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 (CMI >/= 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 diary 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 ($p < 0.001$). **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

PRS8

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

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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

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OBJECTIVES: We took into consideration clinical effectiveness, costs and macroeconomic consequences of supplementation with two slow release kalium compounds (Kalipoz prolongatum 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 retailed 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 1.36 pln (0.3€) in case of Kalipoz and 2.24 pln (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 (3 g) of Kalipoz is cheaper from payer perspective than with Kaldyum 100 caps and Kaldyum 50 caps (difference is 6.18 pln (1.34€) and 7.98 pln (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 m pln (1.2€m) per year. **CONCLUSIONS:** Kalipoz prolongatum 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-PFM) IN PATIENTS WITH HEMOPHILIA A

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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-