

NON-MEDICAL SWITCHING AT THE HOSPITAL: A SYSTEMATIC REVIEW ON THERAPEUTIC CLASSES AND PATHOLOGIES THAT ARE APPROPRIATE TO ACHIEVE SAVINGS

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Introduction

- Hospitals accounted for more than a third of the healthcare costs in Switzerland in 2017 (\$29.4 bn.).¹
- About 5% of hospitals' spending was on medicines.²
- New strategies to further reduce medication costs in hospitals must be implemented.³
- Non-Medical switching policies (NMSPs), i.e. therapeutic interchange (TI) and therapeutic substitution (TS), have the potential to provide substantial savings while maintaining a high level of care.^{4,5}

Objectives

- Evaluation of the economic outcomes of NMSPs.
- Identification of the therapeutic classes and pathologies well suited for the implementation of NMSPs.

Methods

- Three Databases : **Embase** **MEDLINE** **ScienceDirect**
- Time period : January 1998 → June 2018
- Twelve Medical Subject Headings (MeSH) terms were selected and combined into 62 associations to build the search strategy.

Results

- The number of economic evaluations (2 to 10) and the extent of savings (\$0 - \$97 to \$6 - \$2 869) varies greatly depending on the therapeutic subgroup (Fig. 2).
- NMSP's implementation generated no extra costs (Fig. 3a).

Conclusions

- Patients' recovery and welfare is the #1 Priority.
- Possible **substantial savings opportunities** with medicines for treating:
 - Hypercholesterolemia**
 - Anemia**
 - Gastroesophageal reflux disease**
 - Peptic ulcer disease**
- Future economic evaluations regarding NMSPs should focus on Noncommunicable diseases.

