs) for HBMR. Patients completed a survey on sociodemographic and clinical information. Pharmacists’ time spent on HBMR and preparing visit report were tracked in the hospital information system based on pharmacy and hourly wages. Drug related problems (DRP) were evaluated using the Westerlund DRP classification system, reported to and followed up with the GPs. RESULTS: Of 14 participants referred, 9 consented (64.3%; 6 women; 6 Chinese, 2 Malays, 1 Indian; mean (SD) age: 69.3 ± 10.6; 52 – 86 years). Seven out of the 9 patient were under the care of at least two physicians. Dyslipidemia, hypertension and diabetes are the main condition affecting the participants (100%, 88.9%, 66.7%, respectively).

A total of 12 DRP were detected: underuse of medication (n=7, of which 2 were due to non-compliance), overuse of medication (n=1, – incorrect timing (n=2) and therapy failure (n=2)). Pharmacists spent an average 3.5 hours per home visit. Total programme cost was $787.5 (9 visits x $25/hr x 3.5 hr/visit). Hence, cost per DRP detected was estimated at $65.6. One of the DRP detected was vertigo without treatment. Hence, programme cost may be potentially offset by the savings from avoided hospitalization due to the detected improvements and potentially preventable but were undetected in this primary care sample. Hence, there is a role for HBMR. We are currently conducting a longitudinal random controlled trial to evaluate the cost-effectiveness of providing HBMR by collecting direct and indirect costs, health services utilization and health-related quality of life outcomes at baseline and 6-months.

PHP2

EVIDENCE REQUIREMENTS FOR PRICING AND REIMBURSEMENT DECISION MAKING FOR ORPHAN DRUGS IN ASIA

Tan S1, Dummett H2, Kirpekar S1, Guan Q1, Priest VL1

OBJECTIVES: Due to high unmet needs and low prevalence, orphan drugs can be approved by regulatory authorities based on evidence demonstrated through single-arm study designs; indeed, randomized studies in rare diseases may not be feasible. As part of a health technology assessment (HTA) evidence package, however, demonstration through trial evidence of the added value of an innovative care is always required. This study aimed to explore the value perceived by reimbursement authorities for an orphan therapy in a single-arm trial evidence package, and to understand any supplementary evidence requirements for value demonstration. METHODS: We conducted a survey of 14 experts in HTA, pricing and reimbursement (P&R) decision makers, and influencers in China, South Korea, Taiwan, and Thailand and interviewed, following a comprehensive discussion guide. The responses were further analysed to identify the key challenges in value demonstration and what clinical and economic evidence the respondents found acceptable in evaluating orphan drugs. RESULTS: In all countries, payers valued innovative therapies for rare diseases and were understanding towards limitations