

**MARKETING AND PHARMACOECONOMIC RESEARCH OF PATIENTS USED IN
THE TREATMENT OF COMMON DISEASES WITH MEDICATIONS*****¹Eshmurodova Feruza O'rol Qizi, ²Yo'ldashova Nafisa Sobir Qizi**¹Basic Doctoral Student of The Department Department of Pharmaceutical Organization of the Tashkent Pharmaceutical Institute.²Assistant The Department Department of Pharmaceutical Organization of The Tashkent Pharmaceutical Institute.***Corresponding Author: Eshmurodova Feruza O'rol Qizi**Basic Doctoral Student of The Department Department of Pharmaceutical Organization of the Tashkent Pharmaceutical Institute. DOI: <https://doi.org/10.5281/zenodo.20962985>**How to cite this Article:** *Eshmurodova Feruza O'rol Qizi, ²Yo'ldashova Nafisa Sobir Qizi (2026). Marketing And Pharmacoeconomic Research Of Patients Used In The Treatment Of Common Diseases With Medications. World Journal of Pharmaceutical and Medical Research, 12(7), 252-266.

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ABSTRACT

In the Republic of Uzbekistan, significant measures are being taken to provide the population with medicines, which is contributing to an increase in the number of modern, effective products on the domestic pharmaceutical market. Thus, in the "Current issues of development of the pharmaceutical and electrical engineering industries were discussed," it was noted that Uzbekistan has the necessary raw materials and sufficient conditions for the development of the pharmaceutical industry. Specifically, over the past six years, pharmaceutical production has tripled, and exports have increased sixfold. 177 projects worth \$525 million have been launched, creating a total of 50,000 jobs. Uzbekistan consumes \$1.6 billion worth of pharmaceuticals annually. Domestic pharmaceutical manufacturers account for only 18%, with the remainder supplied by imports.

KEYWORDS: Marketing research, pharmacoeconomics, drug therapy, common diseases, patient analysis, pharmaceutical market, rational drug use, cost-effectiveness analysis, healthcare economics, medical treatment efficiency.

Relevance. Special attention is being paid to the development of local production. In recent years, the pharmaceutical industry has received significant support and funding, and pharmaceutical zones have been established.

In this regard, the importance of studying international experience and attracting well-known brands to Uzbekistan has been emphasized. Specifically, instructions have been given to increase local content to 35% by organizing the production of 50 of the most commonly consumed medications in the country.

The construction of the Tashkent Pharma Park cluster and the involvement of a private partner are also urgently needed. Pharmaceutical companies will also be assisted in transitioning to international GMP standards and establishing a labeling system. Overall, 173 projects worth \$1.5 billion have been formed in the industry. \$600 million will be allocated for their funding, which, upon completion, will result in the establishment of

production worth \$400 million and exports worth \$160 million in 2024.^[1]

The State Register of Medicines, Medical Devices, and Medical Equipment Approved for Use in Medical Practice in 2023 includes information on 11,133 registered products in the Republic of Uzbekistan. This includes 6,110 registered products manufactured abroad, 1,846 registered products manufactured in the Commonwealth of Independent States, and 3,177 registered products of domestic pharmaceutical production. 696 registered drug substances and 24 registered in vivo diagnostic tools are also registered. There are 5,277 medical devices and medical equipment approved for use in medical practice, including 1,981 medical devices, 2,522 medical equipment, and 774 in vitro diagnostic agents. These registered products come from 1,300 foreign companies from 78 countries, as well as domestic pharmaceutical manufacturers.^[2]

In the Republic of Uzbekistan, the pharmaceutical industry development indicators include 231 manufacturers, 15,250 pharmacies, 160 pharmacies in medical institutions, 545 distributors, 156 processors of herbal medicinal products, and 1,327 manufactured medicinal products.^[3]

The analysis focuses on marketing and pharmaco-economic studies of consumption, medications, and patients used to treat common diseases. Urinary tract infections are one of the most common infectious diseases, widely encountered in outpatient and hospital practice. Among adults aged 20–50 years, urinary tract infections are approximately 50 times more common in women.^[4]

An analysis of the range of medications used for urinary tract infections registered in the Republic of Uzbekistan revealed that they are available on the pharmaceutical market in dosage forms such as oral solutions, injection solutions, capsules, and tablets.^[5]

Anti-tuberculosis medications are widely used in medical practice. Today, with the development of science, technology, and the chemical industry, various synthetic drugs belonging to various groups have begun to be introduced into medicine in many countries. Tuberculosis is primarily characterized by lung damage, but can also be accompanied by damage to other human organs. According to data, over 1.5 million people die from tuberculosis annually worldwide. According to the Ministry of Health of the Republic of Uzbekistan, there are 42.9 cases of tuberculosis per 100,000 people, with a mortality rate of 1.6.^[6] Humans and animals have the ability to perceive electromagnetic radiation in the light wavelength range and provide vision. In humans, approximately 90% of information from the outside world comes through the eye. The visual system reaches maturity around age 20 and remains stable until age 30, with the exception of cases where vision changes may occur in women during pregnancy. During this stage of life, the replacement of glasses and contact lenses is insignificant.^[7]

Based on statistical data for 1998–2003, the overall incidence of bronchial asthma in the Republic of Uzbekistan per 100,000 population was projected to 2010. An analysis of the number of cases per 100,000 population revealed a fluctuating pattern in this phenomenon, which may be due to the manifestation of external factors.^[8]