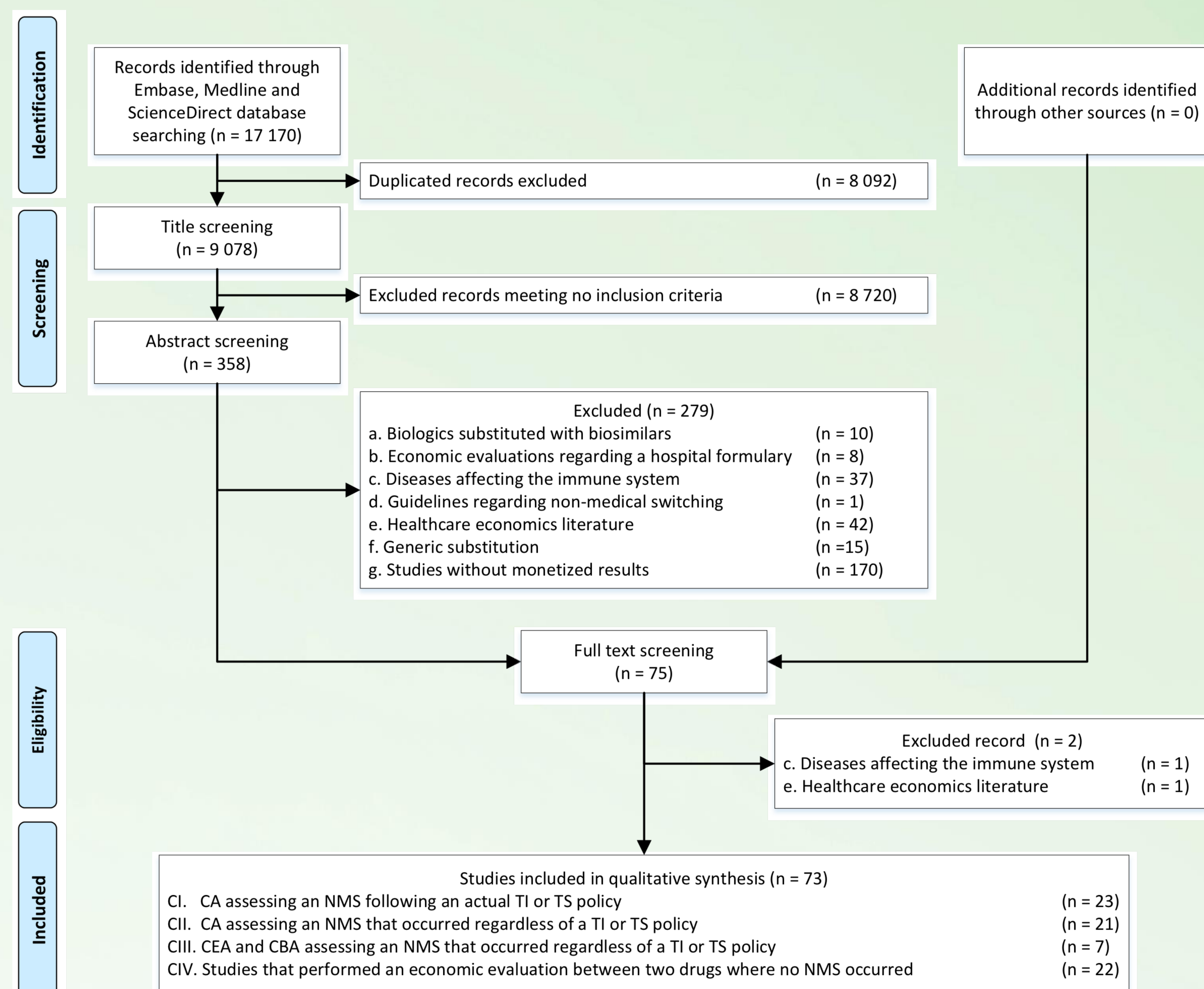


Fig. 1 Flow chart of our review process. CA = Cost-analysis; CBA = Cost-benefit analysis; CEA = Cost-effectiveness analysis; EM = Economic model; CI = Category I studies; CII = Category II studies; CIII = Category III studies; CIV = Category IV studies; NMS = Non-medical switch

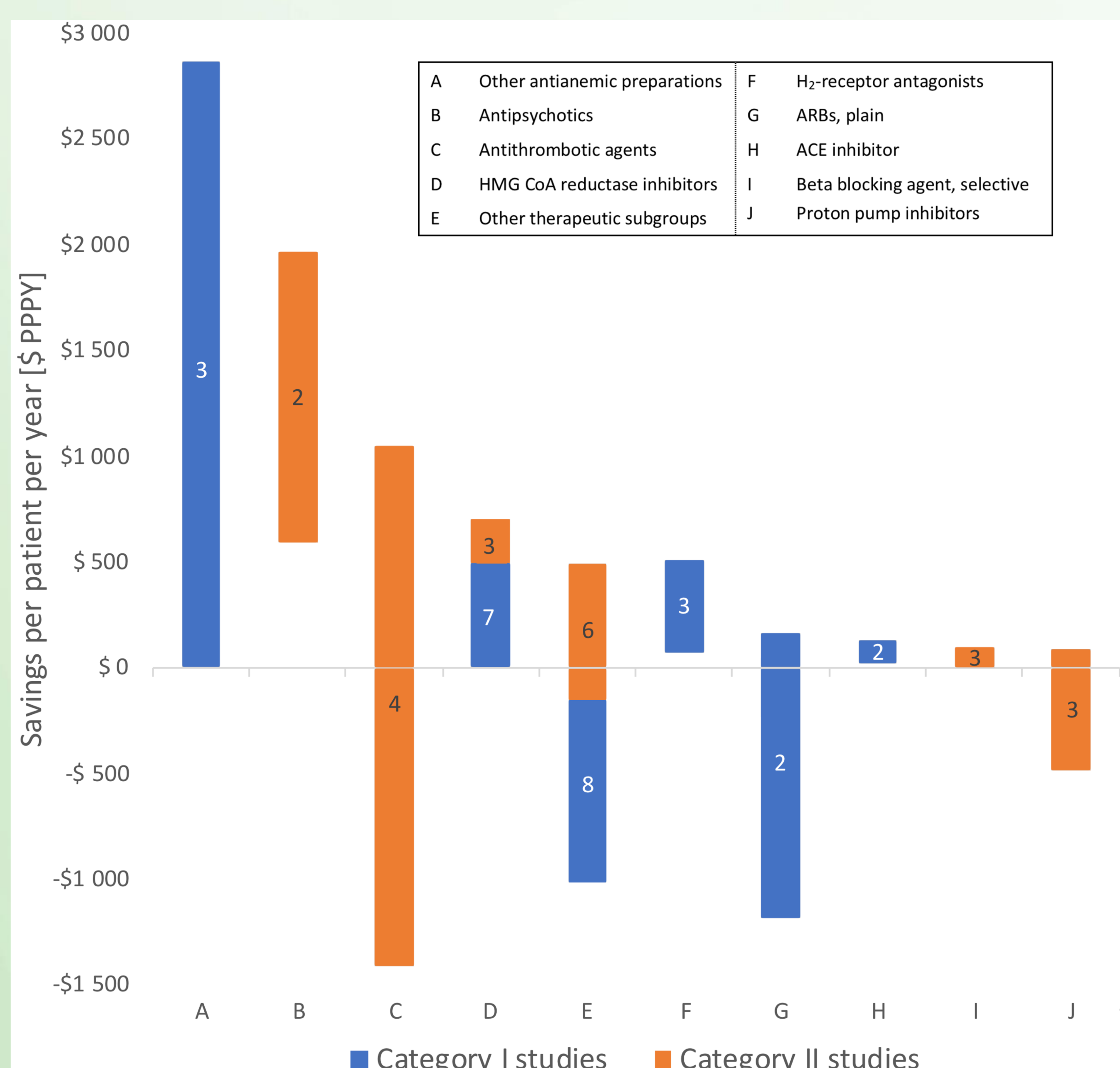


Fig. 2 Number of studies per category and therapeutic subgroups including savings in \$ PPPY. (Category III and category IV studies excluded)

