COST EFFECTIVENESS OF THE PHARMACOLOGIC TREATMENT OF IRRITABLE BOWEL SYNDROME AT THE SOCIAL SECURITY MEXICAN INSTITUTE

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OBJECTIVES: Irritable Bowel Syndrome (IBS) is a chronic and relapsing sickness of high social impact on society and patients’ life quality. The purpose of this study is to estimate the cost-effectiveness of treatment with oxitremorone (OB) compared with pinaverium bromide (PB) and hyoscyamine butyrate (HB) in the treatment of abdominal pain in patients with IBS from an institutional perspective. METHODS: cost-effectiveness analysis was developed using a Markov modeling approach. The model simulates cost and effectiveness outcomes in a 6 month period for treatment of IBS with OB (40mg every 8 hrs); PB (10-20mg every 8 hrs); and HB (50mg every 8 hrs). Three health conditions were considered (“somatic control”, “continuing symptom control” and “relapse” episodes) and a 7-day cycles. Effectiveness measures: clinic success rate and symptomless time. The probabilities of transition were estimated from international random clinical trials. Costs and resource use were collected from hospital records related to patients with IBS at IMSM in 2010 (n=190). The probabilistic sensitivity analysis was obtained through a second-order Monte Carlo simulation. RESULTS: The greatest effectiveness of clinic improvement was shown by patients treated with OB (76%) followed by those of PB (72%) and HB (66%). The greatest effectiveness in symptomless conditions was shown by OB (18%) followed PB (17%) and HB (15%) weeks. Thus, mean cost per patient were lower with OB US$59.22 followed by PB US$198.74 and HB US$562.71. Regarding the ICER, OB resulted the dominant therapy. Acceptability curves showed OB as the most cost-effective therapy in 100% independently of IMSS willingness to pay. CONCLUSIONS: In Mexico, OB represents the best cost-effective alternative since it offers greater control and potentially decrease the costs associated with hospitalization, ER visits, and outpatient/ancillary costs ($4,289 vs. $2,168), and office visits ($2,280 vs. $1,420); all cost difference were hospitalizations ($6,554 vs. $1,374), ER visits ($1,022 vs. $120), and DD patients than controls ($16,933 vs. $7,028; 2.3) higher, respectively, than in controls; all utilities were 8-fold (Incidence Rate Ratio [IRR] 0.14 ± 0.37) higher, respectively, than in controls; all

RESOURCE UTILIZATION AND HEALTH CARE COSTS ASSOCIATED WITH DIVERTICULAR DISEASE: RESULTS FROM A RETROSPECTIVE CLAIMS DATABASE ANALYSIS IN THE UNITED STATES

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OBJECTIVES: To compare all-cause resource utilization and health care costs between patients with diverticular disease (DD) and matched controls. METHODS: Medical and pharmacy claims data from the Ingenix IMPACT Managed Care database were analyzed (2005-2008). 40 health plans, all geographic regions within the US represented. Patients with DD were defined as those with primary diagnosis of colonic diverticulitis (≥1 claim) followed by acute antibiotic treatment within 3 days of admission (n=6,636), first diverticulitis claim defined study index date. Controls from the same database were matched 2:1 based on age, gender, and plan enrollment dates (n=73,272), the index date was the date of their respective match from the DD group. Study eligibility required plan enrollment for ≥6 months pre-index and ≥12 months post-index. Outcomes were evaluated over 12 months post-index. Outcomes were the number of follow-up visits, hospitalizations, outpatient visits, and use of depression, anxiety, and mental health services. RESULTS: Controls and DD patients were matched 2:1 based on age, gender, and plan enrollment dates (n=73,272), the index date was the date of their respective match from the DD group. Study eligibility required plan enrollment for ≥6 months pre-index and ≥12 months post-index. Outcomes were evaluated over 12 months post-index. Outcomes were the number of follow-up visits, hospitalizations, outpatient visits, and use of depression, anxiety, and mental health services. Costs were adjusted to 2009 dollars. RESULTS: Rates of resource utilization and health care costs were significantly higher for DD patients than for controls: hospitalization, ER visits, and office visits respectively were 4.4-fold (IRR 2.49 ± 0.14 (99%)), and 0.65 ± 0.29 (92%), respectively. The former two utilities were significantly associated with employment status whilst TTO were significantly associated with employment status whilst TTO were significantly associated with employment status.