The need for specific medications should be calculated individually for each patient, taking into account the number of patients treated with a given medication, its cost per course of treatment, and the number of courses of treatment per year. Guidelines have been developed for forecasting the need for medications used to treat bronchial asthma, and a forecast of the need for

individual medications through 2010 has been compiled.^[9]

One way to improve the effectiveness of anti-epidemiological services for the population is to scientifically validate the planning of preventive measures. The results of retrospective epidemiological analysis and morbidity forecasting serve as the basis for developing targeted plans. The obtained analyses are substantiated by expected predicted incidence rates of allergic rhinitis and hay fever in individual regions and throughout the Republic of Uzbekistan as a whole.^[10]

The predicted prevalence of respiratory diseases in Tashkent per 100,000 people is expected to be 27,817 in 2010, 31,396 in 2015, and 34,975 in 2020. In the Bukhara region, 18,773 cases of respiratory diseases per 100,000 people were expected in 2010, 20,235 in 2015, and 21,697 in 2020. In the Republic of Uzbekistan, the expected incidence of respiratory diseases is 15,834 in 2010, 15,182 in 2015, and 14,320 in 2020.^[11]

Allergic rhinitis is one of the most common diseases in the world, affecting approximately 10–25% of the population. In the United States, the number of allergy sufferers exceeds 40 million, of which 25–30 million suffer from allergic rhinitis. In the UK, the prevalence of allergic rhinitis is 16%, in Denmark – 19%, and in Germany from 13 to 17%. Allergic diseases represent a widespread problem in medicine and its pharmaceutical sector, as approximately 20% of the world's population seeks medical care with clinical manifestations of allergies.

According to statistics from the World Health Organization, 10–30% of visits to medical and preventive institutions worldwide are related to allergic diseases.^[12] The prevalence of allergic rhinitis (hay fever) per 100 thousand of the population, the highest primary incidence of allergic rhinitis and hay fever occurs in the Bukhara region, per 100 thousand of the population in 2000 there were 159 cases registered, in 2005 - 205, in 2009 - 144. In the Navoi region in 2000 the prevalence of these diseases was 60 cases, in 2005 - 102, in 2009 - 187, in the Fergana region - 29, 109 and 265, respectively, in the Khorezm region - 198, 271 and 344. In the Republic of Uzbekistan as a whole, the prevalence of allergic rhinitis and hay fever was 87 in 2000, 90 in 2005, 111 in 2009.^[12]

An analysis of the key principles of the concept for the rational use of the range of medications actually prescribed for the treatment of allergic rhinitis by allergists, otolaryngologists, pulmonologists, and general practitioners allowed for their classification into groups based on frequency of use using ABC analysis and category of vital importance using VEN analysis. A formulary of medications used, recommended for inclusion in the list of essential drugs for the effective treatment of patients with allergic rhinitis, was compiled.

The most commonly used medications in group V are 12, E – 18, and N – 15.^[13]

According to an analysis of the State Register of Medicines and Medical Devices Registered in the Republic of Uzbekistan, glucocorticoid medications used for hay fever produced by domestic pharmaceutical manufacturers account for 13% of the pharmaceutical market, while those produced by foreign manufacturers account for 8%. Antiallergic medications produced by foreign countries account for 51%, while those produced by Commonwealth of Independent States manufacturers account for 24.5%, and those produced by domestic manufacturers account for 24.5%.^[14]

Based on a cost-of-illness analysis study at the Republican Scientific Specialized Center for Allergology, the cost of treatment for hay fever with levocetirizine was 1,377,000 soums for the domestically produced drug Allercetin ATM®, 5 mg, No. 10 tablets (levocetirizine). The cost of treatment with the foreign drug L-Cet®, 5 mg, No. 10 tablets (levocetirizine), was 1,382,000 soums. Direct costs for hay fever treatment decreased by 5,000 soums.^[15]

Bronchial asthma is considered a specific chronic allergic inflammatory disease of the respiratory tract. The first symptoms appear in childhood or adolescence, although the disease can begin at any age. The disease is most often associated with allergies and is hereditary. Bronchial asthma is a pressing health issue worldwide, affecting approximately 300 million people worldwide.^[16] The prevalence of bronchial asthma per 100 thousand population in absolute terms, according to the results of the analysis, the incidence of bronchial asthma in the city of Tashkent in 2000 was 327 cases, in 2005 - 300, in 2009 - 255, in the Bukhara region in 2000 was 327 cases, in 2005 - 271, in 2009 - 281, in the Jizzakh region - 210, 190 and 193 cases, respectively, in the Fergana region 246, 254 and 226 cases. In the Republic of Uzbekistan as a whole, the incidence rate in 2000 was 305 cases, in 2005 - 225, in 2009 – 197.^[17] Patients with chronic obstructive pulmonary disease aged 15–18 years accounted for 6.5%, and those over 18 years old accounted for 93.5%. There were 51.5% men, 48.5% women, 59.0% rural residents, and 41.0% urban residents. The studied case histories documented such comorbidities as coronary heart disease (39.2%), hypertension (11.8%), bronchial asthma (18.8%), chronic bronchitis (10.7%), gastric ulcer (9.5%), as well as osteoporosis, depressive syndrome, arthritis, diabetes mellitus, and reflux esophagitis.^[18]

