Value-based cardiovascular care in Ukraine: transitioning from generic monotherapy to branded fixed-dose combinations (FDCs) and pharmaceutical support

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Funding Acknowledgements: None.

Background: Coronary Artery Disease (CAD) remains a significant clinical and economic burden in Ukraine. Despite the "Affordable Medicines" reimbursement program, the current focus on generic monotherapy is often undermined by poor patient adherence, leading to suboptimal outcomes and high rates of Major Adverse Cardiovascular Events (MACE).

Objectives: To evaluate the pharmacoeconomic viability of transitioning from a "generic-only" model to a value-based model combining branded Fixed-Dose Combinations (FDCs) with proactive pharmaceutical care in the Ukrainian healthcare context.

Methods: A Cost-Benefit Analysis (CBA) was performed over a 1-year horizon for a 100-patient cohort. The study compared the standard generic model (Model 1) with an enhanced model (Model 2) featuring branded FDCs and pharmacist education. Clinical inputs assumed a 19.3% reduction in MACE for the enhanced model. Benefits were quantified as "avoided costs" (savings from prevented MACE). Three scenarios were analyzed: Direct Health System Costs: Government reimbursement perspective. Total Healthcare Costs: Including out-of-pocket patient expenditures. Societal Perspective: Including indirect benefits from preserved productivity (based on Ukraine's GDP per capita of ~$5,181).

Results: Model 2 consistently outperformed Model 1 across all metrics (Exchange rate: 1 EUR = 50 UAH): Scenario 1: The Benefit-Cost (B/C) ratio was 2.24 for the new model vs. 1.84 for the standard, indicating 22% higher economic efficiency per hryvnia invested. Scenario 2: Including patient costs, the B/C ratio reached 2.24 vs. 1.69, demonstrating that the enhanced model generates 32% more value for the patient's investment. Scenario 3: The societal net benefit peaked at €46,584, driven by a €15,300increase in preserved productivity compared to the system-only perspective.

Conclusions: Our findings challenge the prevailing "lowest-price" procurement logic. Integrating original FDCs and pharmaceutical services into the national health strategy transforms cardiovascular care from a cost-center into a significant value-generator for the state. To optimize public health outcomes, stakeholders should prioritize the inclusion of branded FDCs in reimbursement protocols and formally recognize pharmaceutical care as a clinical necessity.

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