Non-coverage of opportunistic infection (OI) treatment and privacy issues were also noted as causes of dissatisfaction. Claim filing for formal membership requires an employer's signature for proof of contribution. Due to the fear of stigma some members created a second insurance account or shifted to an individual payment type, which increased OOP expenses.

CONCLUSIONS:

The OHAT package has increased access to services and medications for HIV/AIDS patients in the Philippines. Despite increasing package utilization there is still room to improve the package, especially with regard to addressing privacy needs and non-uniform package inclusions, and extending coverage to the treatment of OIs.

PP126 Alfa-Alglucosidase For Pompe Disease: Literature Review

AUTHORS:

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INTRODUCTION:

Pompe disease is a rare disease, in which therapies are aimed at improving the function of the heart and skeletal muscles, and the quality of life of patients. This review aims to update and evaluate the safety and efficacy of alpha-alglucosidase therapy for treating Pompe disease.

METHODS:

We performed a literature search of Medline, EMBASE, the Center for Reviews and Dissemination, the Latin American and Caribbean Health Sciences Literature, and Cochrane. Publications of the National Institute for Health and Care Excellence and national and international guidelines have been consulted. The quality of the evidence was assessed using the criteria of the Grading of Recommendations Assessment, Development and Evaluation - GRADE. We performed annual cost estimates of alpha-alglucosidase for the treatment of adult and pediatric patients.

RESULTS:

In a randomized clinical trial comparing alpha-alglucosidase enzyme replacement therapy (20 mg / kg) with placebo for 78 weeks, the results favored alpha-alglucosidase (an increase of 28.1 ± 13.1 m in the six minute walk and an absolute increase of 3.4 ± 1.2 percent in forced vital capacity, $p = 0.03$ and $p = 0.006$, respectively). In another systematic review, it was observed that patients treated with alpha-alglucosidase had a mortality rate five times lower than untreated patients (rate ratio = 0.21, 95% CI: 0.11 − 0.41). In a pediatric population with advanced disease, biweekly infusions prolonged survival and survival free of invasive ventilation. The quality of the evidence was classified as very low. The annual treatment costs were USD 296,187.64 (adult patient with 70 kg) and USD 42,312.52 (pediatric patient with 10 kg).

CONCLUSIONS:

The limited available evidence suggests alpha-algalsidase is efficacious in Pompe disease patients with some clinical conditions who do not present negative cross-reactive immune material. The balance between the limited quality of the evidence and the demonstrated benefits is favorable, especially for clinical improvement, reduction of mortality and intangible benefits.

PP127 Issues On The Estimation Of The Opportunity Cost Threshold Value

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INTRODUCTION:

There is no consensus on which methods to use to estimate an opportunity cost threshold for the efficient allocation of resources. Researchers have attempted to estimate an evidence-based threshold value, but only a few approaches have been considered and any estimate is currently used by policy makers. This study aims at exploring three assumptions normally applied in the threshold estimation: (i) approaches assume that there is always a displacement involving a loss of health; however, empirical studies suggest that one of the first responses of local health care purchasers is to squeeze greater efficiency out of providers; (ii) to be sure about the appropriate threshold it is necessary to know which

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health services purchasers are giving up to introduce a new treatment; current estimates bypass this lack of information by averaging the effects of changes in expenditure by clinical area; (iii) recent methodologies consider a single health outcome: mortality; however, health outcomes of many clinical areas may not be well reflected in mortality.

METHODS:

We propose data envelopment analysis (DEA) as a methodology that can help to address these issues by considering efficiency to measure opportunity cost per Primary Health Trust (PCT) in England and by including several outcomes in addition to mortality. This is the first time that DEA is tested in this context.

RESULTS:

Results suggest that the majority of health locations have the possibility of decreasing their expenditures between 1 percent and 15 percent without affecting outcomes.

CONCLUSIONS:

Estimation of the threshold should allow for observation of the actual level of inefficiencies as well as an ability to consider the previous capacity of health locations to respond to changes in expenditures. Moreover, it is crucial to select the appropriate set of health outcomes, such that they reflect health system priorities, otherwise, we would be estimating a threshold that does not reflect likely displacement.

PP128 Relationship Between Hemoglobin A1c And Medical Costs

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INTRODUCTION:

Diabetes causes complications and collateral diseases, reducing quality of life and increasing medical costs. The Japanese government has promoted measures for the prevention of diabetes aggravation. Although glycemic control is reported to prevent the development of complications, assessment of the effects on overall medical cost is insufficient. We examined the medical cost by the analysis of hemoglobin A1c (HbA1c) level.

METHODS:

A Japanese employee-based health insurance claims database with annual medical check-up data was analyzed. Excess medical cost was calculated as the difference between medical cost and standard medical cost (defined as the average medical cost for individuals of same age and sex). Percentage of excess medical cost was calculated by dividing excess medical cost by standard cost, and compared between individuals with or without treatment for diabetes.

RESULTS:

Of 4,307,184 individuals with HbA1c data, four percent of them received treatment for diabetes. For treatment of 6.5 percent of HbA1c, excess medical cost increased to 124 percent. The medical cost increased by an additional 20.4 percent (95% CI: 17.1–23.8) when the HbA1c level increased one percent. Treatment for less than six percent of HbA1c caused an increase consistent with the HbA1c level. The relative risk of iron deficiency anemia, unspecified of those with less than six percent of HbA1c against those with seven to eight percent was the highest, 2.15.

CONCLUSIONS:

An increase of medical cost for individuals with treatment for high HbA1c is likely associated with diabetic complication. The raise for individuals with lower HbA1c level may be related to anemia. Despite the younger age and healthier life of the analyzed individuals, since they were insured by employee-based health insurance who took regular medical check-ups, more expensive medical cost was observed for those having higher HbA1c level.

PP129 The Need For Building Pharmacists HTA Capacity; The Nigerian Scenario

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