Expert assessment methods are versatile in terms of the ability to generate forecasts that combine qualitative and quantitative characteristics. According to expert assessments, aerosol dosage forms are the most effective. Experts consider the drugs spofellin and gin-salbutamol to be unpromising. Based on an analysis of the obtained results, experts have determined that the following

medications are expected to experience the greatest potential growth in demand: beclazone, dexamethasone, euphyllin, prednisolone, berodual, intal, astmopent, salbutamol, and berotek.^[19] Processing the obtained information involves summarizing the experts' opinions and determining judgments for each medication. Expert opinions were assessed using a competence coefficient. The medications aminophylline, euphylline, aldecin, beclazone, budesonide, salbutamol, salbutamol ECO, salamol, ventolin, serevent, astmopent, euphyllong, intal plus, budesonide mite, ketotifen, prednisolone, dexamethasone, hydrocortisone, and salamol are included in the list of essential medications in the Republic of Uzbekistan.^[20]

The organization of medical care and drug provision for patients with bronchial asthma, as well as a study of the dynamics of changes in individual nosological entities, show that the incidence of morbidity with an unknown etiology has significantly decreased over the past decade.

Imported medicines are registered under 85 trade names from 22 manufacturing countries: Russian Federation 14%, Poland 14%, Germany 13%, Ukraine 9%, Belgium 8%, Great Britain 6%, Ireland 2%, Spain 2%, Slovenia 2%, Slovak Republic 2%, other countries 24%.^[21]

For the treatment of bronchial asthma, the following are vital drugs: dexamethasone 4 mg / ml 1 ml No. 25, injection solution, dexamethasone - GT 0.4% 1 ml No. 5, injection solution, beclazone ECO easy breathing 250 mcg / dose 200, aerosol, beclazone ECO easy breathing, 100 mcg / dose 200, aerosol, beclazone ECO 250 mcg / dose 200 doses, aerosol, beclazone ECO 100 mcg / dose 200 doses, aerosol, prednisolone 30 mg / ml, 1 ml No. 3, injection solution, prednisolone 0.005 g No. 100, tablets, prednisolone Nycomed 25 mg / 1 ml № 50 injection solution, prednisolone 5 mg № 100, tablets, flixotide evohaler 250 mcg 60 doses, aerosol, flixotide evohaler 125 mcg 60 doses, aerosol, euphyllin 2.4% 10 ml № 10, injection solution, ventolin 100 mcg / 200 doses, aerosol, salmol ECO 100 mcg / dose 200 doses, aerosol, salbutamol - GT 100 mcg 200 doses 12 ml, aerosol, seretide 250, 120 doses, aerosol, seretide 125, 120 doses, aerosol, seretide discus 50/250 mcg 60 doses, powder in capsules, berotek N 100 mcg/10 ml 200 doses, aerosol, 2.4% aminophylline 5 ml No. 10 injection solution.^[22]

The use of seretide has reduced direct and indirect treatment costs, which has had a positive impact on the patient's socioeconomic status and, importantly, on the economic situation of the healthcare facility. Seretide is more effective than budesonide in treating moderate to severe bronchial asthma, as it has a positive impact on patients' quality of life.^[23]

The analysis of pneumonia covered the etiology, pathogenesis, community-acquired pneumonia, prevalence, prevention, classification, patient profile, outpatients, triggers, and treatment process. The

classification of drugs used in the treatment of pneumonia, drug therapy, drugs of choice, alternative agents, and the methods and number of antibacterial agents for empirical treatment of pneumonia were analyzed.^[24]

Bronchodilators form the basis of symptomatic treatment for all chronic obstructive pulmonary diseases. The principal inhaled bronchodilators are β 2-agonists and anticholinergics, used alone or in combination. The study also revealed that the share of vital drugs used in the treatment of chronic obstructive pulmonary disease on the pharmaceutical market in Uzbekistan is.^[25]

The questionnaire data was processed, and a list of medications belonging to groups V, E, and N was compiled. It was found that medications used in the treatment of chronic obstructive pulmonary disease belong to groups E and N. Opportunities for optimal resource allocation by healthcare institutions in the treatment of chronic obstructive pulmonary disease were identified.^[26]

In the treatment of respiratory diseases, gastrointestinal diseases and hypertension were subject to correction.^[27] Therefore, based on ABC/VEN analysis, generic forms of medications used in the treatment of comorbidities should be purchased at the lowest price.^[28]

Using intelligent data processing methods, generalized assessments of medication classification into VEN groups were obtained, and the competence of expert physicians in drug classification was determined. Scores in questionnaires designed to classify medications into VEN groups were processed using a modern intelligent method, subsequently identifying medications with the highest scores in group V. A list of medications in groups E and N is also provided.

In the future, using the data provided, medical and preventive institutions specializing in the treatment of bronchial asthma should realistically determine their ability to obtain vital medications.^[30]

The state's primary goal in healthcare is to ensure access to medications for the population. A balanced pricing policy is one factor in achieving affordability.^[31]

The medication, known internationally as loratadine, is a histamine H1 receptor blocker. Thirteen medications from 19 manufacturers in 11 countries are registered under this trade name.^[32] Allergide in a 10 mg/ml bottle for 21,550 sum (in relation to the sale at wholesale price by the wholesale pharmacy of the company "ASKLEPIY Firmasi" of the manufacturer Zentiva a.s., Slovakia mg/ml, 20 ml bottle of Zodak syrup) sold by the wholesale intermediary company "ATM partners" LLC, a domestic manufacturer of the company "Torimed Pharm" (Uzbekistan), 20,000 packages per year, then it is possible to save its funds in the amount of

