

REFERENCES

1. Redfearn, S. Drug Sales Based on Seriously Biases Data Celebrex, Vioxx Cited For Problems, Claims. The Washington Post (Tuesday, June 4, 2002): HE01.
2. Celecoxib 'PA' policy expected to save Medicaid HMO over \$700,000 annually. Formulary 2000;35(9):775-776.
3. Guidance on the use of cyclo-oxygenase (COX) II Selective inhibitors, celecoxib, rofecoxib ,meloxicam and etodarac for osteoarthritis and rheumatoid arthritis. National Institute for Clinical Excellence Technology Appraisal Guidance 27 (July 2001).
4. Graudins, L.V. and Gazarian, M. Celecoxib Use and Overuse—Too much 'Celebration'. Journal of Pharmacy Practice and research 2002;32 (2):104-107.
5. Matherson, A.J. and Figgitt, D.P. Rofecoxib:A Review of its Use in the Management of Osteoarthritis, Acute Pain and Rheumatoid Arthritis. Drugs 2001;61(6):833-865.
6. Phochanukul, M. Prescribing Pattern and Expenditure of Non-Steroidal Anti-Inflammatory Drugs in Orthopedic Outpatients at Rajavithi Hospital. J. Med Dept 1999;24(11):649-61.
7. Wattarkorn, K. and Prakobchaichana, D. Problem of celecoxib and rofecoxib therapy in orthopedic outpatients of Lerdsin Hospital. Bachelor of Pharmaceutical Sciences, Department of Pharmacy, Chulalongkorn University, 2001.
8. Sukwanitchasin, N. Cyclooxygenase (COX)-2 Specific Inhibitors. New Drug in Thailand Faculty of Pharmacy, Mahidol University. 2000;9:213-224.
9. Chaiamnouy, P. and Akaraserenon, P. New Trend in NSAIDs Therapy: COX-2 inhibitors and classical NSAIDs (2000).
10. Approval New Drug List 1990-2000 New Drug Class. Drug Control Division. Thailand Food Drug and Administration.
11. Bensen, W.G, Fiechtner, J.J., McMillen, J.I., et al. Treatment of Osteoarthritis With Celecoxib, a Cyclooxygenase-2 Inhibitor:A randomized Controlled Trial. Mayo Clin Proc 1999;74:1095-1105.
12. McKenna, F., Borenstein, D., Wendt, H., et al. Celecoxib versus diclofenac in the management of osteoarthritis of the knee [abstract]. Scand J Rheumatol 2001;30:11-18.

13. McKenna, F., Weaver, A., Justus, J., et al. COX-2 specific inhibitors in the management of osteoarthritis of the knee: a placebo-controlled, randomized, double blind study [abstract]. *Clin Rheumatol* 2001;7:151-159.
14. Geba, G.P., Weaver, A.L., Polis, A.B., et al. Efficacy of Rofecoxib, Celecoxib, and Acetaminophen in osteoarthritis of the knee. *JAMA* 2002;287(1):64-71.
15. Cannon, G.W., et al. Rofecoxib, a Specific Inhibitor of Cyclooxygenase 2, with Clinical Efficacy Comparable With That of Diclofenac Sodium. *Arthritis & Rheumatism* 2000;43(5):978-987.
16. Sagg, K., Heijde, D. and Fisher, C. et al. Rofecoxib, a New Cyclooxygenase 2 Inhibitor, Shows Sustained Efficacy, Comparable With Other Nonsteroidal Anti-inflammatory Drugs. *Arch Fam Med* 2000;9:1124-1134.
17. Day, R., Morrison, B., Luza, A., et al. "A randomized trial of the efficacy and tolerability of the COX-2 inhibitor rofecoxib versus ibuprofen in patients with osteoarthritis" *Arch Intern Med* 2000;160:1781-1787.
18. Simon, L.S., Weaver, A.L., Graham, D.Y., et al. Anti-inflammatory and upper gastrointestinal effects of celecoxib in rheumatoid arthritis. *JAMA* 1999;282(20)1921-1928.
19. Emery, P., Zeidler, H., Kvien, T.K., et al. Celecoxib versus diclofenac in long -term management of rheumatoid arthritis: randomized double-blind comparison. *Lancet* 1999;354 (9196):2106-2111.
20. Bombardier, C., Laine, L., Reicin, A., et al. Comparison of upper gastrointestinal toxicity of rofecoxib and naproxen in patients with rheumatoid arthritis. *N Engl J Med* 2000;343:1520-1528.
21. Malmstrom, K., Daniels, S., Kotey, P., et al. Comparison of rofecoxib and celecoxib, two cyclooxygenase-2 inhibitors, in postoperative dental pain: a randomized, placebo- and active-comparator- controlled clinical trial. *Clin Therapeutics* 1999;21(10)1653-1663.
22. Morrison, B.W., Christensen, S., Yuan, W., et al. Analgesic efficacy of the cyclooxygenase-2-specific inhibitor rofecoxib in post-dental surgery pain: a randomized , controlled trial [abstract]. *Clin Therapeutic* 1999;21(6)943-953.
23. Reicin, A., Brown, J., Jove, M., et al. Efficacy of single-dose and multidose rofecoxib in the treatment of post-orthopedic surgery pain [abstract]. *Am J Orthop* 2001;30(1):40-48.

