inhibitors development. METHODS: A model based on Oldenburg 2010 study population characteristic[4] of 348 Pre-Treated Patients, FVIII ≤2%, 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 percentage of patients allocated to prophylaxis regimen and the costs of prophylactic regimens. Results: According to model results the overall cost during 5 years was: 243,966,787 for ADVATE® treatment and 223,402,106 for “FVIII X” treatment. To gain the break-even point between ADVATE® and “FVIII X”, the number of patients who would develop inhibitors (4.8%[43%]) in 5 years was allocated to prophylaxis regimen, to gain the break-even point the number of patients who should develop inhibitors was 9,682(778%). On the other hand for on demand treatment it should be 1,290(337%). CONCLUSIONS: Considering the different scenario for prophylaxis treatment and the fact that the number of previous 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 obtain more consistent results.

PG10 PHARMACOECONOMIC EVALUATION OF ANTIHEMOLYTIC THERAPY OF ULCERS DUODENUM IN UKRAINE

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OBJECTIVES: Sequential antihemolytic therapy (AHT) is one of the ways to overcome Helicobacter pylori (H. pylori) resistance to antibiotics. The aim is to compare the effectiveness of different schemes of AHT first: 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 Ukraine (Febru-July, 2012). The study involved 63 patients suffering from the peptic ulcers 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 (2000 mg), second (5 days) - rabeprazole (DD 40 mg), clarithromycin (DD 1000 mg) and bismuthate tripotassium dicitrate (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 - 96.8%, scheme 2 - 72.00%. For determining the costs of the course of AHT 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 antihemolytic 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 evidences 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-of-illness methodology was used to estimate the direct costs (hospital, drug, physician and institutional care) and indirect costs (sickness leave) associated with disease complications related to DRM, as well as patient monitoring and drugs. The study involved primary care and hospital patients receiving hospital care, 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 countries with population aging (older people are 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.