724,300,000, that is, having achieved the pharmacoeconomic criterion, while the mass cost of the drug is achieved.^[33]

When analyzing "TM Salbutamol" aerosol, 100 mcg / dose, 200 doses, 12 ml, wholesale pharmacies OOO Dobroe Intenciya Trade, manufacturer ZAO Altayvitaminlari, the Russian-made drug is sold at wholesale prices of 9,000 soums. Trade name "Ventolin" aerosol, 100 mcg / 1 dose, 200 doses, wholesale pharmacies OOO Chesni Pharm, GlaxoSmithKline Export Limited., Manufactured in the UK, GlaxoSmithKline Pharmaceuticals S.A. The Polish-made drug is sold at a wholesale price of 26,838 soums. The difference between the maximum and minimum prices of 10 international non-proprietary trade names of salbutamol aerosol was 17,828 soums.^[34] Factors influencing drug consumption and the reasons for their occurrence, scientific and current regulatory acts. The status of information provided by regulatory legal acts regarding the provision of drugs to the population and healthcare facilities.

On the pharmaceutical market of Uzbekistan, 19 aminophylline medications in three product lines, manufactured in seven countries, are registered under the trade name Euphyllin. Taking into account the dosage form and dosage, there are 26 names.

According to the results of the analysis, seven medications were not available in the retail pharmacy network. The cost of the domestic medication Euphyllin 0.15 g No. 10 is 1.4 times lower than its Ukrainian counterpart. It was found that medications from domestic manufacturers are sold at optimally low prices, which determines their affordability for consumers. The difference in selling prices among four manufacturers of 2.4% Euphyllin injection solution 10 ml (No. 10) is 1,275 soums.^[35] The prices of medications under the international name prednisolone, a glucocorticoid pharmacotherapeutic group, were analyzed. These included three medications under trade names, and, taking into account dosage forms and dosages, 16 names from 12 manufacturers in seven countries. The price difference between three types of prednisolone in 5 mg tablets in 100-count vials was 3,250 soums. Prednisolone injection solution in 30 mg/ml ampoules (No. 3), produced by seven pharmaceutical manufacturers, had a price difference of 1,534 soums.^[36]

There are four medications under trade names and 10 different dosage forms and dosages available on the pharmaceutical market in the Republic of Uzbekistan. Retail price data were identified for four of these medications.^[37]

The consumption of medications used in traumatology was analyzed theoretically and methodologically. One of the most important tasks for physicians and pharmacists

today is the timely diagnosis, provision of effective medications, and treatment of injured patients.^[38]

Overall, in the Republic of Uzbekistan, the prevalence of trauma, poisoning, and some other consequences of external causes per 100,000 registered cases in adults was 3,035 in 2013, 2,957 in 2014, and 2,845 in 2013.^[39]

RESULTS AND DISCUSSION

Medications used in traumatology were analyzed in scientific studies.^[40] The patient treatment process was examined, and disease types and comorbidities were analyzed. The range of medications used in traumatology was studied, and groups of relatively effective and affordable medications were identified. A pharmaco-economic analysis of drugs used in traumatology, comparing the cost of treatment with Alovell 70 mg tablet No. 4 and Ostalon 70 mg tablet No. 4, resulted in savings of 44,930 rubles per patient, and a scientifically substantiated rational use of the drugs.^[41]

A content analysis of the range of drugs used in traumatology was conducted using data from the State Register of Medicines and Medical Devices Registered in the Republic of Uzbekistan.^[42] A study of the range of antibiotics used in traumatology revealed that they are represented on the pharmaceutical market of the Republic of Uzbekistan by 8 international names under 38 trade names, and taking into account release forms and dosages, by 179 names. The assortment completeness coefficient is 0.255, or 25.5%, and the renewal coefficient for study and group is 0.039, or 3.9%.^[43] An analysis revealed that acute lymphoblastic leukemia is also common in Uzbekistan. Early detection of the disease is essential for its effective treatment. The government is making significant efforts to prevent the spread of childhood cancer. In 2020, budgetary funds for the provision of medicines and medical supplies for each patient undergoing treatment at oncology facilities for cancer treatment were increased from 3,250 soums in 2016 to 66,227 soums in 2020.^[44]

The results were obtained by extracting excerpts from the "inpatient medical discharge summary" of 170 patients with leukemia. The analysis was conducted by patient segment. According to the retrospective analysis, 43% of the patients were women, 57% were men, and by region, 39.4% of the rural population and 60.6% of the urban population were ethnically diverse. There were 98 patients among adults, 26 among adolescents (15–17 years old), and 46 among children (14 years old). Furthermore, 88.82% of patients with leukocytes had comorbidities.^[45]

An analysis of medications for the treatment of leukemia registered in the State Register of Medicines and Medical Products of the Republic of Uzbekistan revealed that these drugs were registered by manufacturers in both CIS and foreign countries and are widely used in medical practice. Five medications from foreign manufacturers

and four from the Commonwealth of Independent States were identified.^[46]

Using statistical data from the Ministry of Health of the Republic of Uzbekistan, the prevalence of acute lymphoblastic leukemia among children was analyzed. Based on this data, the incidence of the disease among children in 2016–2018 was studied. An analysis by age and gender was also conducted. The prevalence of acute lymphoblastic leukemia among children in all regions and the Republic of Karakalpakstan, as well as the prevalence of this disease among girls and boys, was studied.^[47]

The study analyzed the State Register of Medicines and Medical Devices Registered in the Republic of Uzbekistan and the release form of medicines No. 20 of 2016, No. 21 of 2017, and No. 22 of 2018 used in the treatment of epilepsy.^[48]

The results show an increase in anticonvulsants, tranquilizers, nootropics, and neuroleptics, an increase in the number of tranquilizers, hypnotics, sedatives, and antidepressants in the CIS countries, a decrease in the number of anticonvulsants and drugs that improve cerebral circulation in the central nervous system, and an increase in the number of nootropic, sedative, and antidepressant drugs in Uzbekistan.^[49]

A study of antitumor drugs used in the treatment of oncological diseases registered in the Republic of Uzbekistan.

