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PHARMACOECONOMIC AND PHARMACOEPIDEMIOLOGIC ANALYSIS OF DRUG CONSUMPTION IN THE TREATMENT OF COMMON DISEASES

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Abstract

This analysis examines the consumption of medications in the treatment of common diseases. This article examines the issues of a systematic literature review of studies on the consumption of medications in the treatment of common diseases and the provision and consumption of medications used in the treatment of bronchial asthma. A prognosis for the incidence of morbidity is presented, the main factors affecting the prevalence of allergic rhinitis and hay fever are identified, and the characteristics of the medications used are provided. The results of a retrospective study of case histories for common respiratory diseases are presented, and the consumer prices of antiallergic, glucocorticoid, and

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bronchodilator medications are analyzed. The results of pharmacoeconomic studies on the provision of medications to patients with allergic rhinitis, bronchial asthma, and chronic obstructive pulmonary disease are presented. ABC and VEN analyses are used to study the effectiveness of medications used in the treatment of common diseases, injuries, poisonings, and the consequences of external causes. Consumer prices for medications are examined in a comparative perspective.

A pharmacoeconomic analysis of drug supply to patients with oncology, lung cancer, and leukemia was conducted, and the pharmaceutical market for drug prices was examined. A questionnaire survey demonstrated the efficacy of drugs used in the treatment of lung cancer.

The results of marketing analyses of drug supply, taking into account consumer demand for sinusitis patients and consumer prices, are presented. A study was conducted of drugs used for the treatment of blood pressure, rheumatism, and sedatives used in the treatment of neuroses, their pricing, and the feasibility of cost analysis, cost minimization, and cost-effectiveness analysis based on pharmacoeconomic research.

A study of drugs used for a disease characterized by high blood pressure and their prices, as well as pricing results, was conducted, and treatment costs and cost minimization were analyzed.

The consumer prices of the drugs "Zinc Ointment" and "Benzylpenicillins" were examined, and a pharmacoeconomic analysis of consumption of drugs used in the treatment of rheumatism was conducted.

Keywords: Medicinal product, pharmacoeconomic analysis, consumer price, treatment, pharmaceutical market, prognosis, diseases, common diseases.

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Introduction

Based on an analysis of the range of medications used to treat urinary tract infections registered in the Republic of Uzbekistan, it was found that these medications are represented on the Uzbek pharmaceutical market in dosage forms such as oral solutions, injection solutions, capsules, and tablets. The number of medications registered in the State Register in 2022 was 80. The main objective of the conducted research of the pharmaceutical market is to determine the share of domestic manufacturers in connection with the implementation of appropriate measures to develop domestic pharmaceutical manufacturers [1].

An analysis of the range of drugs used for urinary tract infections registered in the Republic of Uzbekistan showed that on the pharmaceutical market of Uzbekistan they are represented by such dosage forms as oral solutions, injection solutions, capsules and tablets. The number of drugs registered in the State Register for 2022 amounted to 80 names. Content analysis was used as a methodology. The main objective of the conducted research of the pharmaceutical market is to determine the share of domestic manufacturers in connection with the adoption of appropriate measures by government agencies to develop domestic pharmaceutical manufacturers [2].

In 2000-2009, statistical data on primarily diagnosed cases and absolute incidence rates of respiratory diseases were analyzed, including: chronic pharyngitis, nasopharyngitis, sinusitis; chronic diseases of the tonsils and adenoids, peritonsillar abscess; Allergic rhinitis, hay fever; pneumonia; chronic and unspecified bronchitis, emphysema; asthma and status asthmaticus.

The prevalence of respiratory diseases per 100 thousand people in the Navoi region in 2000 was 8,488 cases, in 2005 - 16,633, in 2009 - 12,755, in the Samarqand region - 6,058, 9,414 and 10,861, respectively, in the Surkhandarya region 6,425, 7,383 and 10,677, in the Syrdarya region - 4,400, 7,246 and 9,435, in the Republic of Karakalpakstan - 9,325, 8,791 and 7,915. In the Republic of Uzbekistan as a whole, 11,042 were identified for the first time in 2000, 11,790

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in 2005, 11 in 2009 804 cases of respiratory diseases, meaning the figures are increasing. In developed countries, the prevalence of asthma among adults is 5%, in the United States it is over 5%, and in New Zealand it is less than 5%. In Russia, 5% of every 100,000 ambulance calls are for asthma, with approximately 12% of patients hospitalized for it. The incidence of severe asthma in Russia reaches 20%, while in the United States it is approximately 5%. The relapse rate for asthma is 30% [3].

The past 20–30 years have been characterized by an increase in the incidence and severity of asthma. In terms of social significance, asthma is becoming one of the leading respiratory diseases.

With the implementation of a community pharmacy-based asthma treatment program, patients have experienced a significant improvement in their quality of life and have reduced their medical care visits. The number of hospitalizations decreased by 77%, the number of emergency department visits by 78%, and the provision of urgent care by 25%.

The "Approximation" program was used to study the prognosis, dynamics, and subsequent mathematical modeling of bronchial asthma diseases. Multivariate regression models were constructed to describe trends in drug demand, taking into account factors whose influence was recognized as the most significant in correlation analysis [4].

In order to determine the short-term forecast of demand at the territorial level for drugs used to treat bronchial asthma, methods for determining the need for specific drugs were proposed.

Based on the use of morbidity indicators, the need for 42 frequently used, most effective drugs for the treatment of bronchial asthma was calculated, as well as the expected and worst-case scenarios of morbidity indicators in individual regions and in the Republic of Uzbekistan as a whole up to 2010. The development of targeted plans is based on the results of a retrospective epidemiological analysis of morbidity, data on the prevalence of allergic rhinitis

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and hay fever in absolute figures per 100,000 population in individual regions. Statistical data on absolute figures per 100,000 population in individual regions from 2000 to 2013, officially registered by the Institute of Health and Medical Statistics of the Ministry of Health of the Republic of Uzbekistan, were analyzed. Overall, the prevalence of allergic rhinitis and hay fever in the republic was 261 cases in 2000, 232 in 2006, and 186 in 2013 [5].