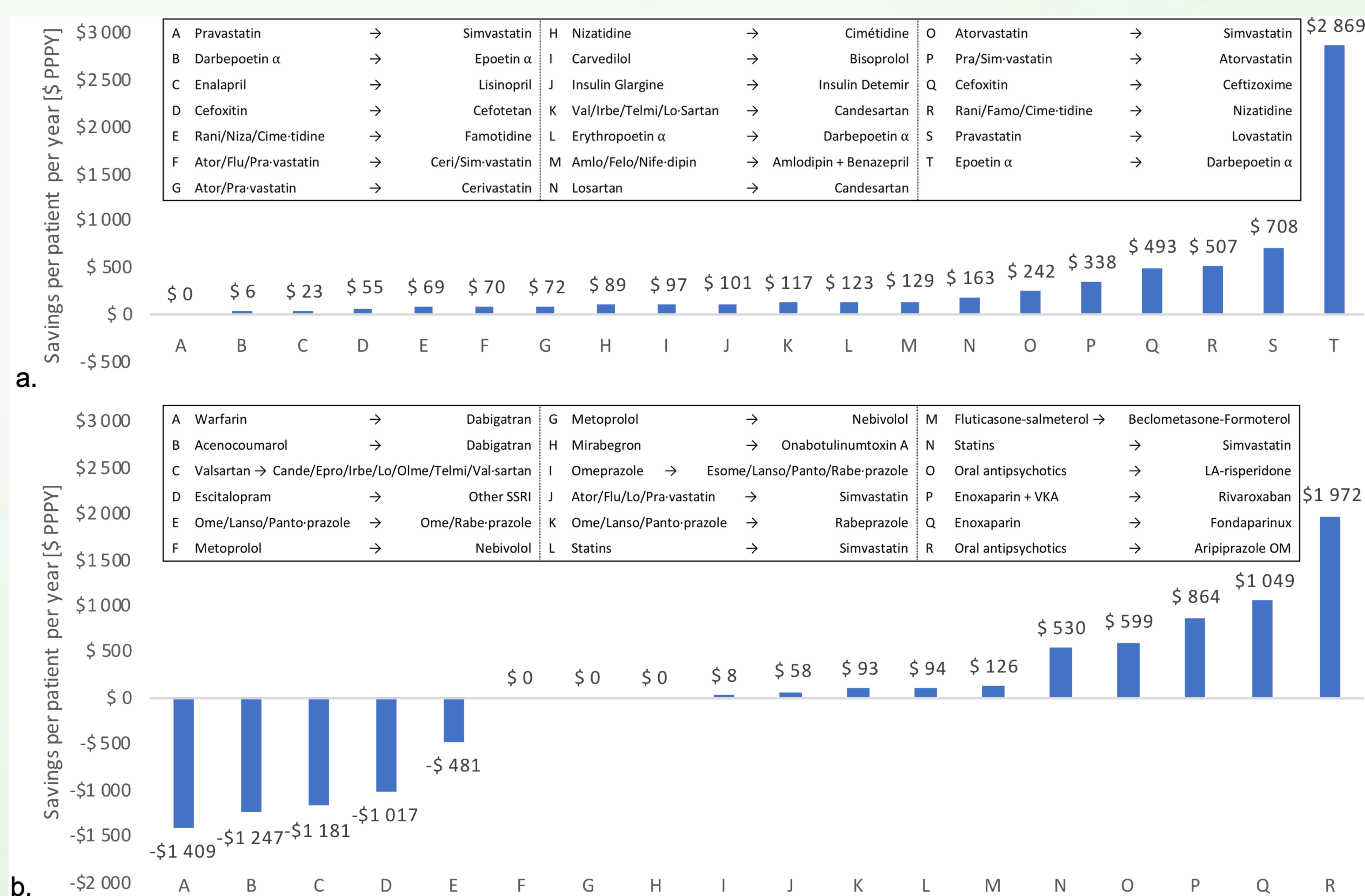


Fig. 3a Savings per patient per year (\$ PPPY) for non-medical switches (NMS) in category I studies; 3b. \$ PPPY for NMSs in category II studies. LA = Long-acting; OM = Once-monthly; SSRI = Selective Serotonin Reuptake Inhibitors; VKA= Vitamin K antagonist

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