considered were: clinical management of patient with HCV chronic infection, access to pharmaceutical prescriptions, outpatient services) and the related costs incurred by the patients themselves. Additionally, we estimated the costs of the use of PPIs in the traditional triple schemes AT (first and second line) of the working age patients with a duodenal ulcer in Ukraine. The objects of research were: preparations of omeprazole, pantoprazole, rabeprazole, lansoprazol,esomeprazole,imatinib, which are present in Ukraine. METHODS: Cost analysis on the use of PPIs in the schemes of AT was performed per patient for 14 days with the daily doses of drugs as: omeprazole - 20 mg; pantoprazole - 40 mg; rabeprazole - 20 mg; lansoprazol - 30 mg; esomeprazole - 40 mg (according to the recommendations of the “Maastricht IV”). 2010). For determining the costs only the costs of the PPIs were taken into account. The potential drug savings were calculated using the information system “Ukravdat” (December, 2012). The current exchange rate of UAH to dollar (USA) was 10.12.12 was 7.99:1. To determine the range of costs for use of PPIs determined their trade names with the minimum and maximum costs for the AT. RESULTS: The range of costs for use of PPIs in the traditional triple schemes AT in Ukraine is wide enough, respectively: omeprazole - 1.15 - 19.15 $, pantoprazole - 5.11 - 49.28 $, lansoprazol - 5.14 - 10.66 $, rabeprazole - 4.27 - 63.40 $, esomeprazole 1.81 - 36.42 $. CONCLUSIONS: Costs only for the use of PPIs in the schemes of AT of duodenal ulcer can be quite high in Ukraine. In this regard, the choice of PPIs for inclusion in the schemes of AT is advisable to use the results of pharmacoconomic studies that will optimize the costs of the payer.

PG15 ECONOMIC ANALYSIS OF USE OF HORMONIC DEVICES IN PATIENTS WITH LAPAROSCOPIC CHOLECYSTECTOMY IN THE UNITED STATES

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OBJECTIVES: Proton pump inhibitors (PPIs) are essential components of antihelicobacter therapy (AT) of peptic ulcer disease. The aim of research - to determine the costs of the use of PPIs in the traditional triple schemes AT (first and second line) of the working age patients with a duodenal ulcer in Ukraine. The objects of research were: preparations of omeprazole, pantoprazole, rabeprazole, lansoprazol,esomeprazole,imatinib, which are present in Ukraine. METHODS: Cost analysis on the use of PPIs in the schemes of AT was performed per patient for 14 days with the daily doses of drugs as: omeprazole - 20 mg; pantoprazole - 40 mg; rabeprazole - 20 mg; lansoprazol - 30 mg; esomeprazole - 40 mg (according to the recommendations of the “Maastricht IV”). 2010). For determining the costs only the costs of the PPIs were taken into account. The potential drug savings were calculated using the information system “Ukravdat” (December, 2012). The current exchange rate of UAH to dollar (USA) was 10.12.12 was 7.99:1. To determine the range of costs for use of PPIs determined their trade names with the minimum and maximum costs for the AT. RESULTS: The range of costs for use of PPIs in the traditional triple schemes AT in Ukraine is wide enough, respectively: omeprazole - 1.15 - 19.15 $, pantoprazole - 5.11 - 49.28 $, lansoprazol - 5.14 - 10.66 $, rabeprazole - 4.27 - 63.40 $, esomeprazole 1.81 - 36.42 $. CONCLUSIONS: Costs only for the use of PPIs in the schemes of AT of duodenal ulcer can be quite high in Ukraine. In this regard, the choice of PPIs for inclusion in the schemes of AT is advisable to use the results of pharmacoeconomic studies that will optimize the costs of the payer.

PG114 COST ANALYSIS OF PROTON PUMP INHIBITORS IN THE TREATMENT OF ULCE DUODENUM IN UKRAINE

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OBJECTIVES: Proton pump inhibitors (PPIs) are essential components of antihelicobacter therapy (AT) of peptic ulcer disease. The aim of research - to determine the costs of the use of PPIs in the traditional triple schemes AT (first and second line) of the working age patients with a duodenal ulcer in Ukraine. The objects of research were: preparations of omeprazole, pantoprazole, rabeprazole, lansoprazol,esomeprazole,imatinib, which are present in Ukraine. METHODS: Cost analysis on the use of PPIs in the schemes of AT was performed per patient for 14 days with the daily doses of drugs as: omeprazole - 20 mg; pantoprazole - 40 mg; rabeprazole - 20 mg; lansoprazol - 30 mg; esomeprazole - 40 mg (according to the recommendations of the “Maastricht IV”). 2010). For determining the costs only the costs of the PPIs were taken into account. The potential drug savings were calculated using the information system “Ukravdat” (December, 2012). The current exchange rate of UAH to dollar (USA) was 10.12.12 was 7.99:1. To determine the range of costs for use of PPIs determined their trade names with the minimum and maximum costs for the AT. RESULTS: The range of costs for use of PPIs in the traditional triple schemes AT in Ukraine is wide enough, respectively: omeprazole - 1.15 - 19.15 $, pantoprazole - 5.11 - 49.28 $, lansoprazol - 5.14 - 10.66 $, rabeprazole - 4.27 - 63.40 $, esomeprazole 1.81 - 36.42 $. CONCLUSIONS: Costs only for the use of PPIs in the schemes of AT of duodenal ulcer can be quite high in Ukraine. In this regard, the choice of PPIs for inclusion in the schemes of AT is advisable to use the results of pharmacoeconomic studies that will optimize the costs of the payer.

PG113 ENTERAL DIETS (ED): A COST-COMPARISON ANALYSIS FOR IN-HOSPITAL PREPARATIONS BASED ON REAL WORLD OBSERVATION

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OBJECTIVES: Enteral nutrition (EN) is the mainstay of supportive care in many critically ill patients. However, the optimal EN is still an area of considerable debate. In this study, we conducted a real-world observational study to assess the cost-effectiveness of different EN preparations across a range of patient care settings. METHODS: In this single-arm, retrospective study, we collected data from all EN prescriptions filled at a large academic medical center over a 4-month period. The study population included patients who received EN. Cost data were collected for each prescription, including the cost of the EN formula, the cost of the delivery device, and any additional supplies. Costs were calculated using the average wholesale price for each item. RESULTS: A total of 1000 patients were included in the study. The median cost of the EN formula was $50, and the median cost of the delivery device was $20. The total cost per patient was $75. CONCLUSIONS: The use of EN is cost-effective and can improve patient outcomes in critically ill patients. Further research is needed to determine the optimal EN formula and delivery device for each patient population.