

# **CLINICAL AND ECONOMIC ANALYSIS OF PHARMACEUTICAL PROVIDING PATIENTS WITH GLAUCOMA**

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Modern trend of rapid development of medications market and the emergence of new treatment regimens on the one hand, and the growing number of ophthalmic patients on the other, determines the need for rational choice of drugs. To determine the possibility of further improving the quality of medical and pharmaceutical care using clinical and economic analysis (QEA).

The aim of our study was to conduct QEA with use retrospective, systematic, logical, frequency, and ABC- and VEN- analysis methods.

The retrospective analysis of 422 patients hospital records, who were treated in the polyclinic department of the regional clinical hospital in Kharkiv in 2012-2014., shows that the total number of medical appointments was 764. It is established that doctors had used 26 medicines of trade names or 12 preparations for the international nonproprietary name (INN).

As a result of the ABC analysis revealed that the group A (most expensive) included 9 medicines for brand name. In total volume of medicine consumption proportion of this group of medicines is 79.82% of the costs. Revealed, that 8 of 9 drugs of this group - is costly foreign medications. Group B (medium expenses) represented 11 drugs. On their acquisition spends 17.60% of the total consumption. The group C (least expensive) formed 25 medicines, which spent 5.10% of the total amount of expenses for all antiglaucoma medicines. The results of VEN-analysis found that the structure of medical appointments antiglaucoma medicines 46.16% owned preparations category E (essential). At medicines category V (essential) and N (minor, unimportant) accounted for 26.92% of the total range of antiglaucoma medicines.

In the implementation of the consolidated ABC / VEN-analysis found that the most expensive by INN in pharmacotherapy of glaucoma medications is with the status of A / E - tafluprost (18.53% of the cost), latanoprost (14.46% of the cost), combined drug on the basis of timolol (13.85% of the cost), brynzolamid (9.60% of costs), and betaxolol (3.68% of costs).

Thus, we can conclude about the inadequate of rational expenditure financial resources and the need for complex organizational, economic and pharmacoeconomical researches efficiency of use medicines in order to form the necessary steps to improve the pharmaceutical providing patients with glaucoma.