Prior surveillance has shown that higher rates of morbidity and mortality related to asthma occur among African-Americans compared to other ethnic groups. OBJECTIVE: To assess utilization and costs for medical services and prescription medications among African-American patients with asthma whom does Medicaid cover. METHODS: Medical services claims with a primary diagnosis code for asthma (ICD-9 CM 493) during calendar year 2002 for recipients of African-American ethnicity were extracted from a state Medicaid claims database. Asthma-related prescription claims were extracted using unique and anonymous recipient codes obtained from the medical claims. Claims for recipients aged 65 years and older were excluded. Cost data were from the perspective of Medicaid. RESULTS: There were 654 African-American recipients identified with asthma. Among these, the highest rates for asthma occurred among males under 21 years (43 per 1000) and females over 20 years (38 per 1000). Medicaid paid over $570,000 for asthma-related health care services for African-American recipients. Mean costs per visit were $3409 for hospitalizations, $159 for emergency department (ED) visits, and $102 for outpatient visits. Compared to females, males had a higher rate of inpatient admissions (32 per 10,000), ED visits (170 per 10,000), and outpatient visits (68 per 1000) for asthma. Compared to children, adults over 20 years had a higher rate of inpatient admissions (30 per 10,000), ED visits (150 per 10,000), and outpatient visits (68 per 1000) for asthma. The total cost for prescription medications equaled approximately $256,000, at an average cost of $49 per prescription. Of the prescription claims for asthma-related medications, about 60% were for quick-relief medications and 40% were for maintenance drugs. Among claims for maintenance drugs, most were for leukotriene inhibitors. CONCLUSIONS: Males utilized medical services more frequently than females, as did adults compared to children. Quick-relief medications accounted for most of the prescription claims.

PAA10 BUDGET IMPACT ANALYSIS: COMBINATION FLUTICASONE AND SALMETEROL FOR ASTHMA

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OBJECTIVES: The objective of this study was to estimate the budget and health impact of increasing use of combination fluticasone propionate and salmeterol (FS) in a managed care formulary by adults with mild to moderate persistent asthma. METHODS: An EXCEL-based model was developed to estimate the impact of increasing use of FS in the mix of treatments used for persistent asthma including fluticasone propionate (FP), salmeterol (SAL), other inhaled corticosteroids (ICS), leukotriene modifiers (LTM), other combination therapies, and short-acting beta-agonists (SABA). The analysis was conducted from a health plan’s perspective. Efficacy, adverse events, epidemiology, compliance, and cost data were obtained from published estimates including randomized controlled trials. The health plan was assumed to have 1,000,000 members. Treatment mix for asthma was based on market research data. An exponential relationship between compliance and efficacy was assumed for compliance rates above thirty percent. RESULTS: A total of 29,050 persons were estimated to seek treatment for persistent asthma in the health plan. Model results comparing an FS market share of 25% to one of 30% in the health plan show total asthma treatment cost increases of $0.03/per member (all enrollees) per month (PMPM) and $0.96/per asthmatic patient per month. The budget impacts were accompanied by an annual increase of 56,555 rescue-free days and reduction of 155 exacerbations. Results are sensitive to changes in drug costs, drugs used before FS, compliance with asthma drugs, and the relationship between compliance and efficacy with PMPM changes ranging from a saving of $0.01/PMPM to an increase of $0.06/PMPM for feasible alternative scenarios. CONCLUSION: An increase in market share of FS will have a small impact on the overall budget of a health plan in our base case and feasible alternative scenarios. This budget increase will be accompanied by reductions in exacerbations and other disease symptoms.