

GH are the most efficient and less loss of drug

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INTRODUCTION

Actualmente existen 3 tipos de formulaciones de GHrh comercializadas en nuestro país: monodosis, sistemas precargados de viales y sistemas con dispositivos electrónicos de autoinyección. La elección entre ellos puede contribuir a una mayor o menor adherencia al fármaco e incluso una diferencia en el coste final del tratamiento.

OBJETIVE

Comparison of costs and product loss between presentations of growth hormone (GH).

METHODS

Retrospective observational study of comparative costs from the record regarding prescribed dispensed mg : single dose syringes (JM) vs. multidose vials (VM) vs electronic devices (DE) . Variables: Lost mg (and cost) annual / patient environment, noncompliant patients and patients with good fit. Studio 2012 (full 12 months) .

RESULTS

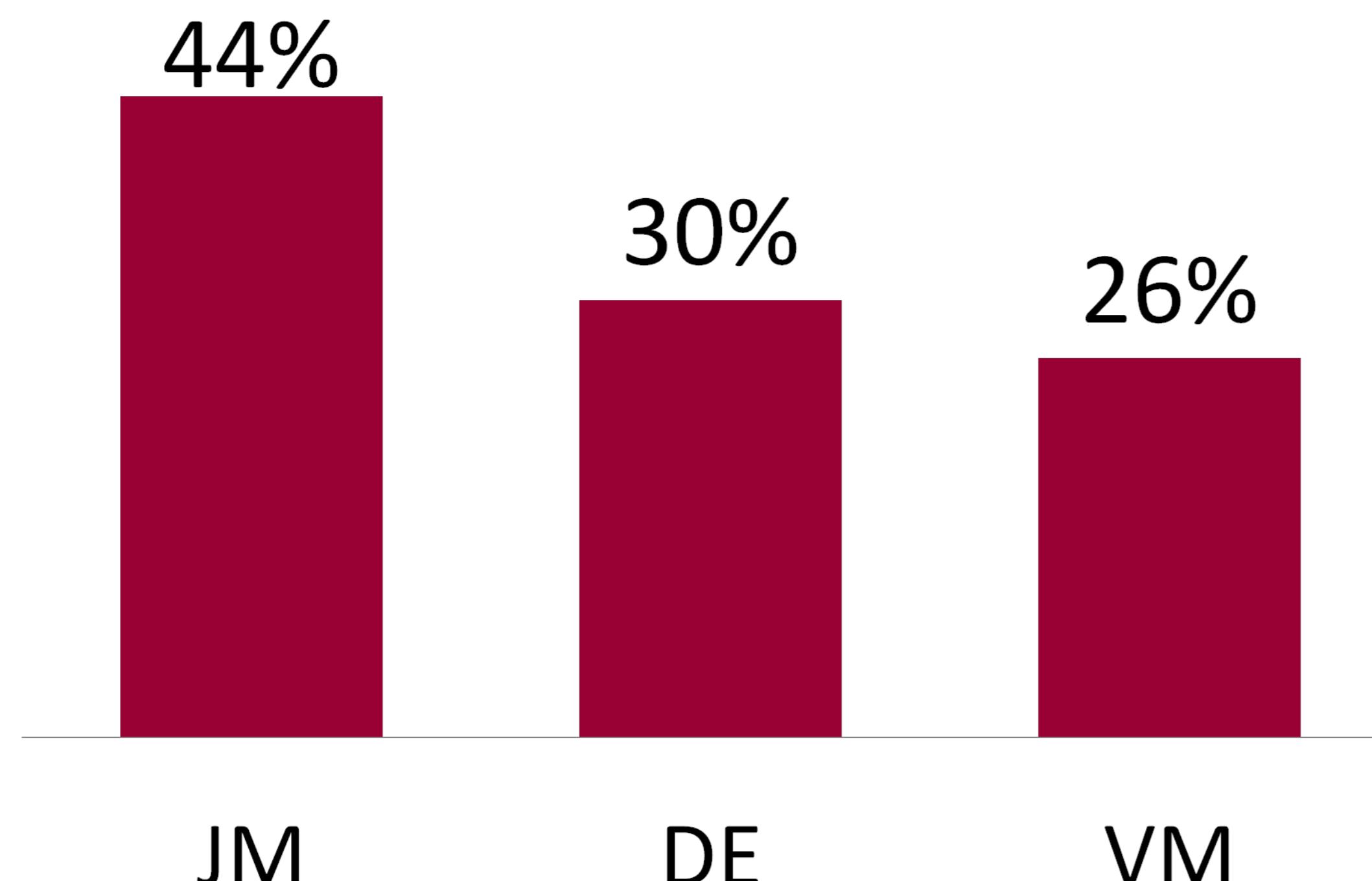
Globally more drug is collected : Total dose prescribed mgrs 27,553 , 28,181 doses dispensed mgrs (628 mgrs difference (+2.2 %) in total additional cost of €6,999.55 (+1.7 %) / year
 Total expenditure computed in Pharmacy . 436,929 75 €.

