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
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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, fix 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 cost of 2981 for the conventional treatment and 2929 for the lanreotide treatment. Based on the calculated data, an average CD-patient in Germany causes costs of €3774 per year from the perspective of the Statutory Health Insurance.

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.

A HYPOTHETICAL ROAD MAP TO REDUCE ACID RELATED DISEASES COST MANAGEMENT
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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 us 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% of patients with GERD, 52% with dyspepsia and 58% 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: The decreased fistula closing time and 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.