24. Morrison, B.W., Daniels, S.E., Kotey, P., et al. Rofecoxib, a specific cyclooxygenase-2 inhibitor, in primary dysmenorrhea:a randomized controlled trial [abstract]. *Obstet Gynecol* 1999;504-508.
25. Steinbach, G., Lynch, P.M., Phillips, R.K.S., et al. The Effect of Celecoxib, A Cyclooxygenase-2 Inhibitor, In Familial Adenomatous Polyposis. *N Engl J Med* 2000;342(26):1946-1952.
26. Thun, M.J.; Henley, J.S.; Patrono, C. Nonsteroidal Anti-inflammatory Drugs as Anticancer Agents: Mechanistic, Pharmacologic, and Clinical Issues. *J Natl Cancer Inst* 2002;94:252-266.
- 27.Otten, N. COX-2 Inhibitors: A Role in Alzheimer's Disease?" Issues in Emerging Health Technologies. *The Canadian Coordinating Office for Health Technology Assessment* (December 1999), issue 10.
- 28.Orengo, I.F., Gerguis, J., Phillips, R., et al. Celecoxib, a cyclooxygenase 2 inhibitor as a potential chemopreventive to UV-induced skin cancer: a study in the hairless mouse model. *Arch Dermatol* 2002;138:751-755.
- 29.Simon, L.S., Weaver, A.L., Graham, D.Y., et al Anti-inflammatory and Upper Gastrointestinal Effects of Celecoxib in Rheumatoid Arthritis: a randomized controlled trial. *JAMA* 1999;282(20):1921-1928.
30. Emery, P., Zeidler, H., Kvien, T.K., et al. Celecoxib versus diclofenac in long-term management of rheumatoid arthritis:randomized double-blind comparison. *Lancet* 1999;354:2106-2111.
31. Silverstein, F., Faich, G., Goldstein, J.L., et al. Gastrointestinal Toxicity With Celecoxib vs Nonsteroidal Anti-inflammatory Drugs for Osteoarthritis and Rheumatoid Arthritis. *JAMA* 2000;284(10):1247-1255.
- 32.Langman, M.J., Jensen, D.M., Watson, D.J., et al. Adverse Upper Gastrointestinal Effects of Rofecoxib Compared With NSAIDs. *JAMA* 1999;282:1929-1933.
- 33.Watson, D.J., Harper, S.E., Zhao, P.L., et al. Gastrointestinal Tolerability of the Selective Cyclooxygenase-2 (COX-2) Inhibitor Rofecoxib Compared With Nonselective COX-1 and COX-2 Inhibitors in Osteoarthritis. *Arch Intern Med* 2000;160:2998-3003.
- 34.Mukherjee, D., Nissen, S.E., Topol, E.J., et al. Risk of Cardiovascular Events Associated With selective COX-2 Inhibitors. *JAMA* 2001;286:954-959.
35. Howes, L.G. and Krum, H. Selective Cyclo-Oxygenase-2 Inhibitors and Myocardial Infarction. *Drug Safety* 2002;25(12):829-835.

- 36.Ahmad, S.R. ,et al. Renal Failure Associated with the Use of Celecoxib and Rofecoxib. Drug Safety 2002;25(7):537-544.
- 37.Zabinski, R .A. and Osterhaus, J. T. Economic Considerations i n the Management of Arthritis. Journal of Managed Care Pharmacy 1999;5(6):476-478,481-482,484.
- 38.Hunsche, E.; Jeremy, V.M.; Bruce, N. The Burden of Arthritis and Nonsteroidal Anti-Inflammatory Treatment. Pharmacoeconomics 2001;19 Suppl 1 : 1-15.
- 39.Pettitt, D., Goldstein, J.L., McGuire, A., et al. Overview of the Arthritis Cost Consequence Evaluation System (ACCES):a pharmacoeconomic model for celecoxib [abstract]. Rheumatology 2000;39 Suppl 2:33-42.
- 40.Svarvar, P., and Aly, A.. Use of the ACCES model to predict the health economic impact of celecoxib in patients with osteoarthritis or rheumatoid arthritis in Norway [abstract]. Rheumatology 2000;39 Suppl 2:43-50.
- 41.Haglund, U. and Svarvar, P. The Swedish ACCES model:predicting the health economic impact of celecoxib in patients with osteoarthritis or rheumatoid arthritis [abstract]. Rheumatology 2000;39 Suppl 2:51-56.
- 42.Burke, T.A., Zabinski, R.A., Pettitt, D., et al. A framework for evaluating the clinical consequences of initial therapy with NSAIDs, NSAIDs plus gastroprotective agents, or celecoxib in the treatment of arthritis. Pharmacoeconomics 2001;19 Suppl 1:33-47.
- 43.Zabinski, R.A., Burke, T.A., Jeffery, J., et al. An Economic Model for Determining the Costs and Consequences of Using Various Treatment Alternatives for the Management of Arthritis in Canada. Pharmacoeconomics 2001;19 Suppl 1:49-58.
- 44.Jeremy, V.M. ; Elke, H.; Edith de Cruz. Economic Evaluation of Celecoxib, a New Cyclo-Oxygenase 2 Specific Inhibitor, in Switzerland. Pharmacoeconomics 2001;19 Suppl 1:59-75.
- 45.Maetzel, A.; Krahn, M.; Naglie, G. The Cost-Effectiveness of Celecoxib and Rofecoxib in Patients with Osteoarthritis or Rheumatoid Arthritis. Ottawa: Canadian Coordinating Office for Health Technology Assessment 2001.Technology report no.23.
- 46.Peterson, W.L. and Cryer, B. COX-1-sparing NSAIDs-is the enthusiasm justified?. JAMA 1999;282(24):1961-1963.
- 47.Wolfe, M.M.; Lichtenstein, D.R.; Singh, G. Gastrointestinal Toxicity of Nonsteroidal Antiinflammatory Drugs. N Engl J Med 1999;340(24):1888-1899.

