CONCLUSIONS:
edge in detection and performing ADRs reporting (proportion of the pharmacists (45%) believed that they were confident in their knowledge and the relevant authorities in Malaysia. Upon completion of the education program, a large proportion of respondents reported that they do not have any ideas on how to report ADR to the anticipated community pharmacists’ mean scores in knowledge of pharmacovigilance after implementation the education program showed significant differences, the participants pharmacists’ mean scores in knowledge of pharmacovigilance and ADRs reporting. Changes in scores before and after the completion training program in knowledge and perception were measured. Statistical analysis: The data were analyzed by using SPSS version 17.0 software package (SPSS Inc., Chicago, IL, USA). Both descriptive and inferential statistics were used when ever appropriate. Frequencies and percentages were used to describe the respondents’ demographic information and professional characteristics. Wilcoxon signed rank test, paired sample t-test and The McNemar’s χ2 test were applied to compare the differences in knowledge and perception before and after the educational program whenever appropriate. RESULTS: Forty-two community pharmacists (CPs) were enrolled in this study. A comparison of CPs knowledge before and immediately after implementation the education program showed significant differences, the participants community pharmacists’ mean scores in knowledge of pharmacovigilance and adverse drug reactions reporting significantly increased compared to the baseline. After the intervention, only few (3, 7.2%) respondents reported that they do not have any ideas on how to report ADR to the relevant authorities in Malaysia. Upon completion of the education program, a large proportion of the pharmacists (45%) believed that they were confident in their knowledge and detection in performing ADRs reporting (z = −2.866, N = 42, P < 0.004). CONCLUSIONS: The finding of the study indicates the need for designing educational programs for the community pharmacists, in order to improve the level of knowledge toward the pharmacovigilance and ADRs reporting process locally.

DU4
COST-EFFECTIVENESS ANALYSIS OF TAVATROPT FOLLOWED BY FIXED COMBINATION TAVATROPT/IMIDOL TREATMENT SEQUENCE (T-TTFIC) COMPARED TO Latanoprost FOLLOWED BY Latanoprost/Imidol Fixed Combination (L-TTFIC) FOR PATIENTS WITH OPEN ANGLE GLAUCOMA OR OCULAR HYPERTENSION IN MALAYSIA AND INDIA
Taylor M1, Tan B2
1York Health Economics Consortium, York, UK; 2Acumen Laboratories R&D International, Singapore
OBJECTIVES: To assess the cost-effectiveness of T-TTFIC compared with L-TTFIC treatment sequences for patients with open angle glaucoma or ocular hypertension (OHT) patients in India and Malaysia. Transition probabilities were obtained from Denis (2008), and extrapolated from two phase III clinical trials (Topoquis, 2007; Netland; 2001). Probabilities to develop new visual field defect (VFD) was estimated from literature (Denis, 2004). Utilization patterns were derived from local hospitals and literature. Unit costs were obtained from local sources. The time horizon was 5 years and sensitivity analyses were performed on key parameters. RESULTS: At 5 years, fewer T-TTFIC patients switched to third line treatment, and 65.5% of patients showed no disease progression (no new VFDs) compared to 61.4% for L-TTFIC. Thus initiation of treatment in an OHT patient with T followed by TTFIC if needed would avoid one incidence of VFD in every 24 incident cases (Number Needed to Treat=−NNT). In Malaysia, T-TTFIC results in a cost-savings of $286 RM ($US$178) against L-TTFIC. In India over a 5-year period, T-TTFIC results in a cost savings of $11,184 INR ($US$143). Prospective sensitivity analyses have demonstrated the robustness of these findings. CONCLUSIONS: From the payer perspective, T-TTFIC yielded cost-savings and fewer treatment switches. Poor IOP control results in therapy changes and increases the probability of patients experiencing new VFDs (Denis 2004), which in turn reduces patient quality of life. Our findings are conservative because potential cost savings, as a consequence of fewer ophthalmologist visits, particularly for patients who use private healthcare facilities, have not been captured. With these findings policy-makers and clinicians should consider the use of T-TTFIC for glaucoma patients as potential cost-saving medications.