According to sociological studies conducted among consumers of antiallergic medications in the Republic of Tatarstan (Russia), allergic rhinitis is the most common in Kazan (32 respondents), followed by urticaria (15%) and bronchial asthma (15.4%), and allergic conjunctivitis and atopic dermatitis (11.1 and 10.9%, respectively). During periods of exacerbation of these diseases, 78.2% of all respondents sought medications, including 90.4% with allergic rhinitis, 82.1% with allergic conjunctivitis, 78.9% with atopic dermatitis, 71.2% with urticaria, and 83.0% with bronchial asthma.

According to the forecast for the prevalence of allergic rhinitis and hay fever, 325 cases per 100,000 people were expected in Tashkent in 2010, 376 in 2015, and 427 in 2020. In the Navoi region, 522 cases were expected, 644 in 2015, and 806 in 2020. In the republic, 236 cases per 100,000 people were expected in 2010, 242 in 2015, and 248 in 2020 [6].

In the Republic of Uzbekistan, the prevalence of allergic rhinitis and hay fever for the period from 2000 to 2013 was analyzed, and a forecast for the incidence of allergic rhinitis and hay fever in the Republic of Uzbekistan until 2023 was developed and substantiated.

According to the forecast, the prevalence of allergic rhinitis and hay fever in the republic by 2023 per 100,000 people was 159 cases.

In the treatment of allergic rhinitis in hospital settings, the following are among the most vital drugs: Nasonex, 50 mcg, 120 doses, spray; Nasobec, 50 mcg / 1 dose 200 dose, spray; Flutinex, 50 mcg / dose, 120 doses of 30 g, spray; Flutinex, 50 mcg / dose, 120 doses of 14.5 g, spray; Analergin, 10 mg, No. 30, tablets;

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Analergin, 10 mg, No. 10, tablets; Cetirinax, 10 mg, No. 10, tablets; Lomilan, 10 mg, No. 10, tablets; Claritin, 10 mg, No. 10, tablets; Claritin, 1 mg/ml, 120 ml, syrup; Lorathal, 10 mg, No. 10, tablets; Cromolyn, 20 mg/ml, 15 ml, spray [7].

According to the analysis of the cost of drugs with the international name "Levocetirizine", conducted by wholesale pharmacies on the pharmaceutical market, the minimum and maximum prices for the sale of drugs were established, that is, the wholesale pharmacy OOO "Malxamservis" sold pollesin, 5 mg, No. 14, tablets, for the amount of 14,311 soums, and the wholesale pharmacy OOO "Askleriy" sold pollesin, 5 mg, No. 14, tablets, for the amount of 27,685 soums [8].

Based on scientific research, it was revealed that in regions with poor ecology, the overall prevalence rates of allergic rhinitis and hay fever were as follows: in the city of Tashkent - 0.95%, Bukhara region - 2.36%, Jizzakh region - 1.12%, Navoi region - 3.12%, Surkhandarya region - 1.4%, Khorezm region - 2.32%. A retrospective analysis of 220 patients' outpatient records revealed that severe hay fever accounted for 29.5% of the total, with an average hospital stay of 6 days. The prevalence was 43% in the rural population, 57% in the urban population, and 50% in the urban population. Concomitant illnesses such as allergic rhinitis and conjunctivitis were present in 50% of cases, 10% in atopic dermatitis, and 30% in bronchial asthma [9].

The prevalence of bronchial asthma in the Republic of Uzbekistan was analyzed over time from 2000 to 2013. A forecast for the incidence of bronchial asthma in the Republic of Uzbekistan through 2023 was developed, mathematically modeled, and scientifically validated. A forecast for the prevalence of bronchial asthma in the republic up to 2023 has also been substantiated: the incidence rate for bronchial asthma per 100,000 people was 136.

Allergic rhinitis, bronchial asthma, and chronic obstructive pulmonary disease are often interrelated. Patients with moderate allergic rhinitis accounted for 51.0%, bronchial asthma – 9.6%, and allergic rhinitis – 41.0%. Based on an

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analysis of case histories, the characteristics of the morbidity pattern were determined, as well as the severity and form of the disease, the age and gender of patients, and comorbidities. Thus, 27.7% of those examined suffered from severe allergic rhinitis, bronchial asthma and chronic obstructive pulmonary disease – 81% and 31.4%, respectively [10].

One of the primary methods for optimizing drug provision is clinical efficacy, taking into account the principles of evidence-based pharmacotherapy and based on the results of highly reliable randomized clinical trials. This can result in improved medical care for the population, improved drug supply to medical institutions, and savings in budgetary funds spent on patient treatment.

Overestimating the potential of economic analysis methods in healthcare is a magic formula that relieves decision makers of reflection, responsibility, or risk, even though each method can improve the quality or validity of decision making. Pharmacoeconomic methods are currently widely used worldwide. Pharmacoeconomic methods in medicine make it possible to identify, from among the numerous and widely used medications on the pharmaceutical market, those that are most effective, have the fewest side effects, and are low cost. Numerous scientific conferences and symposia are held in the healthcare system, dedicated to issues of streamlining drug supply for the treatment of various diseases [11].

The modern pharmaceutical market offers sufficient treatment alternatives, allowing for rational selection of medications based on their cost-effectiveness.

Clinical pharmacologists and pharmacists can play an important role in preventing adverse reactions and errors in drug use. Pharmaceutical surveillance of all adverse reactions would help assess the effectiveness, safety, and cost ratio for multiple generic and therapeutic analogues registered in the country and eliminate drugs with unsatisfactory criteria from the pharmaceutical market .

The analysis of pneumonia examined the etiology, pathogenesis, community-acquired pneumonia, prevalence, prevention, classification, patient descriptions,

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outpatients, triggers, and treatment process. The classification of drugs used in the treatment of pneumonia, drug therapy, drugs of choice, alternatives, and the methods and amounts of antibacterial agents for empirical treatment of pneumonia were analyzed. Based on this analysis, the possibility of properly organizing and planning drug provision for the treatment of pneumonia was identified [12].