- 48.Laine, L. Approaches to Nonsteroidal Anti-inflammatory Drug Use in the High-Risk Patient. Gastroenterology 2001;120:594-606.
- 49.Capella, D. Descriptive tools and analysis. In Dukes MNG(ed). Drug utilization studies: Methods and uses. Copenhagen: World Health Organization/ Regional Office for Europe, European series 1993;45:55-78.
- 50.McCall, R B. Characteristics of Distributions. Fundamental Statistics For Behavioral Sciences Harcourt Brace College,1994:49-75.
- 51.Brooks, P.M. Rheumatic Disorders. Avery's Drug Treatment 1997:1113-1161.
- 52.Baumann, T.J. Pain Management. Pharmacotherapy: A Pathophysiological Approach McGraw-Hill, 2002:1103-1117.
- 53.Chan, F.K.L., Hung, L.C.T., Suen, B.Y., et al. Celecoxib versus Diclofenac and Omeprazole in reducing in the Risk of Recurrent Ulcer Bleeding in Patients with Arthritis. N Engl J Med 347(26);2002:2104-2110.
- 54.Larson, L.N. U.S. Health Care System and Pharmacoeconomics. Introduction to Applied Pharmacoeconomics. McGraw-Hill 2001:1-18.
- 55.Meek, P.D. and Steinkellner, A. Use and Evaluation of Pharmacoeconomics from the Payers' Perspective. Introduction to Applied Pharmacoeconomics McGraw-Hill 2001:81-108.
- 56.Strom, B.L. Epidemiologic Methods for Auditing Drug Utilization. In auditing Drug Therapy: Approaches towards Rationality at Reasonable Costs International symposium proceedings Stockholm: Swedish Pharmaceutical Press. 1992.

APPENDICES



APPENDIX A: Data Collection Form

Data Collection Form from OPD Card of Lerdsin Hospital

1. Patients' Characteristics

1. Mr. Mrs. Ms. Other..... First name/ Last Name.....
2. HN 3. Gender 1.Male 2.Female 4. Birth Date.....
5. Marital Status 1.Married 2.Single 3.Divorced 4.Widow
6. Nationality 1.Thai 2.Chinese 3.Other
7. Religion 1. Buddhism 2.Christ 3.Muslim 4.Other.....
8. Occupation

<input type="checkbox"/> 1.Company Officer	<input type="checkbox"/> 4.General Employee	<input type="checkbox"/> 7.Student	<input type="checkbox"/> 10.Other
<input type="checkbox"/> 2.Civil Servant	<input type="checkbox"/> 5.Sale Man	<input type="checkbox"/> 8.House Wife	
<input type="checkbox"/> 3. State Enterprise	<input type="checkbox"/> 6.Farmer	<input type="checkbox"/> 9. Retired Civil Servant	
9. Telephone Number Home..... Office.....
10. Payment Status

<input type="checkbox"/> 1.Social Security Scheme	<input type="checkbox"/> 9. Out of Pocket
<input type="checkbox"/> 2.Universal Coverage	<input type="checkbox"/> 10.Medical Welfare Scheme For Veterans
<input type="checkbox"/> 3.Private Insurance	<input type="checkbox"/> 11.Medical Welfare Scheme For Religious Leaders
<input type="checkbox"/> 4.Traffic Accident Insurance	<input type="checkbox"/> 12.Medical Welfare Scheme For Community Leaders
<input type="checkbox"/> 5.Civil Servant Medical Benefit Scheme	<input type="checkbox"/> 13.Medical Welfare Scheme For The Handicapped
<input type="checkbox"/> 6.State Enterprise Medical Benefit Scheme	<input type="checkbox"/> 14. Health Card Scheme
<input type="checkbox"/> 7.CSMBS (Civil Servant Son)	<input type="checkbox"/> 15.Other.....
<input type="checkbox"/> 8.CSMBS (Retired Civil Servant)	

2. Prescribing Pattern

1. Date Visit

2. Physician Name

- | | | |
|------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 1.Thavath Prasatreutha | <input type="checkbox"/> 9.Narongchai Patharabunjerd | |
| <input type="checkbox"/> 2.Suriyapong Soawapareut | <input type="checkbox"/> 10.Bunyatti Katemalakul | <input type="checkbox"/> 17.Surasuk Jitprapaikulsal |
| <input type="checkbox"/> 3.Prasert Leuponvanit | <input type="checkbox"/> 11.Vera SathiraUngura | <input type="checkbox"/> 18.Vallop Sumranvate |
| <input type="checkbox"/> 4.Vicharn Karnchanathavan | <input type="checkbox"/> 12.Pariyut Jearapathanakom | <input type="checkbox"/> 19.Anan Sethapukdee |
| <input type="checkbox"/> 5.Chairote Eaupirojkit | <input type="checkbox"/> 13. Pirach Thawasethakul | <input type="checkbox"/> 20. Bunyaruk Visethipon |
| <input type="checkbox"/> 6.Somsak Leechavengvong | <input type="checkbox"/> 14.Sombut Kunakornsawat | <input type="checkbox"/> 21. Numchai Varodompan |
| <input type="checkbox"/> 7.Keatti Vithunchat | <input type="checkbox"/> 15.Charat Vinmun | <input type="checkbox"/> 22. Other..... |
| <input type="checkbox"/> 8.Charoeanchai pakpeanpiroj | <input type="checkbox"/> 16.Chalee Sumethvanich | |

Table A.1: Drug name, Dosage regimen and Number of drugs prescribed by physicians