It was found that in 2010, the total number of anticancer drugs under trade names was 123, while in 2022, 271 were registered, i.e., this figure increased by an average of 2.2 times over 13 years.^[50]

The study conducted a retrospective analysis of the medical records of lung cancer patients at the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology, depending on age, gender, and frequency of drug use. Patients were primarily treated between the ages of 18 and 90.

It was found that the highest incidence of lung cancer occurs in patients aged 49–59 years, but the highest incidence is in patients aged 50–60 years. Accordingly, it was found that the disease is most often observed in patients aged 40 to 70 years.^[51] An analysis of the registration of the range of antitumor drugs against lung cancer shows that the majority of them are produced abroad and their consumption is increasing significantly. The importance of the production of vital drugs by enterprises has been proven for domestic pharmaceuticals.^[52] Based on the results of the evaluation of the effectiveness of drugs used in squamous cell lung cancer, it was revealed that the following drugs are highly effective: Cisplatin Ebeve® (50 mg/100 ml), Carboplatin-Ebeve® (150 mg/15 ml),

Carboplatin-Ebeve® (450 mg/45 ml), Gemcitabine Ebeve® (200 mg/5 ml), Gemcitabine Ebeve® (1000 mg/25 ml), Etoposide Ebeve® (100 mg/5 ml), Paclitaxel Ebeve® (30 mg/5 ml), Paclitaxel Ebeve® (100 mg/16.7 ml), Paclitaxel Ebeve® (300 mg/50 ml), Docetaxel Ebeve® (10 mg/ml), Docetaxel Ebeve® (20 mg/2 ml), Docetaxel Ebeve® (80 mg/8 ml), Avastin® (100 mg/4 ml), Avastin® (400 mg/16 ml), Erlonib (25 mg, No. 30), Erlonib (100 mg, No. 30), Erlonib (150 mg, No. 30), Erlonix (100 mg, No. 30), Erlonix (150 mg, No. 30), Ertinob (100 mg, No. 30), Ertinob (150 mg, No. 30).^[53]

According to the World Health Organization, the incidence and mortality of cancer worldwide doubled between 1999 and 2020, from 10 million to 20 million new cases, with mortality increasing from 6 million to 12 million.

A pharmaco-economic analysis and theoretical and methodological issues of medications used for sinusitis were analyzed.

The analysis covered the etiology of sinusitis, the pathology, classification of medications used in its treatment, and the principles and methods of pharmaco-economic research.^[54]

In the pharmaceutical market, various companies and manufacturers were identified that use the same dosage forms and doses for the treatment of rhinosinusitis under the international name "Ceftriaxone," but with different trade names and a price of 27,851 soums. "Ceftriaxone" 1 g, "Navbahor savdo" LLC, a wholesale intermediary firm, manufactured by Deco Sintez OJSC of the Russian Federation, registered medicinal products compared to "Vitaxon" 1 g vial, "Jurabek Laboratories", a joint venture, LLC of domestic pharmaceutical manufacturers, used in inpatient treatment for one course of treatment, reduced costs by 92,328 soums.^[55]

The study analyzed theoretical and methodological issues related to the use of drugs for neurosis, related to pharmaco-economic studies.^[56] The pharmacological group of antidepressants of the international name "Sertraline" is a medicinal product with the trade name included in the "Summary information on the sale of medicinal products and medical devices" "Misol", tablets, 50 mg, No. 14, manufacturer IP "Nobel Pharmsanoat", Uzbekistan, supplier of the wholesale pharmacy FP "Farm Zdrav" is sold at a wholesale price of 22,000 soums. The medicinal product of the trade name "Stimuloton" 50 mg, No. 30, manufacturer "Egis Pharmaceuticals PLC", Hungary, suppliers of the wholesale pharmacy LLC "Samarqand Bio Plus", is sold at a wholesale price of 118,877 soums. The difference between the maximum and minimum prices is almost three times greater.^[57]

The Order "On Approval of the List of Essential Medicines" for minors consists of 364 international

nonproprietary names of drugs by dosage form and dosage.

Of these, 8 international nonproprietary names of drugs are included in the pharmacotherapeutic group of psychotropic drugs, 4 international nonproprietary names of drugs for tranquilizers, 2 international nonproprietary names of drugs for antidepressants, and 5 international nonproprietary names of drugs for nootropics included in the "On Approval of the List of Essential Medicines" for minors.^[58]

Consumers of medications used to treat neuroses, based on research results, prices, clinical observations, and prices in the "Summary of Sales of Medicines and Medical Devices," have identified a cost-effective solution for the treatment of neuroses.

