Meetings International
SciTechnol

J Forensic Toxicol Pharmacol 2018, Volume: 7
DOI: 10.4172/2325-9841-C3-015

ANNUAL PHARMA PRICING & MARKETING CONGRESS
&
International Conference on
NANOSCIENCE AND TECHNOLOGY

September 24-25, 2018
Dubai, UAE

Comparison of multiple sclerosis drug prices between Saudi Arabia and United Arab of Emirate

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Multiple sclerosis (MS) is a chronic, progressive disease affects the central nervous system in which the immune system attacks myelin, the fatty tissue surrounding and insulating nerve fibres. The prevalence of MS is 2.1 million patients worldwide, the majority of whom are diagnosed at a relatively young age. The high price of disease-modifying therapies (DMTs) has been a major concern across countries. Despite the availability of different treatment options, costs for MS DMTs have increased sharply. Previous study found the DMTs prices have been increased more than the inflation rate. Objective: This study assessed the difference in patient access and public prices (PP) of DMTs between Saudi Arabia and United Arab of Emirate. Method: this is a descriptive cross-sectional study comparing patient access and public prices of DMTs between Saudi Arabia (SA) and United Arab of Emirate (UAE). DMTs regulatory information and PP were derived from Saudi Food and Drug Authority (SFDA) and United Arab Emirate Ministry of Health and Prevention website. The PP for each DMT was collected from last updated version available in the website, accessed June 2018. The defined daily dose (DDD) for adult patients was obtained from FDA approved labels and World Health Organization (WHO) website. The PP/DDD was computed and compared between the two counties. The UAE Dirham (UAED) was converted to Saudi Riyal (SR) using the latest exchange rates. Independent t-test was performed. The statistical significance level was set at 0.05. Results: The FDA approved 12 MS DMTs active ingredient as of 30 May 2018, with different brand names, dosage forms, and drug doses. During the study period, there was 8 DMTs active ingredient available in the SA and only one DMT active ingredient (INTERFERON BETA-1a) available in the UAE Market, with different brand names, dosage forms, and drug doses. The range of PP/DDD was from SR 70.8 (IFN beta-1a) to SR 288 (Natalizumab) for DMTs available in SA. The PP/DDD for IFN beta-1a were 1.3, 1.5, and 2.5 (for IFN beta-1a 44 µg/1 ml, IFN beta-1a 30 µg/0.5 ml, and IFN beta-1a 22 µg/1 ml) times higher in the UAE Market compared to SA market. The PP/DDD for IFN beta-1a 44 µg/1 ml, IFN beta-1a 30 µg/0.5 ml, and IFN beta-1a 22 µg/1 ml were SR 141.72, SR 141.72, and SR 70.86 in SA market compared to SR 196.43, SR 223.96, and SR 177.99 in the UAE. The different was statistically significant (P =0.016). Conclusion: Although the DMTs market access was faster in SA market compared to UAE. But there is still drug lag between SA and industrial countries. PP/DDD for DMTs was significantly higher in UAE. Further study should be conducted to evaluate the reasons for drug lag and difference in prices between SA and UAE.

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