Several UK primary care organizations consider alginates to be interchangeable and differentiate products solely on costs; as such many have implemented alginate substitution programs. The aim of this study was to evaluate the validity of alginate substitution programs by conducting an economic evaluation of the costs and outcomes of the two leading prescribed alginates in the UK. **METHODS:** A decision-analytic model was constructed based on cohort of 3367 patients starting alginate monotherapy in primary care. Transition probabilities were derived from observed switching patterns during the observation period. The model was populated with previously reported health state utilities to derive quality-adjusted life years (QALYs). Costs were derived from treatment pathways examining 1st line of therapy / initial therapy, and subsequent therapies (eg, 2nd line, 3rd line, etc). Costs were calculated by summing all lines of treatment prescribed over one year including the costs of clinical consultations. The model calculated incremental cost-effectiveness between GA and Peptac after 2 lines and 5 lines of therapy.

**RESULTS:** The average annual incremental cost difference between patients starting monotherapy GA and Peptac after 2 lines and 5 lines of therapy was £2.04 and £3.06, respectively. Disaggregation of costs indicated there was an increased proportion of a cost attributed to consultation visits for those starting on Peptac attributed to higher switching rates requiring a GP consultation. The incremental cost per quality adjusted life year for 2nd line and 5th line was £2887 and £5305 per QALY. In the sensitivity analysis the model was insensitive to changes in QoL scores attributed to failing therapy. The cost per QALY figures were moderately influenced by the duration of treatment failure before commencing 2nd line therapy. **CONCLUSIONS:** Based on aggregated costs of therapy and reduced switching rates Gaviscon Advance was cost-effective compared to Peptac. We suggest that all alginates are clinically not the same and that a broader range of costs and impact on patients should be taken into consideration when implementing therapeutic substitution programs.

**PG19**

**THE COST-EFFECTIVENESS OF HIGH-DOSE INTRAVENOUS ESOMEPRAZOLE IN PEPTIC ULCER BLEEDING: A DECISION-TREE MODEL WITH SPANISH COSTS AND NEW CLINICAL DATA**

Barkun A1, Adam V1, Sung JJ2, Kuipers E3, Missner J3, Jensen D3, Stuart RC3, Lau JY2, Naucrer E5, Kilhamn J6, Granstedt H6, Liljas B7, Lind T8

1McGill University Health Centre, Montreal, QC, Canada, 2The Chinese University of Hong Kong, Hong Kong, China, 3Erasmus University Medical Center, Rotterdam, The Netherlands, 4University of Leipzig, Leipzig, Germany, 5David Geffen School of Medicine at UCLA, Los Angeles, CA, USA, 6Glasgow Royal Infirmary, Glasgow, UK, 7AstraZeneca R&D, Mölndal, Sweden, 8AstraZeneca R&D, Mölndal, Västra Götaland, Sweden

**OBJECTIVES:** Peptic ulcer bleeding (PUB) is a serious and life-threatening condition. Currently, no proton pump inhibitor has a label for being used in this setting. A recent multinational clinical trial (ClinicalTrials.gov identifier: NCT00251979) showed that high-dose intravenous esomeprazole (HIE), when administered after endoscopic haemostasis to patients with bleeding ulcers, is effective in preventing re-bleeding. **METHODS:** A decision-tree model was built, including patients with PUB following successful endoscopic haemostasis performed within 24 hours of initial presentation, comparing HIE (80 mg infusion, then 8 mg/h for 3 days) versus placebo, with both groups receiving oral esomeprazole 40 mg daily from days 4 to 30. The model adopted a 30-day time horizon, using a Spanish third-party payer perspective. The outcome was the rate of averted re-bleeds. Probabilities and lengths of hospital stay were provided from the recent trial. Hospital costs, including physician fees, and data for other model assumptions were retrieved from the literature. **RESULTS:** Based on recent high-quality clinical trial data and modelling, the high-dose intravenous esomeprazole strategy was more effective and less costly than the placebo strategy.