Drug Name	Dosage Regimen	Number
Specific COX II inhibitors		
<input type="checkbox"/> 1. Celecoxib 200 mg	<input type="checkbox"/> 1. 200 mg 1*1 OD <input type="checkbox"/> 3. 200 mg 2*1 OD <input type="checkbox"/> 2. 200 mg 1*2 PC <input type="checkbox"/> 4. 200 mg 2*2 PC <input type="checkbox"/> 5. Other.....
<input type="checkbox"/> 2. Rofecoxib 25 mg	<input type="checkbox"/> 1. 25 mg 1*1 OD <input type="checkbox"/> 3. 25 mg 2*1 OD <input type="checkbox"/> 2. 25 mg 1*2 PC <input type="checkbox"/> 4. 25 mg 2*2 PC <input type="checkbox"/> 5. Other.....
NSAIDs Type I		
<input type="checkbox"/> 1. Diclofenac 25 mg	<input type="checkbox"/> 8. Ponstan® 250 mg	<input type="checkbox"/> 1. 1*1 OD
<input type="checkbox"/> 2. Voltaren® 25 mg	<input type="checkbox"/> 9. Sotilen® 20 mg	<input type="checkbox"/> 2. 1*2 PC
<input type="checkbox"/> 3. Mobic® 7.5 mg	<input type="checkbox"/> 10. Piroxicam 10 mg	<input type="checkbox"/> 3. 1*3 PC
<input type="checkbox"/> 4. Nidol® 100 mg	<input type="checkbox"/> 11. Brexin® 20 mg	<input type="checkbox"/> 4. 1 tab q 6 hr
<input type="checkbox"/> 5. Indomethacin 25 mg	<input type="checkbox"/> 12. Naproxen 250 mg	<input type="checkbox"/> 5. 1 tab q 8 hr
<input type="checkbox"/> 6. Brufen® 200 mg	<input type="checkbox"/> 13. Synflex® 275 mg	<input type="checkbox"/> 6 Other.....
<input type="checkbox"/> 7. Brufen® 400 mg	<input type="checkbox"/> 14. Tenoxicam 20 mg	<input type="checkbox"/> 20. Other.....
NSAIDs Type 2		
<input type="checkbox"/> 1. Diclofenac 25 mg	<input type="checkbox"/> 8. Ponstan 250 mg	<input type="checkbox"/> 1. 1*1 OD
<input type="checkbox"/> 2. Voltaren® 25 mg	<input type="checkbox"/> 9. Sotilen® 20 mg	<input type="checkbox"/> 2. 1*2 PC
<input type="checkbox"/> 3. Mobic® 7.5 mg	<input type="checkbox"/> 10. Piroxicam 10 mg	<input type="checkbox"/> 3. 1*3 PC
<input type="checkbox"/> 4. Nidol® 100 mg	<input type="checkbox"/> 11. Brexin® 20 mg	<input type="checkbox"/> 4. 1 tab q 6 hr
<input type="checkbox"/> 5. Indomethacin 25 mg	<input type="checkbox"/> 12. Naproxen 250 mg	<input type="checkbox"/> 5. 1 tab q 8 hr
<input type="checkbox"/> 6. Brufen® 200 mg	<input type="checkbox"/> 13. Synflex® 275 mg	<input type="checkbox"/> 6 Other.....
<input type="checkbox"/> 7. Brufen® 400 mg	<input type="checkbox"/> 14. Tenoxicam 20 mg	<input type="checkbox"/> 20. Other.....
Analgesic/ Antiinflammatory Drugs Type 1		
<input type="checkbox"/> 1. Idarac® 200 mg	<input type="checkbox"/> 4. Muscol® 30 & 500 mg	<input type="checkbox"/> 7. Mydocalm® 50 mg
<input type="checkbox"/> 2. Paracetamol 500 mg	<input type="checkbox"/> 5. Norgesic® 35 & 450 mg	<input type="checkbox"/> 8. Myonal® 50 mg
<input type="checkbox"/> 3. Bamolin® 35 & 450 mg	<input type="checkbox"/> 6. Parafon Forte®	<input type="checkbox"/> 9. Other.....
Analgesic/ Antiinflammatory Drugs Type 2		
<input type="checkbox"/> 1. Idarac® 200 mg	<input type="checkbox"/> 4. Muscol® 30 & 500 mg	<input type="checkbox"/> 7. Mydocalm® 50 mg
<input type="checkbox"/> 2. Paracetamol 500 mg	<input type="checkbox"/> 5. Norgesic® 35 & 450 mg	<input type="checkbox"/> 8. Myonal® 50 mg
<input type="checkbox"/> 3. Bamolin® 35 & 450 mg	<input type="checkbox"/> 6. Parafon Forte®	<input type="checkbox"/> 9. Other.....
Gastroprotective Drug		
<input type="checkbox"/> 1. Ranitidine 150 mg	<input type="checkbox"/> 4. Lansoprazole 30 mg	<input type="checkbox"/> 7. Antacil®
<input type="checkbox"/> 2. Nizatidine 150mg	<input type="checkbox"/> 5. Cytotec® 200 µg	<input type="checkbox"/> 8. Ulsanic®
<input type="checkbox"/> 3. Omeprazole 20 mg	<input type="checkbox"/> 6. Kremil-s®	<input type="checkbox"/> 9 Other.....
Other Drugs		
.....
.....