Amitriptyline tablets, 25 mg, No. 50, 21,623 soums (Asclepius Company, Zentiva AS, manufactured in Slovakia by Saneca Pharmaceuticals AS, Slovakia) for inpatient treatment of neuroses. Amitriptyline tablets, 25 mg, No. 50, 14,500 soums (wholesale company Malham Service LLC, ATM-Pharm, Uzbekistan) yielded a cost-effectiveness of 7,123 soums.^[59]

Treatment of high blood pressure is a chronic, cost-intensive, and widespread condition. The analysis provides results on the most pressing issues in the healthcare system related to optimizing the timely detection, diagnosis, treatment, and provision of medications for high blood pressure.^[60]

The current pharmaceutical market in Uzbekistan is characterized by a steady growth in product range. Over the past decade, there has been a significant expansion, replenishment, and deepening of the product range for all major drug groups.^[61]

An assessment of the consumption of antihypertensive drugs in the Ukrainian pharmaceutical market over the course of a year. In the overall consumption structure, the share of fiscal combinations of antihypertensive drugs accounts for 25 names.^[62]

The study was a pilot study, but rather long-term, so the sample size was small (n=20). Patients were prescribed drug therapy with amlodipine and atorvastatin (Duplexor or Atoris + Normodipine). The choice of comparator drugs was due to the potential for distortion of the results due to the quality of products from other manufacturers.^[63]

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 1, and all even-numbered patients were assigned to Treatment Group 2.^[64]

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.^[65]

The cost of macitentan was calculated based on the estimated registration price of 170,000 rubles per 10 mg package (No. 28) if the drug were included in the List of Vital Medicines, taking into account value-added tax. The costs of sildenafil and iloprost corresponded to the results of auctions for January–November 2016. When assessing cost-effectiveness, life expectancy and costs were discounted by 3.5% per year.^[66] In the treatment of arterial hypertension in children and adolescents using cost-of-illness analysis, it is noted that conditions characterized by persistently elevated blood pressure, arterial hypertension, occupy a special place among cardiovascular diseases.^[67]

Fundamental research on optimizing blood pressure levels in young adults has been conducted.^[68]

A pharmacoeconomic analysis of arterial hypertension treatment in elderly patients. The study was conducted at Outpatient Clinic No. 8 in Almaty (Kazakhstan).^[69]

Determining the cost of arterial hypertension using the "cost of illness" pharmacoeconomic analysis method. Emphasizing that in the financial and economic market, national healthcare systems sometimes face a shortage of funds, pharmacoeconomic studies are considered one way to address this situation.^[70]

The global pharmaceutical market (including the Republic of Belarus) is continuously expanding, and consequently, new drugs for the treatment of cardiovascular diseases are emerging every year. Understanding which medication is not only highly effective but also more cost-effective when prescribing means providing patients with optimal treatment at minimal cost.^[71]

Evidence-based medicine demonstrates a significant improvement in life expectancy through the use of lipid-lowering medications.^[72]

The results of the study show that the use of fixed-dose combinations leads to a significant additional reduction in blood pressure and increases the number of patients achieving target blood pressure levels. This is also confirmed in the program.^[73]

To compare the clinical and economic effectiveness of antihypertensive therapy with combinations of drugs, an open-label, randomized, short-term comparative clinical trial was conducted. The study included 56 patients with stage 2 hypertension combined with type 2 diabetes mellitus without clinically evident coronary heart disease.^[74]

The study randomized 1,291 middle-aged patients (56 years) with moderate essential hypertension (145 mmHg).^[75]

The pharmacoeconomic effectiveness of telmisartan in patients with hypertension was examined.^[76]

It should be emphasized that active treatment of hypertension is generally one of the most cost-effective interventions used in medical practice.^[77]

The effectiveness of hypertension control is largely determined by the prescribed drug therapy. Approaches to the pharmacological correction of arterial hypertension are studied within the field of pharmacoepidemiology.^[78]

Long-term use of medications aimed at lowering elevated blood pressure and hypercholesterolemia is considered an effective strategy for reducing cardiovascular complications and mortality in both primary and secondary prevention.^[79]

An analysis of sources on the effectiveness of two forms of torasemide (immediate- and extended-release) for arterial hypertension was conducted. Based on this analysis, a clinical economic study design was determined: modeling using a cost-effectiveness analysis method.^[80]

A study was conducted on medications used for a disease.^[81] characterized by high blood pressure.^[82] and their pricing based on the "Summary Information on the Sales of Medicines and Medical Devices." The study identified medications with maximum and minimum prices, with different trade names but the same international nonproprietary name, doses, and forms, which differ in the following ways. Comparative prices in the wholesale pharmacy of the international name "Moxonidine" are 1.4 times, "Carvedilol" 1.5 times, "Amlodipine, bisoprolol" with different forms and doses up to 4 times, "Amlodipine, perindopril", "Amlodipine, perindopril, indapamide" insignificantly, "Amlodipine, valsartan", "Bendazole" up to 1.5 times.^[83]

Tablets "Bicard HB", 5 mg / 5 mg, No. 30, were analyzed in the pharmacoeconomic analysis of drugs used in the treatment of arterial hypertension. Direct costs for the first method of treatment of drugs in the amount of 17,927 soums amounted to 170,000 soums, oblique costs - 2,100,000 soums, a total of 227,000 soums. "Amlipin" in tablets, 5/5 mg, No. 30, - 78,502 pcs. For the initial amount of treatment, direct costs are 230,573 soums, oblique costs - 2,100,000 soums, a total of 2,330,573 soums. The analysis shows savings of 60,573 soums, rational use of the environment is actually updated.^[84]