The range of drugs for the treatment of bronchopulmonary diseases is constantly expanding. Consumer behavior in choosing drugs for the treatment of bronchopulmonary pathologies was studied depending on gender, age, employment status, and monthly income. Regardless of gender, age, and social status, drug efficacy is of primary importance (70%), followed by safety (40%) and price (25%). Colds are not considered serious by the general population, and at the first sign of symptoms, 55% self-medicate with folk remedies, while 34% use medications.

The results of studies on the comprehensive assessment of the clinical and economic effectiveness of medical technologies are taken into account when regulating the use of drugs and medical services. The use of clinical and economic analysis results should facilitate more rational resource use by selecting medical interventions that are optimal in terms of the balance of clinical and economic effectiveness [13].

The pricing or costing of drugs can be decisive for the results and conclusions obtained from pharmacoeconomic cost-effectiveness analysis. According to the recommendations, the cost-effectiveness analysis of brands is performed taking into account a social perspective. That is, the cost-effectiveness analysis is performed taking into account a price that more accurately reflects the true social cost of the drug, for example, 20-60% of the average retail price. Alternatively, the cost-effectiveness analysis is performed taking into account the payer's perspective, when all discounts, co-payments, and other adjustments should be included in the drug price.

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Controlling rising drug costs is a major global issue. The prescribing or use of generic drugs is gaining increasing support. In 2001, regulation based on generic drug grouping significantly reduced the daily costs of purchasing each of the three classes of cardiovascular drugs. However, in response to this policy, hospitals significantly expanded the volume of drugs prescribed for their regular patients. Therefore, system monitoring can also be used to identify hospitals that are abusing the volume of prescribed drugs, which will further contribute to more efficient resource conservation for healthcare delivery by reducing the frequency of reimbursement payments for expensive drugs. In the current context of the global financial and economic crisis, it is necessary to strengthen and expand the use of domestically produced medicines and medical devices [14].

In order to continuously update the State Register of Medicines and Medical Devices, When importing foreign medications, the most effective ones should be selected and their use scientifically substantiated.

Data on four medications under the trade name "Ketotifen" from 11 manufacturers in seven countries is presented. Thirteen products were analyzed based on their dosage form and strength. Primary statistical data on the prices of three medications are unavailable. An analysis of retail prices for "Ketotifen," 1 mg tablets, No. 10, from the manufacturers Universal Farm JV and Remedy LLC JV revealed a difference of 120 soums. The difference between the maximum and minimum prices for 0.001 g tablets, No. 30, from seven manufacturers is 1,020 soums. Based on these data, it can be concluded that the medicinal product from the joint venture “Remedy” is optimal for outpatient and medical institutions, as well as for the consumer [15].

The effect of salbutamol, the international nonproprietary name used for bronchial asthma and chronic obstructive pulmonary disease, on medications affecting peripheral adrenergic processes in bronchial asthma was analyzed. Information on five medications under six trade names was presented in pharmacies from six manufacturers and six wholesale pharmacies in the country

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of origin. Prices from six wholesale pharmacies for two brands were taken into account, depending on the form and dosage[16].

Treating patients with inflammatory and allergic respiratory diseases using expensive but highly effective medications will ultimately lead to physical and mental improvements in patients, which, in turn, will improve their physical condition and reduce economic costs.

Glucocorticoid agents used to treat inflammatory and allergic diseases were analyzed in relation to manufacturer pricing[17].

An analysis of the pharmaceutical market in developed countries reveals significant problems related to the availability of medications to the population. The following issues require prompt solutions: adequately assessing price levels and consumption patterns, containing drug costs, developing the generic market, and developing innovative manufacturing methods. The development of reference pricing for groups of analogs, including original patented medications, is aimed at addressing these challenges in regulating drug prices. This situation is developing against the backdrop of the widespread introduction of medications appearing on the market following innovation and implying a similar treatment strategy[18].

According to information, salbutamol is represented on the pharmaceutical market of the Republic of Uzbekistan by medications from 8 manufacturers in 8 countries.

The drug is produced under 7 trade names, and taking into account dosage forms and dosages, under 10, all included in the State Register of Medicines and Medical Devices. Two registered medications are not available in retail pharmacies. Significant differences in retail prices have been identified for four medications with identical dosages. For example, the drug Astalin, aerosol 100 mcg, 200 doses (India), is priced at 5,700 soums, and salbutamol-GT, aerosol 100 mcg, 200 doses – at 2,040 soums, that is, the price difference is overstated[19].

If consumers purchase Allergid syrup in a 10 mg/ml bottle for 21,550 soums,

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compared to the wholesale price of 20,000 packages per year sold by the wholesale intermediary ASKLEPIY Firmasi, a Slovakian manufacturer of Zentiva a.s., mg/ml, 20 ml bottle of Zodak syrup sold by the wholesale pharmacy of ATM Partners LLC, a domestic manufacturer of Torimed Pharm (Uzbekistan), they can save 724,300,000 soums. This means that the mass price of the drug has been achieved by achieving the pharmacoeconomic criterion[20].

An analysis of drugs under the international name "Fluticasone propionate, salmeterol", belonging to the pharmacotherapeutic group - bronchodilators, was conducted. There are four brand-name medications and 10 different forms and dosages available on the pharmaceutical market in the Republic of Uzbekistan. Retail price data has been identified for four of these medications. No data are available for low-dose medications. Seretide (fluticasone propionate, salmeterol xinafoate) is considered the most expensive medication on the pharmaceutical market for the treatment of bronchial asthma. However, recent studies have shown that patients taking Seretide report improved quality of life and reduced costs for additional treatment[21].

Fifty specialists from the First Clinical Hospital of the Tashkent Region of the Ministry of Health of the Republic of Uzbekistan, the Republican Scientific Specialized Allergology Center of the Ministry of Health of the Republic of Uzbekistan, and the Research Institute of Phthisiology and Pulmonology of the Ministry of Health of the Republic of Uzbekistan participated in the expert evaluation[22].