3. Diagnosis

1. Present Illness (PH)

- | | | |
|--------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1. Osteoarthritis | <input type="checkbox"/> 10. Neck Sprain | <input type="checkbox"/> 19. Trigger Thumb Pain |
| <input type="checkbox"/> 2. Rheumatoid Arthritis | <input type="checkbox"/> 11. Back sprain | <input type="checkbox"/> 20.Tendinitis |
| <input type="checkbox"/> 3. Spondylolisthesis | <input type="checkbox"/> 12. Leg Pain | <input type="checkbox"/> 21. Soft Tissue Injury |
| <input type="checkbox"/> 4. Spondyloarthropathy | <input type="checkbox"/> 13. Muscle Strain | <input type="checkbox"/> 22.Discitis |
| <input type="checkbox"/> 5. Spondylosis | <input type="checkbox"/> 14. Low Back Pain | <input type="checkbox"/> 23.Bursitis |
| <input type="checkbox"/> 6. Spinal Stenosis | <input type="checkbox"/> 15. Ankle Pain | <input type="checkbox"/> 24. Shoulder Sprain / Impairment |
| <input type="checkbox"/> 7. Myalgia | <input type="checkbox"/> 16. Knee Injury / Pain | <input type="checkbox"/> 25. Tennis Elbow |
| <input type="checkbox"/> 8. Arthralgia | <input type="checkbox"/> 17. Chondritis | <input type="checkbox"/> 26.Gouty Arthritis |
| <input type="checkbox"/> 9. Metatarsal Pain | <input type="checkbox"/> 18. Fascilitis | <input type="checkbox"/> 27. Sciatica |
| | | <input type="checkbox"/> 28. Other..... |

2. Chief Complaint (CC)

- | | | | |
|---------------------------------------|-------------------------------------------|---------------------------------------------|---------------|
| <input type="checkbox"/> 1. Back pain | <input type="checkbox"/> 4. Shoulder Pain | <input type="checkbox"/> 7. Wrist Pain | 10 Other..... |
| <input type="checkbox"/> 2. Neck Pain | <input type="checkbox"/> 5. Ankle Pain | <input type="checkbox"/> 8.Metacarpal Pain | |
| <input type="checkbox"/> 3. Leg Pain | <input type="checkbox"/> 6. Knee Pain | <input type="checkbox"/> 9. Metatarsal Pain | |

4. Diagnosis of Gastrointestinal History By Physician

1.Do physician diagnose gastrointestinal clinical symptoms? 1.Yes 2.No

 1.1 If physicians diagnose gastrointestinal history, how physician diagnose?

- | | | | |
|--------------------------------------------------------|--------------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1. Gastroduodenal Ulcer | <input type="checkbox"/> 4. Abdominal Pain | <input type="checkbox"/> 7 .Belching | <input type="checkbox"/> 10. Nausea |
| <input type="checkbox"/> 2. Gastrointestinal Bleeding | <input type="checkbox"/> 5. Dyspepsia | <input type="checkbox"/> 8. Bloating | <input type="checkbox"/> 11. Vomiting |
| <input type="checkbox"/> 3. Gastroduodenal Perforation | <input type="checkbox"/> 6. Heartburn | <input type="checkbox"/> 9. GERD | <input type="checkbox"/> 12. |

 1. If physicians do not diagnose gastrointestinal history, how dose chief complaint of gastrointestinal symptom of patients?

- | | | |
|-------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1.Dyspepsia | <input type="checkbox"/> 4. Nausea | <input type="checkbox"/> 7. GERD |
| <input type="checkbox"/> 2.Abdominal Pain | <input type="checkbox"/> 5. Vomiting | <input type="checkbox"/> 8.Darken Stool |
| <input type="checkbox"/> 3.Bloating | <input type="checkbox"/> 6. Heartburn | <input type="checkbox"/> 9.No Chief Complaints <input type="checkbox"/> 10. Other..... |

 2. Before patients visit hospital, did physician prescribed NSAIDs or specific COX II inhibitor?

- 1.Yes 2.No 3. NSAIDs First 4.Specific COX II Inhibitors First

 2.1 If physicians prescribed NSAIDs or specific COX II Inhibitor, to specify drug name, dosage regimen, number of tablets and date visit

Name..... Dosage Regimen Number Date Visit.....

Name..... Dosage Regimen Number Date Visit.....