A comparative analysis of wholesale prices for the international nonproprietary name trimetazidine showed a 1.7-fold difference.^[85]

Methods and techniques for optimizing timely delivery to pharmacies manufacturing, wholesale, and retailing imported substitute drugs are presented.^[86]

In this case, also with identical doses, a significant difference in the set prices was found for 10 drugs. The drug "Zinc Ointment" 10%, 30 g, supplier "Malxam Servis" LLC, domestic, manufactured by Radiks, Private Research and Production Enterprise (Uzbekistan), was priced at 2,090 soums. The drug "Zinc Ointment 10%" 30 g, supplier "Sonata Holding" LLC, manufactured by "Radiks", Private Research and Production Enterprise (Uzbekistan), was priced at 2,530 soums, i.e., the wholesale price difference 440 soums.^[87]

"Benzylpenicillin sodium salt," a vial of powder for the preparation of an injection solution, supplier "MerryMed Farm" LLC, manufacturer "MerryMed Farm" LLC (Uzbekistan), is valued at 1,100 soums, meaning the savings on treatment costs will be 936 soums. If a healthcare facility purchases 10,000 vials, the savings would be 9,360,000 soums, meaning there would be one pharmacoeconomic criterion under which the price of medications is considered affordable for consumers.^[88]

The dynamics of drug production revealed that for both types of medications, euphyllin and astil, the life cycle is in a declining phase.

A life cycle analysis of astil was conducted based on a study of periodic fluctuations in production and sales volumes in the pharmaceutical market.

An analysis of the life cycles of euphyllin and astil revealed that the drugs euphyllin and astil have completed the maturity and saturation phases and are entering a decline phase with a decline in sales and demand since 2002.^[89]

A life cycle analysis of the domestic drugs euphyllin and astil was conducted based on a study of periodic fluctuations in production and sales volumes in the pharmaceutical market.^[90]

The first study in the field of health economics was conducted by W. Petti, who estimated the value of a human life at 60-90 British pounds sterling. In the 19th century, W. Farr calculated the economic benefits of medical care provided to workers during epidemics based on an analysis of losses associated with underproduction and lack of wages during illness.^[91]

Overstating the capabilities of economic analysis methods in health care is a magic formula that relieves decision makers of reflection, responsibility, or risk, although 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 drugs on the pharmaceutical market, those with the highest efficacy, fewest side effects, and lowest cost.^[92] Numerous scientific conferences and symposia are held in the healthcare system, dedicated to streamlining drug provision for various diseases.^[93]

Currently, one of the main methods for optimizing drug provision is clinical efficacy, taking into account the principles of evidence-based pharmacotherapy, based on the results of randomized clinical trials characterized by a high degree of reliability.^[93]

The goal of brand promotion is to create a monopoly in a given market segment. A world-famous trademark, surrounded by a set of expectations associated with a product or service, typically arises in people.

According to the analysis, due to the annual growth of branded generic drugs on the pharmaceutical market, a thorough study of their effectiveness and affordability is necessary for their further implementation in the domestic pharmaceutical industry.^[94]

The global economic crisis is significantly affecting the economies of many countries. Under these conditions, it is necessary to maximally provide medicines and medical devices for socially significant diseases. The state is undertaking a number of measures, which in turn has led to a 241.6% increase in the volume of drug production by local enterprises over the past 10 years.^[95]

The main task now is to develop a regional strategy for ensuring the availability of medicines for the population and health care institutions.^[96]

Globally, pharmacoeconomic analysis of rheumatic and rheumatic heart diseases, drugs used in the treatment of rheumatic and rheumatic diseases.^[97] In analyzing 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 were theoretically analyzed.^[98]

Domestic pharmaceutical plants should widely produce benzylpenicillin, benzathine, and benzylpenicillin, based on their effectiveness and price.^[99]

To improve drug consumption and consumer satisfaction, methods have been proposed to enhance their purchasing options.^[100]

An analysis of the theoretical aspects of drug market research revealed that in recent years, pharmaceutical researchers have focused their attention on modernizing existing and developing new methods and approaches to

pharmaceutical marketing research and determining drug demand.^[101]

In this context, ABC and VEN analysis are of great importance, as they can improve the proper organization of drug supply. Pharmacoepidemiological studies based on primary statistical data on disease incidence enable targeted drug distribution.

The strategic goal of optimizing drug supply and the main priority of state policy should be guaranteed drug supply to the population and healthcare facilities, including patients with allergic rhinitis, bronchial asthma, and chronic obstructive pulmonary disease.

To improve the provision of medicines and medical devices to the population and healthcare facilities, given the limited financial resources allocated by the state budget, it is necessary to effectively utilize existing resources, which, in turn, will make medicines accessible.

Over the past decades, mortality and hospital mortality rates from burn injuries in Uzbekistan have remained among the highest, which may be due to a combination of factors, including socioeconomic and organizational ones. Combination therapy with Succinazol in patients with severe burns during the acute phase of burn disease leads to a significant reduction in hypoxia and endogenous intoxication, which is 1.3 times faster than in controls. Succinazol's use in patients with severe burns demonstrated high clinical efficacy, resulting in a 1.3-fold reduction in the incidence of septic complications, a shorter stay in the anesthesiology and intensive care unit, and a reduced mortality rate compared to controls and Group III.