The information obtained was processed to summarize the experts' opinions and formulate judgments for each medication. The experts' opinions were assessed using a competence coefficient. Expert competence was based on quantitative assessments of the sources of argumentation, familiarity with the field of drug use in asthma, and length of service[23].

Based on the expert assessments, all drugs were selected based on their effectiveness as follows:

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– most effective, 86–100% of responses;
– effective, 71–85% of responses;
– moderately effective, 56–70%;
– ineffective, up to 55%.

Out of 66 trade names Only 9 drugs were identified as the most effective, including 2 in the form of tablets and capsules, 2 injectables, and 5 aerosols; 31 names were effective, including 8 tablets and capsules, 5 injectables, and 18 aerosols. 12 names were assessed as drugs of moderate effectiveness, of which 6 were in the form of tablets and capsules, 4 injectables, and 2 aerosols. 14 drugs were assessed by experts as drugs of low effectiveness, including 10 tablets and capsules, and 4 injection solutions.

The analysis revealed that more than 80% of cases are severe and moderate forms of the disease, and only 20% are mild forms of the disease[24].

Data analysis revealed that, on average, 9.3% of the total number of cases occurred among children, 2.6% among adolescents, and 88.1% among adults.

The experts' conclusions were analyzed using a competence coefficient. This coefficient took into account the correct diagnosis of bronchial asthma, the physician's qualifications, including familiarity with guidelines, and their length of service in the specialty.

According to the survey results, highly competent specialists accounted for 12%, moderately competent specialists accounted for 64%, and those with low competence accounted for 24%.

The analysis took into account the conclusions of competent and highly competent specialists, meaning that 76% of the experts were analyzed.

According to American scientists, mortality from chronic obstructive pulmonary disease has increased by 163%, reaching 45.3 per 100,000 people in the Central Asian republics, which is three times higher than the European average of 16.1 per 100,000 people[25].

Long-term smoking leads to the development of chronic obstructive pulmonary

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disease in people over 40 years of age. The incidence of occupational lung diseases ranges from 15 to 35%, with bronchial asthma and chronic obstructive pulmonary disease accounting for half of these.

The consumption of medications was determined: in 2005 it amounted to 68.71%, in 2006 – 72.08%, in 2007 – 74.86%, in 2008 – 76.91%, and in 2009 – 78.28%, related to group V according to the results of the ABC/VEN analysis of medications used only in the treatment of bronchial asthma .

It was revealed that vital medications for the treatment of bronchial asthma are poorly sold on the pharmaceutical market. A list of in-demand and non-essential medications was compiled. In the future, health care institutions will distribute their resources appropriately when purchasing these medications.

A comparison of the clinical and economic effectiveness of two drugs, seretide and budesonide, showed their effectiveness and economic benefits: seretide savings amount to 24,813 soums per patient, while treatment with budesonide is 24,813 soums more expensive. The effect in patients in the 1st group, who received seretide, was much higher than in the 2nd. Thus, direct costs in patients in the 1st group averaged 176,456 soums, and indirect costs were 178,238 soums. In the 2nd group, these figures were 164,244 and 165,637 soums, respectively.

In the treatment of chronic obstructive pulmonary disease, the most effective drugs from the point of view of VEN analysis are: berodual, 20 ml, inhalation solution; seretide, 250, 120 doses, aerosol; Seretide Discus, 50/250 mcg, 60 doses, powder in capsules; Seretide, 125, 120 doses, aerosol; Euphyllin, 2.4%, 10 ml, No. 10, injection solution; Euphyllin, 2.4% 5 ml, No. 10, injection solution; Dexamethasone, 4 mg/ml, 1 ml, No. 25, injection solution; Azithromycin, 0.25, No. 6, tablets; Ambroxol, 15 mg/5 ml, 100 ml, syrup; Ambrosan, 30 mg, No. 20, tablets; Lazolvan, 15 mg/5 ml, 100 ml, syrup; Ambroxol KMP, 0.03 g, No. 20, tablets[26].

The analysis concludes that the use of domestically produced generic medications for the treatment of comorbid respiratory diseases will allow for more efficient

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use of budgetary resources. This will allow for savings on funds allocated for the treatment of comorbid conditions while simultaneously maximizing patient satisfaction.

Thus, the ABC/VEN analysis of medications used to treat comorbid conditions in allergic rhinitis, bronchial asthma, and chronic obstructive pulmonary disease revealed that a significant portion of allocated budgetary funds is, in most cases, spent to mitigate or reduce the clinical manifestations of these comorbid conditions. When planning treatments for comorbid respiratory conditions, it is important to consider the need for medications for gastrointestinal diseases and hypertension, as government funding is declining year after year. According to ABC/VEN analyses, in 2009, the maximum expenditure on Group E drugs amounted to 37.33% of the total. Expenditures on Group E and N drugs and medical devices were higher than on Group V.

When purchasing drugs and medical devices, preference should be given to generic versions produced by domestic manufacturers at affordable prices.

Based on the analysis, ecologically poor areas with high rates of common diseases and injuries, poisoning, and certain other consequences of exposure to external factors were identified across the republic for the period from 2013 to 2015.

The article examines the etiology of traumatology, types of injuries, spinal cord injuries, spinal cord injuries and diseases, their classification, osteoarthrosis, endoprosthetics, bone fractures, their causes and treatment methods, as well as pharmacoeconomic studies and their methods, and the development of the pharmaceutical industry. An analysis of foreign studies is provided.

Scientific studies have analyzed medications used in traumatology, examining the patient treatment process, disease types, and associated conditions. The nomenclature of medications used in traumatology has been studied, and their groups of relatively effective and affordable medications have been identified. According to the results of a pharmacoeconomic analysis of medications used in traumatology, the cost of treatment with tablets No. 4 "Alovell" 70 mg, compared

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with treatment with tablets No. 4 "Ostalon" 70 mg, amounted to a savings of 44,930 soums per patient.