 2.2 If physicians prescribed NSAIDs or specific COX II inhibitor, have patients chief complaint on next visit? 1.Yes

2.No

5. Classification patients that low risk or high risk group

- 1.Are age of patients more than or equal 65 years? 1.Yes 2.No
- 2.Previous clinical history of Gastrointestinal Symptom of patients
- | | | |
|--------------------------------------------------------|---------------------------------------|-----------------------------------------|
| <input type="checkbox"/> 1. Gastroduodenal Ulcer | <input type="checkbox"/> 5. Dyspepsia | <input type="checkbox"/> 9.GERD |
| <input type="checkbox"/> 2. Gastrointestinal Bleeding | <input type="checkbox"/> 6. Heartburn | <input type="checkbox"/> 10.Nausea |
| <input type="checkbox"/> 3. Gastroduodenal Perforation | <input type="checkbox"/> 7 .Belching | <input type="checkbox"/> 11. Vomiting |
| <input type="checkbox"/> 4. Abdominal Pain | <input type="checkbox"/> 8. Bloating | <input type="checkbox"/> 12. Other..... |
| <input type="checkbox"/> 13. No GI Symptom | | |
3. Present time, patients receive concomitant use of medication in the following
- | | | |
|------------------------------------------------|---------------------------------|------------------|
| <input type="checkbox"/> 1. Steroid | Dosage Regimen.....Number | Date Visit |
| <input type="checkbox"/> 2. Anticoagulant | Dosage Regimen.....Number | Date Visit |
| <input type="checkbox"/> 3. Low dose Aspirin | Dosage Regimen.....Number | Date Visit |
| <input type="checkbox"/> 4. Antidiabetes Drugs | Dosage Regimen.....Number | Date Visit |
| | Dosage Regimen.....Number | Date Visit |
| | Dosage Regimen.....Number | Date Visit |
- | | | |
|--------------------------------------------------|---------------------------------|------------------|
| <input type="checkbox"/> 5. Cardiovascular Drugs | Dosage Regimen.....Number | Date Visit |
| | Dosage Regimen.....Number | Date Visit |
- | | | |
|----------------------------------------------------|---------------------------------|------------------|
| <input type="checkbox"/> 6. Antihypertensive Drugs | Dosage Regimen.....Number | Date Visit |
| | Dosage Regimen.....Number | Date Visit |
- | | | |
|----------------------------------------|---------------------------------|------------------|
| <input type="checkbox"/> 7.Other Drugs | Dosage Regimen.....Number | Date Visit |
| | Dosage Regimen.....Number | Date Visit |
- | | |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 8.Did not have above drugs | 4. Patients had Serious Co-morbidity in the following |
|-----------------------------------------------------|-------------------------------------------------------|
- | | |
|----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 1. Cardiovascular Disease | |
| <input type="checkbox"/> 2. Diabetes | <input type="checkbox"/> 5. Hepatic Impairment |
| <input type="checkbox"/> 3. Hypertension | <input type="checkbox"/> 6. Did not have co-morbidity |
| <input type="checkbox"/> 4. Renal Impairment | <input type="checkbox"/> 7.Other..... |
5. Did patients received prolonged use of recommendation maximum standard doses of NSAIDs?
- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> 1.Yes | <input type="checkbox"/> 2.No |
|--------------------------------|-------------------------------|
6. Are patients high risk or low risk group?
- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1.High Risk | <input type="checkbox"/> 2.Low Risk |
|--------------------------------------|-------------------------------------|

Appendix B : Percentage of Specific COX II Inhibitors and NSAIDs Use in all patients and Number of Sample for Planning and Number of Sample for Proportionate Sample

Table B.1: Percentage of Specific COX II inhibitors and NSAIDs Use in all patients and Number of Sample for Planning and Number of Sample fro Proportionate Sample

Drug Name	Planning						Proportionate Sample			
	November		December		November		December			
	Number of All Patients	%	Number of Sample	Number of All Patients	%	Number of Sample	Number of Sample	%	Number of Sample	%
Rofecoxib	428	67.94	389	389	63.6	172	91	34.87	94	36.43
Celecoxib	202	32.06	223	223	36.4	99	170	65.13	164	63.57
Total	630	100	612	612	100	271	261	100	258	100
Diclofenac	708	41.99	612	612	39.66	107	116	38.93	106	35.45
Mobic®	234	13.88	244	244	15.81	43	41	13.76	44	14.72
Synflex®	125	7.41	87	87	5.64	15	20	6.71	17	5.69
Voltaren®	120	7.12	100	100	6.48	18	23	7.72	20	6.69
Nidol®	114	6.76	162	162	10.50	28	21	7.05	30	10.03
Indomethacin	81	4.81	62	62	4.02	11	16	5.37	13	4.35
Nabumetone	55	3.26	50	50	3.24	9	7	2.35	11	3.68
Piroxicam	46	2.73	46	46	2.98	8	10	3.36	11	3.68
Brexin®	37	2.19	35	35	2.27	6	8	2.68	10	3.34
Ibuprofen (400)	34	2.02	45	45	2.92	8	9	3.02	12	4.01

Table B.1: (Cont.)

Drug Name	Planning						Proportionate Sample			
	November		December		November		December			
	Number of All Patients	% of Sample	Number of All Patients	% of Sample	Number of Sample	% of Sample	Number of Sample	% of Sample	Number of Sample	% of Sample
Clinoril®	33	1.96	16	1.04	3	5	1.68	5	1.67	
Tilcotil®	28	1.66	25	1.62	4	7	2.35	4	1.34	
Sotilen®	26	1.54	24	1.56	4	4	1.34	6	2.01	
Ibuprofen (200)	13	0.77	10	0.65	2	3	1.01	2	0.67	
Flogofenac	8	0.47	0	0.00	0	2	0.67	0	0	
Retard										
Naproxen	7	0.42	10	0.65	2	2	0.67	3	1.00	
Loxonin®	7	0.41	6	0.39	1	1	0.34	2	0.67	
Dolobid®	6	0.36	2	0.13	1	2	0.67	0	0	
Ponstan® (250)	4	0.24	7	0.45	1	1	0.34	3	1.00	
Total	1,686	100	1,543	100	271	298	100	299	100	



**APPENDIX C: Additional cost of NSAIDs prescriptions compared with NSAIDs plus
Gastroprotective Drugs prescriptions for actual practice**

1. Additional cost of NSAIDs prescriptions compared with NSAIDs plus Gastroprotective Drugs prescriptions for actual practice

In actual practice, total cost of gastroprotective agents (GPAs) use in high risk was 27,397.62Baht and average of prescription was 210.75 Baht. The result of total cost and average cost per prescription of GPAs was displayed in Table C.1.

Table C.1 Total Cost and Average Cost Per Prescription of Gastroprotective Drugs in Low Risk and High Risk Group.