Succinazol effectively restores circulating blood volume, corrects metabolic acidosis, and increases the body's energy potential by 1.2 times.^[102] To more effectively and efficiently supply healthcare facilities with medications, the Ministry of Health publishes a "List of Essential Medicines" every two years, with amendments and additions. This list contains comprehensive information on the pharmacological group of internationally recognized medicinal products, their forms of release, and dosages.

In the future, the "List of Essential Medicines" in Uzbekistan could be expanded to include up to 500 medicinal products produced by domestic and foreign pharmaceutical companies, and the range of herbal medicinal products could be expanded.^[103]

An analysis of the sedative market revealed that herbal sedatives are represented in the Uzbek pharmaceutical market in dosage forms such as tinctures, medicinal plant materials, tablets, syrups, katis, and capsules. A comparative analysis of the prices of these medicinal products indicates that the production of a 25 ml liquid

extract of "Flegmen" at a price of 2,200 soums per package would be in demand in the Uzbek pharmaceutical market.^[104]

According to statistics on stroke incidence in Uzbekistan, it accounts for approximately half of the country's population per 100,000 people. It states that in 2016, the number of stroke victims was 7,600 people, including children and adolescents. In 2017, the stroke incidence was 6.9 cases per 100,000 population, and in 2018, it was 11.4 cases per 100,000 population. In 2019, the fire area will be 10.3 hectares, and in 2020, 10.6.^[105]

In our analysis of sedatives, we used data from the Department of Neurology of the Second Clinic of the Tashkent Medical Academy and the State Register of Medicines and Medical Devices No. 23 of 2019. The results of the marketing research of sedative drugs were determined as follows: a comparative analysis of indicators for companies working with sedative drugs was conducted, and an index of assortment indicators was determined.^[106]

The spread of counterfeit drugs 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 drugs are produced within Russia, 2% from CIS countries, and 31% mainly originate from Southeast Asian countries. Others suggest that approximately 60% of counterfeit drugs are produced domestically, and the remaining 40% are imported. Some opinions claim that approximately 50% of counterfeit drugs are of Russian origin, and the other half comes to Russia from CIS countries, India, Bulgaria, China, Poland, and even the United States.^[107]

Standards for the treatment of epilepsy are in effect in medical and preventive institutions of the Republic of Uzbekistan. They recommend pharmacological groups of drugs used to treat these diseases, including: Anticonvulsants; Tranquilizers; Sleep-inducing medications; Psychostimulants; Vitamins B, C, P, and their analogs; Nootropics; Sedatives and Antidepressants.^[108]

These marketing and pharmaco-economic studies of common diseases used in the treatment of drugs indicate that in the future, medical institutions should first and foremost acquire the necessary medications for treatment purposes.

CONCLUSION

An analysis of domestic and foreign literature allows us to characterize the theoretical aspects of studying the pharmaceutical market for drugs used in the treatment of common conditions such as urinary tract infections, tuberculosis, and ophthalmological diseases, as well as allergic rhinitis, hay fever, bronchial asthma, pneumonia, chronic obstructive pulmonary disease, respiratory

diseases, injuries, poisonings, external influences, oncology, breast cancer, lung cancer, leukemia, sinusitis, neuroses, epilepsy characterized by high blood pressure, stroke, rheumatic diseases, rheumatic heart disease, and cardiovascular diseases.

A systematic literature review of marketing and pharmacoeconomic research suggests the need for new methods and approaches to pharmaceutical research, addressing price, efficacy, and patient needs for drugs in the treatment of common conditions.

It has been established that the use of medicinal products for treatment is a complex, multifactorial process, characterized primarily by the presence of disease and the factors of prescription, drug supply, comparative pricing, efficacy, and availability.

Marketing and pharmacoeconomic research play a significant role in the legal circulation of the studied group of medicinal products for common diseases, as pharmaceutical manufacturers are not uniformly aligned. Different pharmaceutical manufacturers and companies must make decisions primarily based on consumer demand and efficacy. Other properties of the studied group of medicinal products used in the treatment of common diseases must also be considered.

A comprehensive program should be developed in advance to study the treatment of common diseases using medicinal products from pharmacotherapeutic groups, and research conducted in this area should be conducted. Marketing and pharmacoeconomic research should also be conducted on such subsystems as morbidity, the dynamics and structure of medicinal product consumption, demand, efficacy, demand satisfaction, the relationship with various factors, the identification of trends and patterns in consumption, and scientific forecasting of demand. The potential of marketing and pharmacoeconomic research methods for common diseases in healthcare decision-making has been identified for improving the quality and effectiveness of medications and the validity of decision-making.

Pharmacoeconomic research methods are widely used for common diseases. 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 an affordable price from among the numerous and widely used medications.

Numerous scientific marketing and pharmacoeconomic studies, including conferences and symposia devoted to streamlining drug supply for specific diseases, are conducted in the healthcare system. However, these studies primarily address only specific issues—marketing and pharmacoeconomic studies of a single disease or case. Therefore, the relevance of scientific research aimed at a comprehensive assessment of the

results of marketing and pharmacoeconomic studies regarding the provision of the most effective and affordable medications, both for the entire region and for individualized approaches in each specific case, should be emphasized. Based on the political programs of the Republic of Uzbekistan, the customs and traditions of our people, national values and mentality, the above-mentioned marketing and pharmacoeconomic research methods can be supplemented, modified, and improved.

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