CONCLUSIONS: In chronic HBV infected patients, tenofovir is a cost-effective or even a dominant (lower cost and higher efficacy) strategy in comparison to the rest of available therapies for CHB in Spain.

PHARMACOECONOMIC ASSESSMENT OF LANREOTIDE IN THE MANAGEMENT OF POST-OPERATIVE DIGESTIVE FISTULAS
De Pouyrouville G1, Levesque K2, Nestrigue C2, Maurel P3, Brignone M4, Méneaux F3, Buscail L1, Levesque E1, Tilleul P1
1ESSEC Business School, Cergy-pontoise, France, 2IMS Health, Puteaux, France, 3Hospital Saint antoine, AP-HP, Paris, France, 4Pitié Salpêtrière Hospital, Paris, France, 5Rangueil Hospital, Toulouse, France, 6Paul Brousse Hospital, Villejuif, France, 7St-Antoine Hospital, Paris, France

OBJECTIVES: Post-operative fistulas are a serious complication of gastrointestinal tract surgery that can highly increase the length of hospitalization stays. Somatostatin, such as lanreotide, are being used to reduce time elapsed for fistula closure. In France, non expensive drugs are directly financed through DRG tariff. In this context, the objective of the study was to evaluate, from a public hospital perspective, whether the additional costs associated with lanreotide treatment could be counter-balanced by its impact on health resources consumption and length of stay compared to conventional care management and natural somatostatin. METHODS: We assumed that the treatment duration corresponds to the time required for fistula closure and data used were based on published clinical trials findings. Hospital stays were identified from the French national hospital database (PMSI) and costs of stays were determined through the French national hospital costs database (ENC). Daily average cost of stay was estimated considering both, length of stay, fixed and variable costs within the ENC and was weighed by the number of stays in each identified DRG. RESULTS: The analysis was based on 2193 hospitalizations representing 74% of the stays with a fistula diagnosis. The average daily cost of stay was evaluated to €170. Based on the clinical data available, the time for fistula closing was comparable for both drug treatments (12 days for lanreotide and natural somatostatin) and, 18 days for the conventional treatment. Thus, the total costs of stay including the overcost of the drug.

A HYPOTHETICAL ROAD MAP TO REDUCE ACID RELATED DISEASES COSTS MANAGEMENT
Cammarota S, De Portu S, Citarella A, Menditto E, Cuomo R
University of Naples, Naples, Italy

OBJECTIVES: To assess if acid related diseases are better managed by empiric treatment or by a diagnostic approach. METHODS: We analyzed the outcome of 182 patients with dyspepsia and/or gastro-oesophageal reflux disease (GERD) in primary care, over a period of 12 months, in the Campania region (southern Italy). Patients were divided in two groups: therapeutic group, if patients received pharmacological treatment since the beginning, and diagnostic group, if underwent a diagnostic approach. After 12 months the direct management costs (consultations, diagnostic procedures, drugs) were calculated for both groups using National Health Service prospective (expressed in Euro 2005). We analyzed the diagnostic procedures defined as “not useful”, procedures that did not provide additional information to help to decide on therapy changes, whether the prescription had been prescribed only on the basis of the symptoms (therapeutic group) or it had only been hypothesized before the diagnostic approach (diagnostic group). RESULTS: Ninety-eight patients were in therapeutic group (median age 49; Males 53%) and 84 in diagnostic group (median age 50; Males 52%). For patients in the diagnostic group there were higher management costs than for other patients (268 vs €156/year on average). Diagnostic procedures did not modify the prescribed or hypothesized therapy and clinical management in 75% (21/28) of patients with GERD, 52% (26/50) with dyspepsia and 58% (15/26) with both GERD and dyspepsia. Based on the estimated prevalence of clinically relevant acid related diseases in Campania, the cost/year of “not useful” diagnostic procedures could be of about 2.64, 4.16 and 10.73 million euros for GERD, dyspepsia and dyspepsia-GERD, respectively. CONCLUSIONS: Although the concept of “not useful” diagnostic procedure is debatable, the results of this analysis further suggest to address more attention to the improvement of education for disease management with the aim to contain health care costs.

COSTS OF CROHN’S DISEASE WITHIN THE GERMAN STATUTORY HEALTH INSURANCE
Prenzler A1, Mittendorf T1, Conrad S1, von der Schulenburg JM1, Bokemeyer B2
1Leibniz University of Hannover, Hannover, Germany, 2University of Luebeck, Luebeck, Germany

OBJECTIVES: Data concerning treatment reality in patients with Crohn’s disease (CD) are limited in Germany. Aim of this cross-sectional study was to collect resource use data due to CD and quantify these from the perspective of the Statutory Health Insurance in Germany. METHODS: Between March 2006 and July 2007 patients from 24 ambulatory gastroenterological specialist practices and 2 hospitals were enrolled in an internet-based online database. Based on the collected data, the outpatient and inpatient visits, all incurred outpatient procedures as well as medication usage were determined and evaluated from the perspective of the Statutory Health Insurance. The year 2007 was selected as the price year. Sensitivity analyses were conducted. RESULTS: Data from 511 CD-patients were collected, with 37% being male. Patients were on average 41 years old. According to the calculations, an average CD-patient in Germany causes costs of €3799 per year from the perspective of the Statutory Health Insurance. The cost of €235 (6.3%) resulted from outpatient specialists visits due to gastroenterological and extra intestinal problems and €211 (6%) are due to outpatient procedures, e.g. colonoscopies. The cost of €774 (20%) resulted from inpatient care. The total of €2579 (68%) are medication costs; 58% of these costs are due to TNF-alpha-inhibiting medications. The costs increase with the severity of the disease. A patient with an active disease (CDAI > 220) causes average annual costs of €5377 (inpatient: €1075; medication: €3475) being significantly higher in comparison to patients in remission (CDAI < 150) with €3116 (inpatient: €645; medication: €2070). The results are robust. CONCLUSIONS: This is the first study to calculate costs due to CD from the perspective of the Statutory Health Insurance in Germany. To illustrate the costs from the societal perspective, indirect costs need to be included in the calculation in future studies.