Lost annually mg were significantly lower in the JM where even less hormone prescribed collected : -1.60mgrs/paciente/año (-4.50 - to +3.8) with the DE: 3.65 mgrs / patient / year (1.5 - 5.8) vs the VM 19.08mgrs/paciente/año (15.40 - 30.2) , p < 0.001, for the annual JM dispensation regarding prescribed is less than 0.45 % for most of +1.32 % and for VM + 5.85% more (depending on device 4.5-10.5 %).

A real purchase price 2012, for global spending requirements (mgr prescribed / €) (€429,929.75) could be a cost computed if everything was JM / DE 2.9 % lower , compared to 9.8 % higher if everything was VM

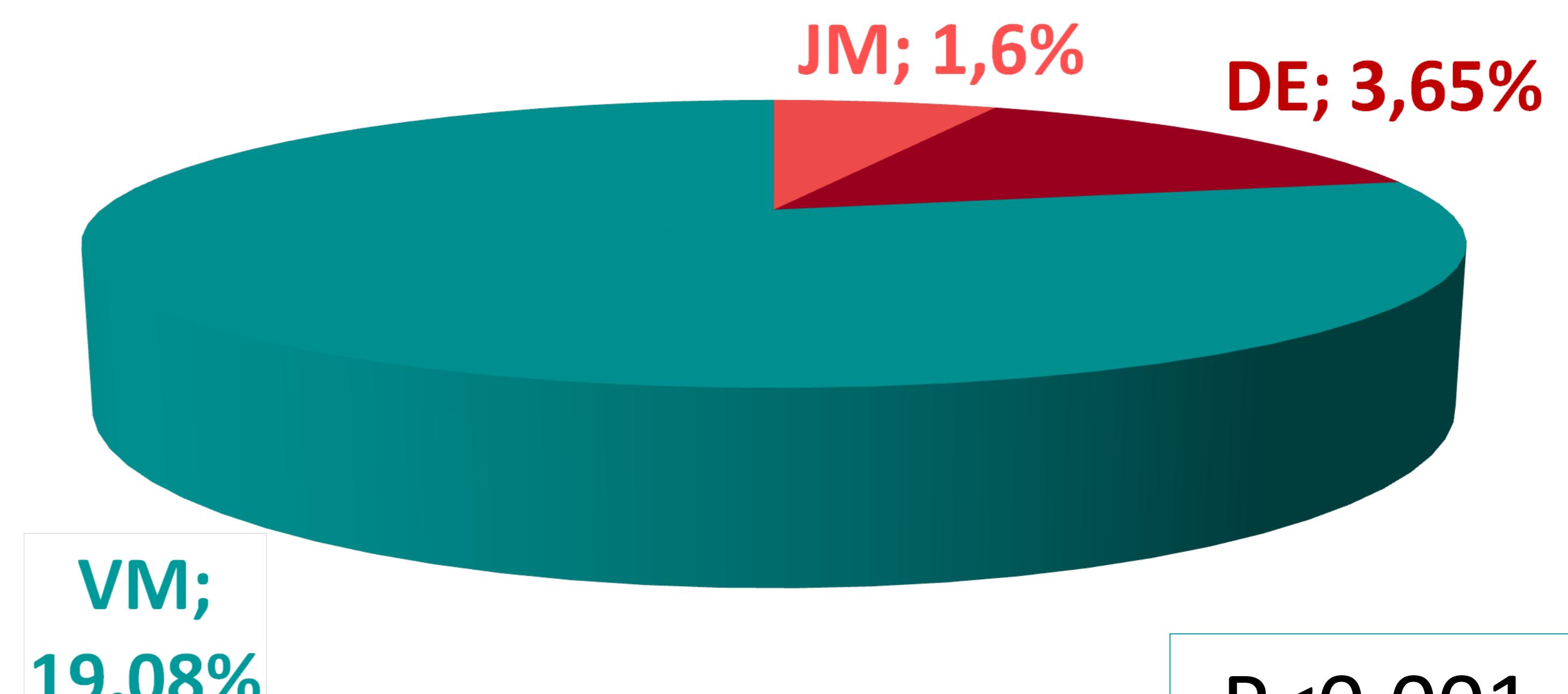
86 patients
 Average age 9.97 y.
 50% ♀.
 65% adolescents.

FORMULATION GHrh



14% patients take less doses and 3.5% were no adherents.

Lost (mg of GH) in each group



Total DOSES prescription 27.553 mg
 Total DOSES dispense 28.181 mg

CONCLUSIONS

The use of JM and DE, could help prevent the annual loss of drug and thus improve the cost - related treatment , unless that improves the efficiency of VM