In addition, the characteristics of the consumer market for a range of pharmaceuticals were assessed. The study found that from 2010 to 2019, the majority of anticancer drugs (87.3%) were imported from abroad, with 12.7% coming from the Commonwealth of Independent States. Over the past four years, a significant number of anticancer drugs have been produced and registered in the country. However, given the increasing incidence of cancer-related diseases and the large number of deaths associated with the disease, it is necessary to increase the scale of anticancer drug production.

The study analyzed drugs registered in the Republic of Uzbekistan and included in the list of essential medicines of Uzbekistan and the World Health Organization, based on standards for the diagnosis and treatment of oncological diseases, with the aim of examining the range of drugs used to treat lung cancer and the provision of medications to patients.

Erlotinib hydrochloride is registered in the Republic of Uzbekistan under two different international nonproprietary trade names: Erlotad and Gefetinib-Adjef. Expanding the production of antitumor drugs, including drugs used in the treatment of lung cancer, was recommended.

The study included a retrospective analysis of the medical records of inpatients with lung cancer and statistical data, and the obtained scientific results were analyzed, processed, and presented. The research was conducted based on data from patients treated at the Republican Center for Specialized Oncology and Radiology.

Of the drugs used for squamous cell lung cancer, 23 were considered effective under their trade names. To determine the efficacy of drugs used in the treatment of squamous cell lung cancer, a questionnaire was administered regarding 14 international nonproprietary names and 182 trade names by dosage form and dosage. The results served as the basis for dividing the drugs into groups.

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Based on intelligent analysis developed during scientific research, it was established that 21 brand-name medications used for squamous cell lung cancer have a high efficacy rate.

Using statistical data from the Ministry of Health of the Republic of Uzbekistan, the prevalence of acute lymphoblastic leukemia among children was analyzed. The data obtained provided a clear description of the spread of the disease among children in 2016–2018. An analysis was conducted by age and gender of the children. The prevalence of acute lymphoblastic leukemia among children in all regions and in the Republic of Karakalpakstan, as well as the prevalence of this disease among girls and boys, was studied.

Excerpts from the "Medical Report of the Patient in the Hospital" of 170 patients with leukemia were analyzed. According to the analysis, 88.82% of patients had comorbidities. When analyzed by gender, the incidence of leukemia was 43% in women and 57% in men. The age-specific analysis included 98 adults, 26 adolescents (15–17 years old), and 46 children (under 14 years old).

Medications used for leukemia are registered by foreign manufacturers from the Commonwealth of Independent States (65.2%) and 32.6%.

Prices for medications used for leukemia are high on the pharmaceutical market; however, it was found that domestic pharmaceutical companies do not produce generic versions to replace them.

The analysis covered the etiology of sinusitis, its pathology and classification, the classification of medications used for sinusitis, and the principles and methods of pharmacoeconomic research.

Information on the use of medications in the treatment of sinusitis is presented and the theoretical problems of pharmacoeconomic research are highlighted.

A total of 67 patients with rhinosinusitis received treatment, including 36 women, 31 men, 37 urban residents, and 30 rural residents. According to the analysis of the State Register of Medicines and Medical Devices Registered in the Republic of Uzbekistan, which are used for rhinosinusitis, synthetic antibacterial drugs

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accounted for 36.2%, macrolides - 27.6%, antibiotics - 21.3%, drugs for the treatment of ENT diseases - 6.4%, expectorants - 4.3%, bronchodilators - 1.4%, sulfonamides - 0.7%, immunomodulatory agents - 0.7%, non-steroidal anti-inflammatory drugs - 0.7%, enzymes - 0.7%.

The results of the sedative market analysis indicate that herbal sedatives are represented in the Uzbek pharmaceutical market in dosage forms such as tinctures, medicinal plant materials, tablets, syrups, tablets, and capsules. A comparative price analysis of these medications indicates that the production of a 25 ml liquid extract, "Phlegmen," at a price of 2,200 soums per package will be in demand in the Uzbek pharmaceutical market[22].

Based on an analysis of medications used for neurosis (as determined by pharmacoeconomic studies), their use is examined in theoretical and methodological aspects.

An analysis of medications used for neurosis, their use in the treatment of the disease, and issues associated with the disease are presented.

An analysis of the pharmacological group of antidepressants with an international name used for neuroses is conducted. "Paroxetine" is a drug with a trade name included in the "Summary Information on the Sales of Medicines and Medical Devices."

The drug "Mirtel," tablets, 30 mg, No. 30, manufactured by Valeant LLC, Russia, produced by Lannacher Heilmittel Ges.m.b.H, Austria, and supplied to the wholesale pharmacy ATM Pharm LLC, is sold at a wholesale price of 135,824 soums. The drug under the trade name "Mirtel," tablets, 30 mg, No. 30, manufactured by Valeant LLC, Russia, is produced by Lannacher Heilmittel Ges.m.b.H, Austria, and supplied to the wholesale pharmacy ATM Pharm LLC, is sold at a wholesale price of 193,574 soums. The difference between the maximum and minimum prices is 57,750 soums.

Consumer purchases of medications used to treat neuroses have been optimized based on pricing data, clinical observations, and prices in the "Summary of Sales

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of Medicines and Medical Devices."

"Amitriptyline," 25 mg tablets, No. 50, 21,623 soums (Asclepius Company, Zentiva AS, manufactured in Slovakia by Saneca Pharmaceuticals AS, Slovakia) for the inpatient treatment of neuroses. "Amitriptyline," 25 mg tablets, No. 50, 14,500 soums, wholesale company Malkham Service LLC, ATM-Pharm, Uzbekistan. Cost analysis demonstrated savings of 7,123 soums.

The study analyzed the State Register of Medicines and Medical Devices Used in the Treatment of Epilepsy registered in the Republic of Uzbekistan, as well as the release forms of medicines No. 20 (2016), No. 21 (2017), and No. 22 (2018) used in the treatment of epilepsy.

