Abstracts

PSY20 COMPARISON OF DOSING PROFILES BETWEEN DULOXETINE AND PREGABALIN INITIATORS AMONG ELDERLY PATIENTS WITH FIBROMYALGIA
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OBJECTIVES: To assess dosing differences between duloxetine and pregabalin initiators among elderly patients with fibromyalgia. METHODS: Using a large US administrative claims database, we examined fibromyalgia patients aged 65 and above with Medicare supplemental insurance who initiated duloxetine or pregabalin in 2006. Initiation was defined as no duloxetine or pregabalin pill coverage in the previous 90 days. Dosing profiles were defined as the first initiation date. Duloxetine and pregabalin cohorts were constructed based on the index agent. All individuals selected had continuous enrollment in the 12 months pre- and post-index periods and at least 31 duloxetine or pregabalin supply days in the 12 months post-index period. Duloxetine initiators with diabetic peripheral neuropathy pain (DPNP) or depression, and pregabalin initiators with DPNP, post-herpetic neuralgia or epilypsy diagnosis in the 12-month pre-index period were excluded. Average initial daily dose, annual average daily dose, average daily dose of the first 12 prescriptions of duloxetine or pregabalin, and percent of daily dose change from previous prescription were compared between cohorts. RESULTS: Patients in the duloxetine (n = 624) or pregabalin (n = 1,199) cohorts had a mean age of 74 years. The average initial daily dose was 51.34 mg for duloxetine and 145.71 mg for pregabalin, respectively. Duloxetine patients had an average annual daily dose of 50.81 mg, while 162.82 mg for pregabalin patients. The average daily dose decreased through the twelfth duloxetine prescription (49.49–53.96 mg), while the range for pregabalin was between 145.71 mg and 216.96 mg. The percentage of changes in daily dose from previous prescriptions were −4.3–2.8% for duloxetine and 0.6–12.4% for pregabalin, respectively. CONCLUSIONS: Duloxetine initiators had relatively stable average daily dose over time, while pregabalin initiators had clear dose escalation over the 12-month follow-up period.

PSY21 PROJECTING THE ECONOMIC OUTCOMES OF OBESITY USING A NATURAL HISTORY MODEL
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OBJECTIVES: To project the economic outcomes of obesity using a natural history model. METHODS: Using a large US administrative claims database, we examined fibromyalgia patients aged 65 and above with Medicare supplemental insurance who initiated duloxetine or pregabalin in 2006. Initiation was defined as no duloxetine or pregabalin pill coverage in the previous 90 days. The cohorts had a mean age of 74 years. The average initial daily dose was 51.34 mg for duloxetine and 145.71 mg for pregabalin, respectively. Duloxetine patients had an average annual daily dose of 50.81 mg, while 162.82 mg for pregabalin patients. The average daily dose decreased through the twelfth duloxetine prescription (49.49–53.96 mg), while the range for pregabalin was between 145.71 mg and 216.96 mg. The percentages of changes in daily dose from previous prescriptions were −4.3–2.8% for duloxetine and 0.6–12.4% for pregabalin, respectively. CONCLUSIONS: Duloxetine initiators had relatively stable average daily dose over time, while pregabalin initiators had clear dose escalation over the 12-month follow-up period.

PSY22 COST-EFFECTIVENESS OF HAEMATE P® PROPHYLACTIC TREATMENT FOR BLEEDING EVENTS IN PATIENTS WITH SEVERE VON WILLEBRAND DISEASE
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OBJECTIVES: Patients with severe von Willebrand disease (VWD) are deficient in von Willebrand factor (VWF). These deficiencies can result in painful and sometimes fatal bleeding. The purpose of this study is to develop an economic model for the evaluation of cost-effectiveness ratios between Haemate P® and other plasma-derived FVIII/VWF concentrates in the treatment of von Willebrand disease at the Mexican Institute of Social Security (IMSS). METHODS: A cost-effectiveness analysis was developed using a Bayesian decision-tree model. The model simulates costs and effectiveness outcomes in a period of 20 days. The comparators were Haemate P® (loading dose 40–60 kg/m2 and maintenance dose 40–60 U/kg every 8–24 h) and plasma-derived FVIII/VWF (dose 20–50 U/kg every 8–24 h). Use of resources and cost data were obtained from expert consensus with hematologist of IMSS. Effectiveness measures were the percentage of avoided bleeding, Effectiveness data and transition probabilities were taken from international pharmacoeconomic guidelines. One-way and probabilistic sensitivity analyses were performed using one-second Monte Carlo simulation approach. RESULTS: The estimates show that patients who receive Haemate P® prevents might bleeding events in 97% of cases and plasma-derived FVIII/VWF only in the 82%–50% of cases. A cost per patient treated with Haemate P® ($US4932) was lower than with plasma-derived FVIII/VWF ($US5,010). Based on ICER’s Haemate P® resulted as the dominant strategy. Acceptability curves showed Haemate P® most cost-effective strategy in a range of 15% of IMSS willingness to pay. The results show that in Mexico, Haemate P® is the most cost-effective in the prophylaxis of bleeding in patients with VWD at IMSS. These results should be taken into account by Mexican decision makers for the management of this disease.