

Among the methods of pharmacoeconomic analysis of the most popular in published studies is the analysis of “cost–effectiveness”, which is used in about 45 percent of the available studies.

CONCLUSIONS:

As a result, 1,425 articles were identified and analyzed. With the aim of providing concrete data that clearly illustrate the situation with the Russian scientific, pharmacoeconomic and clinical-economic writings to date all studies were classified according to the following parameters: geographical, temporary, local and nosological. In the framework of the analysis highlighted the authors whose works are most RISC (Russian Science Citation Index) with leading positions in the number of publications.

PP052 Hospital-based Health Technology Assessment Of Prasugrel In Patients With Stent: Outpatient Use

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INTRODUCTION:

A reference hospital, specialized in cardiology, has standardized clopidogrel, ticagrelor and recently the incorporation of prasugrel was approved with an estimate of fifteen patients with stent implantation monthly. Stent thrombosis is a rare but serious complication and it is recommended that patients be treated with antiplatelet therapy. Considering the existing therapeutic options and the low adherence to treatment, a cost study was requested to discuss a disinvestment proposal.

METHODS:

Perspective of the hospital; Population: patients with myocardial infarction and stent implantation; Intervention: prasugrel; Comparators: clopidogrel and

ticagrelor; Outcomes of interest: stent thrombosis and major bleeding; and types of study: meta-analyses and randomized clinical trials. Literature review was performed in the Medline database, via Pubmed and performed meta-analysis. Cost estimates: data collection made in the institution's database.

RESULTS:

Thirteen articles were selected; there are no differences in the outcomes for prasugrel and ticagrelor; discontinuation of treatment is the most important risk factor for stent thrombosis and major bleeding is an important predictor of nonadherence to treatment. Quantitative analysis: three clinical trials. All showed a superiority of prasugrel and ticagrelor over clopidogrel for outcome of stent thrombosis (Odds Ratio, OR .60 Confidence Interval, CI 95 percent [.40; .90]), which was committed by the heterogeneity of studies ($I^2 = 64$ percent); and favorable outcome for clopidogrel compared to ticagrelor and prasugrel for the outcome of major bleeding (OR 1.28 CI 95 percent [1.10; 1.50]). Annual cost with treatment of the fifteen patients: clopidogrel = USD5,765.86; prasugrel = USD41,047.48; and ticagrelor = USD44,081.30.

CONCLUSIONS:

The evidences found support the opening of a disinvestment process and suggest to the managers of the institution a reflection on: strategy to optimize adherence to treatment; and especially in the cost of opportunity with new technologies about 10 times more expensive.

PP053 A Case Study: Collective Individual Basis For The Judiciary Debate

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INTRODUCTION:

The volume of lawsuits for drugs has increased in Brazil. The scientific evidence basis consideration by the Brazilian judiciary system is being debated. In the State of São Paulo, the drug with the highest number of lawsuits is insulin glargine. Between January and August 2016, the São Paulo State Department of Health lost 264 insulin glargine lawsuits requiring supply for adult patients (> 18 years old). Insulin glargine has already been submitted and unfavorably assessed by the Health Ministry SUS Technology Incorporation National Commission (CONITEC), so is not available in the Brazilian public system.

METHODS:

Random analysis of 153 (58 percent) lawsuits were carried out on digital court records. Data collected from legal proceedings were: the type of diabetes (1, 2 or unspecified); age of the patient; origin of the order; specialty of the prescriber and the reason described for the request. Each record was structured with variables data within a matrix in Microsoft Excel® software. Analysis of frequencies, absolute and relative distribution of quantitative variables, as well as conceptual clusters in the qualitative textual analysis are presented.

RESULTS:

The mean age of the 153 patients was 49±17 years. The majority of patients requested insulin glargine to achieve glycemic control (n = 116; 76 percent): because -“diabetes is uncontrolled and the analogous insulin is essential to get it” (n = 106; 69 percent); or -“patient claims to have obtained glycemic control with insulin glargine but there are none of the mandatory laboratory tests results in lawsuits” (n = 7; 5 percent); or -“ask replacement of insulin detemir with glargine for glycemic control” (n = 3; 2 percent). Only 87 (57 percent) lawsuits reported the patients diabetes type: type 1 (n = 42; 28% percent or 2 (n = 45; 29 percent). Most of this judicialization came from private outpatient clinics (n = 116; 76 percent) and 99 (65 percent) were prescribed by endocrinologists.

CONCLUSIONS:

Judicial decisions are still insufficiently underpinned by scientific evidence (only the patients drug needs claim has been recorded to justify supply) and are incomplete regarding objective diagnostic variables. Also, the judges awareness of interdisciplinary measures to achieve diabetic patients glycemic control, besides complementary drugs, may improve the Brazilian judicialization burden.

PP054 The All Wales Patient Reported Outcome Measures (PROMs), Patient Reported Experience Measures (PREMs) and Effectiveness Program

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INTRODUCTION:

Prudent health care aims to do the minimum needed to achieve the greatest patient benefit. This aim relies on the availability of evidence on the safety and efficacy of interventions to support decision making. The principles of prudent healthcare support co-production, whereby service users contribute to service provision. Collection of patient reported data is becoming more widespread, however use of this data to inform decision making is limited.

METHODS:

A national patient reported outcome measures (PROMs) program has been formed supported by the Welsh Government, Welsh Health Boards and the NHS Wales Informatics Service. An electronic platform has been developed to facilitate collection of PROMs and patient reported experience measures (PREMs) from patients treated in secondary care. We collected baseline PROMs where possible and invited patients to submit PROMs and PREMs post-treatment. Data collected included