The analysis presents the results of the pharmacotherapeutic groups of medicines registered in the State Register of Medicines Used in Epilepsy. The results show an increase in anticonvulsants, tranquilizers, nootropics, and neuroleptics, as well as the number of tranquilizers, hypnotics, sedatives, and antidepressants in the Commonwealth of Independent States, a decrease in the number of anticonvulsants and agents that improve cerebral circulation in the central nervous system, and an increase in the number of nootropics, sedatives, and antidepressants in Uzbekistan.

The main factors contributing to elevated blood pressure, which increases mortality and disability among people, have been identified: environmental degradation and poor nutrition.

Currently, timely diagnosis of high blood pressure, treatment, and provision of effective medications remain a critical task for physicians and pharmacists.

Scientific studies on the consumption of medications used for high blood pressure are systematically presented in various countries and regions, with specific examples of research results obtained using pharmacoeconomic analysis methods. A theoretical basis for conducting similar studies in the future has been created in Uzbekistan.

According to statistics, more than 9.4 million, or 16.5% of deaths, occur annually

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due to high blood pressure. It is noted that diseases of the circulatory system are one of the leading causes of death worldwide. The epidemiology, etiology, pathogenesis, and classification of diseases characterized by high blood pressure are discussed. A theoretical, methodological and pharmacoeconomic analysis of the consumption of drugs used in the treatment of a disease characterized by high blood pressure was conducted.

This trend is particularly pronounced for medications used to treat diseases characterized by high blood pressure and the range of oncology drugs used to treat lung cancer. The expansion of the product range is largely due to the registration of a large number of generic drugs and foreign and domestic generics on the pharmaceutical market in the Republic of Uzbekistan. This has significantly increased the choice of necessary medications, taking into account modern approaches to pharmacotherapy for various pathological conditions, individual characteristics of disease progression, and consumer preferences.

Bicard NV tablets, 5 mg/5 mg, No. 30, were analyzed in a pharmacoeconomic analysis of drugs used to treat arterial hypertension. Direct costs for the first treatment method with drugs amounting to 17,927 soums amounted to 170,000 soums, indirect costs amounted to 2,100,000 soums, for a total of 2,227,000 soums. "Amlipin" tablets, 5/5 mg, No. 30, cost 78,502 soums. For the first treatment option, direct costs are 230,573 soums, indirect costs are 2,100,000 soums, for a total of 2,330,573 soums. Cost analysis demonstrated savings of 60,573 soums. Rational use of resources has been scientifically substantiated[23].

The drug with the trade name "Dibazol" is included in the "Summary of Sales of Medicines and Medical Devices." The drug "Dibazol," injection solution, ampoules, 0.5%, 2 ml, manufactured by JSC "Borisov Plant of Medical Preparations," Belarus, and supplied by JSC "Dori-darmon," a wholesale pharmacy in Tashkent Region, is sold at a wholesale price of 3,241 soums. The drug under the trade name "Dibazol," injection solution, ampoules, 0.5%, 2 ml, No. 10, manufactured by Berezovsky Plant of Medical Preparations OJSC and

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supplied to Optima Pharm LLC, is sold at a wholesale price of 3,650 soums. The difference between the maximum and minimum prices at the wholesale pharmacy is insignificant.

An assessment of the consumption of antihypertensive medications in the Ukrainian pharmaceutical market over the course of a year was provided. In the overall consumption structure, the share of fiscal combinations of antihypertensive medications was 25% .

This study was a pilot study to assess the feasibility of further investigation of this aspect, but it was quite lengthy, and the sample size was small (n=20). Patients were prescribed drug therapy with amlodipine and atvastatin (Duplexor or Atoris + Normodipine). The choice of drugs for comparison is due to the potential for distortion of results by the quality of products from other manufacturers.

Randomization was performed mechanically. Each subject included in the study group and who signed voluntary informed consent was assigned a serial number. All odd-numbered patients in the study group were assigned to treatment group No. 1, and all even-numbered patients were assigned to treatment group No. 2 .

Combination therapy is more effective in lowering blood pressure, and in the vast majority of cases, it is impossible to achieve target blood pressure values with monotherapy.

The costs of bosentan were calculated based on the registered price for 2016, taking into account value-added tax. The costs of macitentan were calculated based on the estimated registration price of 170,000 rubles per 10 mg package No. 28. if included in the List of Essential Medicines, taking into account value-added tax. Costs for sildenafil and iloprost were consistent with the results of auctions for January–November 2016. When assessing cost-effectiveness, life expectancy and costs were discounted by 3.5% per year[24].

A study of the treatment of arterial hypertension in children and adolescents using cost-of-illness analysis revealed the following. Conditions characterized by

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persistently elevated blood pressure, arterial hypertension, occupy a special place among cardiovascular diseases.

Fundamental research on optimizing blood pressure levels in young people was conducted in Krasnoyarsk (Russia). Clinical examination of patients was conducted at the Department of General Practice of Krasnoyarsk State Medical University.

A pharmacoeconomic analysis of the treatment of arterial hypertension in elderly patients was conducted. The study was conducted at Polyclinic No. 8 in Almaty (Kazakhstan).

Cost of Arterial Hypertension determined based on the application of the pharmacoeconomic "Cost of Disease Analysis" methodology. Emphasizing that in the context of the financial and economic market, national healthcare systems sometimes face a shortage of funds, pharmacoeconomic studies are considered one of the ways to address this situation.

The global pharmaceutical market (including the Republic of The medical literature (Belarus) is constantly expanding, meaning that new medications for the treatment of cardiovascular diseases are emerging every year. Understanding which medication is not only highly effective but also cost-effective when prescribing means providing patients with optimal treatment at a minimal cost. This undoubtedly increases compliance, as some patients discontinue pharmacotherapy for hypertension precisely because of the excessive financial burden on their personal budget.

Evidence-based medicine data demonstrate a significant improvement in life prognosis through the use of lipid-lowering drugs.