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FEASIBILITY OF ASSESSING UTILITY BY EQ-5D AND TIME-TRADE-OFF METHODS IN TAIWANESE CHRONIC HEPATITIS B PATIENTS

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OBJECTIVES: To extend the extent of difference regarding quality of life (QOL) associated with disease severity in chronic hepatitis B virus infection (CHB) has rarely been investigated. The aim of the study was to explore the adaptation and appropriateness of different utility measures of QOL in Taiwanese CHB patients. METHODS: Consecutive adult CHB patients who visited liver clinics at a medical center and a regional hospital from July to December 2010 were invited for interviews. Time-trade-off (TTO), Euroqol group measurement (EQ-5D) questionnaires and 100-mm visual analog scale (EQ-5D VAS) were used to measure participants’ utility. The EQ-5D assessment was transferred into EQ-5D index by using Taiwanese preference weight. Multivariate analysis was used to evaluate the association between patients’ demographic (age, marriage, and employment status), Charlson comorbidity index, and their health-related quality of life (HRQoL). RESULTS: A total of 120 patients (mean age 48.02±11.04 years, 85% male) were recruited, including 20 patients of cirrhosis and 14 patients of hepatocellular carcinoma. The mean utility and measurement success rates for EQ-5D index, EQ-5D VAS, and TTO were 0.83 ± 0.12, 0.74 ± 0.16, and 0.74 ± 0.16, respectively. The former two utilities were significantly associated with employment status whilst TTO were significantly associated with employment status. There was no difference in utility of EQ-5D VAS, EQ-5D index and TTO between CHB patients (p=0.91±0.13, 0.77±0.14, 0.65±0.28), CHB patients concomitant with cirrhosis (p=0.86 ± 0.16, 0.72 ± 0.23, 0.69 ± 0.32) and CHB patients concomitant hepatocellular carcinoma (p=0.85 ± 0.14, 0.70 ± 0.20, 0.58 ± 0.27). CONCLUSIONS: EQ-5D questionnaire and EQ-5D VAS are feasible QOL measurement in Taiwanese CHB patients. Since Taiwanese preference weight for transferring EQ-5D assessment into EQ-5D index has not been established, further large-scale study is needed to cross validate this measurement and explore the differences of QOL in terms of disease severity.

H. HEPATITIS-B PATIENT SYMPTOM REPORTS: ANALYSIS OF EXPLORATORY OPEN-ENDED QUESTIONS

PGI17

HCV TREATMENT CONTINUATION RATES IN GENOTYPE 1 PATIENTS IN A REAL-WORLD SETTING IN THE UNITED STATES

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OBJECTIVES: Conventional antiviral therapy of treatment-naïve genotype 1 hepatitis C virus (HCV)-infected patients consists of 48 weeks of pegylated interferon and ribavirin combination. The purpose of this study was to do real-life continuous antiviral therapy treatment among HCV-infected, non-cirrhotic, patients with chronic HCV infection (HCV-5 HCV-6, 51 patients) were included. Only genotype 1 patients with one year retrospective (pre-index) and prospective (post-index) available data without HCV treatment in the retrospective year were included. Therapy discontinuation was defined as an observed refill gap of at least 56 days between two subsequent prescriptions. Time to discontinuation was analyzed using Kaplan-Meier and Cox proportional hazards regression. RESULTS: Of all patients with reported genotype, 82% (N=332) were genotype 1 patients. 95.2% initiated a combination of peginterferon and ribavirin. Mean time on treatment was 261 days. 7.2% of all patients only had one prescription without refill. For patients with at least one refill prescription, the hazard of treatment discontinuation was constant over time. By week 24, 25.6% (95% CI 21.3-30.7) had discontinued treatment, while 49.4% (43.9-54.6) of patients completed 48 weeks of therapy. Treatment discontinuations were not associated with age, gender or comorbidity. CONCLUSIONS: While a 48-week therapy for treatment-naïve genotype 1 patients is recommended with current standard of care to obtain sustained viral response (SVR), we observed that in daily clinical practice a 50.6% of the patients discontinued therapy earlier. Low treatment continuation rates in real life may result in lower SVR rates compared with what is observed in clinical trial settings. Treatment completion rates may be higher with therapies allowing shortened treatment duration.