Drug name	Low Risk Group			High Risk Group		
	N	Average		N	Average	
		Total Cost (Baht)	Cost per Prescription (Baht)		Total Cost (Baht)	Cost per Prescription (Baht)
Lansoprazole	23	23,326.00	1,014.17	14	22,256.00	1,589.71
Cytotec®	1	627.60	627.60	0	0	0
Selbex®	5	2,329.00	465.80	1	308.25	308.25
Omeprazole	47	3,755.00	79.89	22	2,337.50	106.25
Kremil-S®	9	480.00	53.33	2	75.00	37.50
Disflatyl Forte	7	192.00	27.43	3	153.60	51.20
M.Carminative®	1	17.02	17.02	1	17.02	17.02
Ranitidine	226	3,766.00	16.66	82	2,003.05	24.43
Antacil®	4	55.20	13.80	0	0	0
Motilium®	1	10.20	10.20	1	20.40	20.40
Flatulant®	1	6.60	6.60	0	0	0
Metoclopramide	2	4.50	2.25	0	0	0
Magesto®	0	0	0	4	226.80	56.70
Nizatidine	0	0	0	0	0	0
Ulsanic®	0	0	0	0	0	0
Total	325	34,569.12	106.37	123	27,397.62	222.74

Average duration of gastroprotective drugs was 16.35 days. The result of average duration of gastroprotective drugs are presented in Table C.2. Average cost per day of gastroprotective drugs in high risk group were 13.62 Baht. The result of average cost per day was given in Table C.3.

Table C.2: Minimum, Maximum and Mean Duration of Gastroprotective Drugs

Drug Name	N	Minimum	Maximum	Mean
		Duration (Days)	Duration (Days)	Duration (Days)
Magesto®	4	30	45	33.75
Cytotec®	1	30	30	30.00
Omeprazole	69	7	90	28.67
Kremil-S®	11	15	120	28.00
Lansoprazole	37	10	80	25.45
Antacil®	4	13.33	30	23.33
Ranitidine	308	7	120	20.86
Disflatyl Forte	10	5	30	18.58
Selbex®	6	10	60	14.58
Flatulant®	1	10	10	10.00
Motilium®	2	5	10	7.50
Metoclopramide	1	2.5	2.5	2.50
M.Carminative®	2	2	2	2.00
Nizatidine	0	0	0	0.00
Ulsanic®	0	0	0	0.00
Total	448			16.35

Table C.3: Average Cost Per Day of Gastroprotective Drugs in Low risk and High Risk Group

Cost Per Day (Baht/Day)	Low risk Group	High Risk Group
Gastroprotective Drugs	6.51	13.62

Average cost per day of NSAIDs plus GPAs in high risk was 24.66 Baht. Difference in average cost per day between NSAIDs plus GPAs versus NSAIDs was 13.45 Baht. Number of high risk patients prescribed NSAIDs was 113 patients, difference in average cost per day in 113 patients was 1,519.85 Baht. Average duration that high risk patients prescribed NSAIDs was 21.36 days, additional cost that high risk patients prescribed NSAIDs plus GPAs compared with NSAIDs was 32,464.00 Baht, calculated by the following formula:

$$\begin{aligned}\text{Total Additional Cost}_{\text{NSAIDs+GPAs}} &= (24.66 - 11.21) * 113 \text{ patients} * 21.36 \text{ Days} \\ &= 32,464.00 \text{ Baht}\end{aligned}$$

During this study, number of high risk patients prescribed NSAIDs 614 patients, additional cost that high risk patients prescribed NSAIDs plus GPAs versus NSAIDs was 176,397.29 Baht, calculated by the following formula:

$$\begin{aligned}\text{Total additional Cost}_{\text{NSAIDs+GPAs 2 months}} &= (24.66 - 11.21) * 614 \text{ patients} * 21.36 \text{ Days} \\ &= 176,397.29 \text{ Baht}\end{aligned}$$

In one year, additional cost that high risk patients prescribed NSAIDs plus GPAs versus NSAIDs was 1,058,383.74 Baht, calculated by the following formula:

$$\begin{aligned}\text{Total additional Cost}_{\text{NSAIDs+GPAs 1 year}} &= 176,397.29 \text{ Baht} * 6 \\ &= 1,058,383.74 \text{ Baht}\end{aligned}$$

The result of total additional cost of NSAIDs plus GPAs in actual practice was presented in Table C.4.

Table C.4: Total Estimated Additional Cost of NSAIDs plus Gastroprotective Drugs compared with NSAIDs in High Risk Group of Actual Practice

Study	Actual Practice
	NSAIDs plus Gastroprotective Drugs (Baht)
Sample	32,464.00
2 months	176,397.29
1 Year	1,058,383.74

2. Additional cost of NSAIDs prescriptions compared with
NSAIDs plus Gastroprotective Drugs for Standard Practice

Drug consumption volume of gastroprotective drugs in fiscal year 2002 from pharmacy department was presented in Table C.5.

Table C.5: Drug Consumption Volume of Gastroprotective Drugs in Fiscal Year 2002.

Drugs Name	Drug Consumption Volume (Tablets or Bottles)	%
Ranitidine	1,150,000	49.22
Disflatyl Forte®	312,500	13.37
Kremil-S®	230,000	9.84
Motilium®	141,000	6.03
Magesto®	125,000	5.35
Antacil®	110,000	4.71
Omeprazole	91,000	3.89
Flatulant®	55,000	2.35
Metoclopramide	33,000	1.41
Lansoprazole	21,990	0.94
Cytotec®	20,020	0.86
Ulsanic®	20,000	0.86
Nizatidine	15,540	0.67
Selbex®	10,000	0.43
M.Carminative® 180 ml	1,600	0.07
Total	2,336,650	100

First ranked of consumption volume of gastroprotective drugs in fiscal year 2002 was ranitidine (49.2%).

Average cost per day was Defined Daily Dose (DDD) multiplied by acquisition cost. Average cost per day was 0.70 Baht, calculated by the following formula:

$$\begin{aligned}\text{Average Cost per Day}_{\text{Ranitidine}} &= \text{Defined Daily Doses} * \text{Acquisition Cost} \\ &= 2 * 0.35 \text{ Baht} \\ &= 0.70 \text{ Baht}\end{aligned}$$

Acquisition cost of gastroprotective drugs in fiscal year 2002 from pharmacy department is given in Table C.6.