The study results demonstrate that the use of fixed-dose combinations leads to a significant additional reduction in blood pressure and increases the number of patients achieving target levels. This is also confirmed in the program.

An open-label, randomized, short-term comparative clinical trial was conducted to compare the clinical and economic effectiveness of antihypertensive therapy

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with drug combinations. The study included 56 patients with stage 2 hypertension combined with type 2 diabetes mellitus without clinically evident coronary artery disease.

The study randomized 1,291 middle-aged patients (56 years) with moderate essential hypertension (145 mmHg). The pharmacoeconomic effectiveness of telmisartan in patients with hypertension was examined. It should be emphasized that active treatment of arterial hypertension is generally one of the most cost-effective interventions used in medical practice. The effectiveness of hypertension control is largely determined by the prescribed drug therapy. Approaches to drug correction of arterial hypertension are studied within the framework of pharmacoepidemiology.

Long-term use of drugs aimed at reducing high blood pressure and hypercholesterolemia is considered an effective strategy for reducing cardiovascular complications and mortality in both primary and secondary prevention [25].

An analysis of the effectiveness of two forms of torasemide, immediate and extended-release, in arterial hypertension was conducted. Based on this analysis, the design of a clinical economic study was determined: modeling using the cost-effectiveness method.

On the Uzbek pharmaceutical market, the melon-based medicinal product "Summary Information on the Sales of Medicines and Medical Devices" (depending on the dosage form, country of manufacture, and company) is sold under the international name "Zinc Oxide," pharmacotherapeutic group: antiseptic and disinfectant (D02AB). There are 18 medications sold under the trade name, two product lines, produced in Uzbekistan, by two manufacturers, and 12 wholesale suppliers.

A difference in wholesale price was found for seven medications with identical dosages. For example, the medicinal product "Zinc Ointment" 10%, 25 g, supplied by Med Import LLC, domestic manufacturer Remedy, SP, Uzbek-British

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LLC (Uzbekistan), is priced at 3,000 soums. The medicinal product "Zinc Ointment," 10%, 25 g, supplier: Sonata Holding LLC, manufacturer: Remedy, SP, Uzbek-British LLC, costs 3,450 soums, indicating an inflated price difference. The average wholesale price is 3,225 soums, differing from the maximum of 3,450 soums and the minimum of 3,000 soums; the wholesale price difference is 450 soums[26].

Based on the "Summary Information on the Sales of Medicines and Medical Devices," on the pharmaceutical market of Uzbekistan, depending on the dosage form, country of manufacture, and company, the medicinal product under the international name "Benzylpenicillins," pharmacotherapeutic group - antibiotic (penicillin group) - J01CE01, is sold under 10 medicinal products under the trade name of various product varieties, from 4 countries, 5 manufacturers, and 8 wholesale suppliers.

A difference in wholesale price was found for 10 drugs with the same dosage. For example, the drug "Benzylpenicillin sodium salt", a vial with powder for preparation of injection solution, 1,000,000 U, supplier OOO "Rafa Group", manufacturer OOO "Merrymed farm", (Uzbekistan) is valued at 1100 soums. The drug "Benzylpenicillin sodium salt", a vial with powder for preparation of injection solution, 1,000,000 U, supplier "Asklepiy" company, manufacturer, OJSC "Sintez" (Russia) is valued at 2036 soums, that is, the price difference is overstated. The average wholesale price for "Benzylpenicillin sodium salt" is 1568 soums, differs from the maximum of 2036 soums, and the minimum of 1100 soums, the wholesale price difference is 936 soums.

The importance of using socio-ethical marketing in the area of legal circulation of the studied group of drugs is substantiated, since pharmaceutical manufacturers and various pharmaceutical companies must make marketing decisions primarily based on consumer demand, it is also necessary to take into account other properties of the studied group of drugs[27].

An analysis of the life cycle of the domestic drugs euphyllin and astil, necessary

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for the treatment of bronchial asthma, produced by Uzkhimfarm OJSC and Gufik-Avicenna JV, was conducted. The production dynamics of these drugs and their life cycle were identified based on a study of periodic fluctuations in production and sales volumes on the pharmaceutical market, and it was determined that the life cycle of Astil varieties of drugs is in a decline phase.

Taking into account the beginning of the life cycle phase of these anti-asthmatic drugs, the need was identified for the development of new competitive, effective anti-asthmatic drugs that correspond to modern treatment methods with rational dosage, the addition of flavoring agents and a coating .

In this analysis of rheumatism, the etiology and classification of rheumatism, the epidemiology of rheumatism worldwide, and the medications and treatment methods used for rheumatism and rheumatic heart disease are theoretically analyzed.

As rheumatism gradually worsens, the need for medications used for it also increases. This allows for an analysis of medications used for rheumatism for the population and health care facilities of Uzbekistan.

The etiology and classification of rheumatism, the epidemiology of rheumatism worldwide, are theoretically explained, and medications and treatment methods used for rheumatic heart disease and rheumatism are examined.

The widespread use of pharmacoeconomic analysis of rheumatic diseases and rheumatic heart diseases, as well as medications used for rheumatic diseases and rheumatic heart diseases, is noted worldwide. Scientific research has been conducted on the proper selection and use of benzylpenicillin, benzathine benzylpenicillin, and generic medications used in the treatment of rheumatic diseases to reduce their costs.

It is necessary to create a theoretical basis for developing scientific recommendations for the wider use of domestic pharmaceutical companies among consumers and healthcare institutions to ensure accessibility of medications for rheumatic diseases and their wider use in medical practice.

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The study examined the past and current consumption of medications used to treat cardiovascular, rheumatic, and joint diseases. The list of essential medications included new generations of herbal-based medications used for cardiovascular diseases in adults and minors. Significant differences in trade names, drug forms, dosages, and wholesale prices were noted in the pharmaceutical market. Minimum and maximum price differences, intermediary firms, manufacturers, and countries of origin for the drug thimetazidine were identified[28].

Information on medications for the general public and healthcare institutions is processed based on the "Summary Information on the Sales of Medicines and Medical Devices" and the results of clinical observations to optimize consumer purchases. In the treatment of rheumatism in a hospital setting with benzylpenicillin sodium salt, 1,000,000 U, from Asklepiy (Sintez OJSC, Russia, 2,036 soums) compared to the drug Benzylpenicillin sodium salt 1,000,000 U, Rafa Group LLC, Merrymed farm LLC (Uzbekistan, 1,100 soums), costs will be reduced by 116,300 soums. In the treatment of rheumatism in an outpatient setting with the drug Bicillin-5, bottle, 1,500,000 U (Russia 2,750 soums) compared to the drug Bicillin-5, 1,500,000 U (Uzbekistan, 1,800 soums), a cost savings of 33,700 soums has been scientifically substantiated.

Using statistical data from the Ministry of Health of the Republic of Uzbekistan, the prevalence of stroke in the Republic was analyzed. Accordingly, statistics on children, adolescents, and adults with this disease for 2016–2020 were examined. The prevalence of stroke among the population in all regions and the Republic of Karakalpakstan was also studied.

The range of medications on the pharmaceutical market is constantly growing and evolving. Different manufacturing countries and companies market different medications with the same international name, dosage, and form, but different trade names and prices. Meanwhile, negative consequences have been observed when medications with different trade names but the same international name are used simultaneously.

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Our study identified the optimal method for consuming medications and medical devices. The need for proper organization of medication and medical device use in outpatient and inpatient settings is substantiated. An optimal method for selecting medications and medical devices for pharmacies and healthcare facilities is proposed.

The use of "Succinasol" reduced direct and indirect treatment costs, which had a positive impact on the patient's socioeconomic status and, importantly, on the economic well-being of the healthcare facility[29].

The drug "Succinasol" is more effective for the treatment of severe burns than "Reamberin," as it has a positive impact on patients' quality of life.

Thus, the use of "Succinasol" in the complex therapy of burn patients prevents the development of oxidative stress and has a restorative effect early after thermal injury. The data obtained demonstrate the feasibility of targeting metabolic changes in burn disease with medications capable of not only eliminating hemodynamic and acid-base imbalance changes but also restoring metabolic processes.

An analysis of the market for medications used for ophthalmologic diseases revealed that herbal remedies on the Uzbek pharmaceutical market are represented by dosage forms such as drops, vials, ointments, and gels. The total number of registered medications amounted to 104 names, of which 102 were in vials with dosage forms .

The spread of counterfeit medications from countries entering the pharmaceutical market. The market is also assessed ambiguously. For example, with regard to Russia, some authors claim that approximately 67% of counterfeit medications are produced domestically, 2% from CIS countries, and 31% primarily originate from Southeast Asian countries. Others suggest that approximately 60% of counterfeit drugs are produced domestically, while the remaining 40% are imported. Some argue that approximately 50% of counterfeit drugs are of Russian

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origin, while the other half comes to Russia from CIS countries, India, Bulgaria, China, Poland, and even the United States.

The list of essential medicines for minors consists of 330 international nonproprietary names (INNs), 658 of which are classified by dosage form and dosage, belonging to 37 pharmacotherapeutic groups, and 101 of which are classified by pharmacotherapeutic subgroups. Of these, 160 INNs, classified by dosage form and dosage, representing 48% of the total, represent 15 pharmacotherapeutic groups and are produced by domestic pharmaceutical companies. Thirty-six INNs that are not produced by domestic pharmaceutical companies have been excluded from the list of essential medicines.

Conclusion

An analysis of domestic and international literary sources allows us to characterize the theoretical aspects of studying the consumption of medications used in the treatment of common conditions such as urinary tract infections, allergic rhinitis, hay fever, bronchial asthma, pneumonia, chronic obstructive pulmonary disease, respiratory diseases, injuries, poisonings, the effects of external factors, oncology, lung cancer, leukemia, sinusitis, neuroses, epilepsy characterized by high blood pressure, rheumatic diseases, rheumatic heart diseases, and cardiovascular diseases.

A systematic literature review of the pharmaceutical market suggests the need to develop new methods and approaches to pharmaceutical marketing research, addressing patient demand for medications for the treatment of common diseases. It has been established that the use of medications for treatment is a complex process associated with a multifactorial nature. This process is characterized, first and foremost, by the presence of the disease and the factors of drug prescription, price, and availability. The study demonstrates the significant role of pharmaceutical marketing in the legitimate circulation of medications for common diseases, as pharmaceutical manufacturers' prices are not uniform.

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Different pharmaceutical companies must make marketing decisions primarily based on consumer demand. Other properties of the medications used to treat common diseases must also be considered.

To study the consumption of medications from pharmacotherapeutic groups for the treatment of common diseases, a comprehensive program must first be developed and studies conducted that examine this area as a system. This study should also consider subsystems such as morbidity, the dynamics and structure of medication consumption, demand, demand satisfaction, the relationship with various factors, the identification of trends and patterns in consumption, and scientific demand forecasting.

The study identifies the potential of economic analysis methods for common diseases in healthcare decision-making, helping to improve medication quality and inform decision-making.

It is noted that pharmacoeconomic methods are widely used in the treatment of common diseases. Methods of treatment cost analysis, cost minimization analysis, and cost-effectiveness analysis in Uzbekistan's healthcare system allow us to identify the most effective medications with the fewest side effects and lowest cost among the numerous and widely used medications.

Numerous scientific conferences and symposia are held in the healthcare system dedicated to streamlining drug supply for specific diseases. However, these studies generally address only specific aspects of the pharmacoeconomic analysis of a single disease or case. Therefore, it is important to emphasize the relevance of scientific research aimed at comprehensively assessing the results of pharmacoeconomic analysis regarding the provision of the most effective and affordable medications, both for the entire region and for individualized approaches in each specific case.

Based on the political and economic programs of the Republic of Uzbekistan, the customs and traditions of our people, national values, and mentality, the above-

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mentioned pharmacoeconomic methods and formulas can be supplemented, modified, and improved.

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