Table C.6: Acquisition Cost of Gastroprotective Drugs in fiscal year 2002

Drug Name	Acquisition Cost (Baht)
Lansoprazole	42.80
Nizatidine	16.43
Cytotec®	10.46
M.Carminative® 180 ml	8.51
Selbex®	6.85
Omeprazole	2.50
Ulsanic®	0.74
Motilium®	0.68
Disflatyl Forte®	0.64
Magesto®	0.56
Kremil-S®	0.50
Ranitidine	0.35
Antacil®	0.24
Flatulant®	0.22
Metoclopramide	0.15

In standard treatment, average cost per day of diclofenac plus ranitidine was 0.85 baht, voltaren® plus ranitidine was 14.26 Baht, and ibuprofen 400 mg plus ranitidine was 2.08 Baht.

Average cost per day of NSAIDs in high risk group for actual practice was 11.21 Baht. (See Table 4.10)

Difference average cost per day of patients prescribed NSAIDs plus ranitidine in standard treatment versus NSAIDs in actual practice was -10.36 Baht, 3.05 Baht and -9.13 Baht of diclofenac, voltaren® and ibuprofen 400 mg, respectively.

Average duration in high risk patient of receiving NSAIDs was 21.36 day (See Table 4.4). Number of patients prescribed NSAIDs was 113 patients in high risk for actual practice. Since cost per day of NSAIDs plus ranitidine were lower than NSAIDs, we reported the results in term of cost saving. Additional cost of voltaren® plus ranitidine was 7,361.72 Baht. Cost saving of patients prescribed diclofenac plus ranitidine was 25,005.72 Baht, and ibuprofen 400 mg plus ranitidine was 22,036.90 Baht, as shown in the following calculation:

$$\begin{aligned}\text{Cost Saving Diclofenac plus Ranitidine} &= (11.21-0.85)*113 \text{ Patients}*21.36 \text{ Day} \\ &= 25,005.72 \text{ Baht}\end{aligned}$$

$$\begin{aligned}\text{Additional cost Voltaren } ^\circledR \text{ plus Ranitidine} &= (14.26-11.21)*113 \text{ Patients}*21.36 \text{ Day} \\ &= 7,361.72 \text{ Baht}\end{aligned}$$

$$\begin{aligned}\text{Cost Saving Ibuprofen plus Ranitidine} &= (11.21-2.08) * 113 \text{ Patients}*21.36 \text{ Day} \\ &= 22,036.90 \text{ Baht}\end{aligned}$$

During this study, number of high risk patients receiving NSAIDs was 614 patients. Cost saving of diclofenac plus ranitidine was 135,871.81 Baht and ibuprofen 400 mg plus ranitidine was 119,740.32 Baht. Additional cost of voltaren® plus ranitidine was 40,000.87 Baht, as shown in the following calculation:

$$\begin{aligned}\text{Cost Saving Diclofenac plus Ranitidine} &= (11.21-0.85)*614 \text{ Patients}*21.36 \text{ Day} \\ &= 135,871.81 \text{ Baht}\end{aligned}$$

$$\begin{aligned}\text{Additional cost Voltaren } ^\circledR \text{ plus Ranitidine} &= (14.26-11.21)* 614 \text{ Patients}*21.36 \text{ Day} \\ &= 40,000.87 \text{ Baht}\end{aligned}$$

$$\begin{aligned}\text{Cost Saving Ibuprofen plus Ranitidine} &= (11.21-2.08) * 614 \text{ Patients}*21.36 \text{ Day} \\ &= 119,740.32 \text{ Baht}\end{aligned}$$

For one year, total additional cost of voltaren® plus ranitidine was 240,005.22 Baht. Cost saving of diclofenac plus ranitidine was 815,230.86 Baht, and ibuprofen 400 mg plus ranitidine was 718,441.92 Baht.

The result of total additional cost per year for high risk patients prescribed NSAIDs versus specific COX II Inhibitor and NSAIDs plus gastroprotective drugs in actual practice and NSAIDs plus ranitidine in standard treatment are shown in Table C.7.

The results of cost saving of diclofenac plus ranitidine and voltaren® plus ranitidine were presented in Table C.8.

Table C.7: Total Additional Cost Per Year for Patients received NSAIDs in high risk group versus Specific COX II Inhibitor and NSAIDs plus Gastroprotective Drugs in Actual Practice and NSAIDs plus Ranitidine in Standard Treatment

Type	Drugs	Total Additional Cost (Baht /Year)
Actual	Celecoxib	1,536,033.48
Practice	Rofecoxib	1,824,039.78
	NSAIDs plus Gastroprotective Drugs	1,058,383.74
Standard Treatment	Voltaren® Plus Ranitidine	240,005.22

Table C.8: Cost Saving of Diclofenac Plus Ranitidine and Voltaren® Plus Ranitidine in Standard Treatment

Drugs	Total Cost Saving (Baht /Year)
Diclofenac Plus Ranitidine	815,230.86
Ibuprofen 400 mg Plus Ranitidine	718,441.92



BIOGRAPHY

Miss Jitsuda Phosri was born September 27, 1974 at Prachuap Kiri Khan Province, Thailand. I congratulated from Bachelor of Sciences in Pharmaceutical Sciences, Chiang Mai University in 1998. I was a graduate student in Master of Sciences in Social and Administrative Pharmacy at Chulalongkorn University in 2001. I worked at Prachuap Kiri Khan Hospital in 2000 to present.