THE EFFECTS OF NICE APPRAISALS ON PRESCRIBING AND COST-SHARING BEHAVIOR IN THE US

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OBJECTIVES: As US health care increasingly looks towards proven clinical effectiveness for reimbursement decisions, we hypothesized that HTAs published by NICE would influence drug prescribing and patient cost-sharing expenditures in the US according to the nature of the published guidance. The primary objective was to determine whether trends in prescription volume (TRX) and the proportion of drug costs paid out-of-pocket (%OPC) of 10 drugs appraised by 7 HTAs since 2007. METHODS: Seven NICE HTAs since 2007, evaluating a total of 10 drugs, were analyzed. These drugs were frequently encouragd for fenitabulization (tenofovir, donepezil, galantamine, rivastigmine), two were approved for restricted populations (nicacalcet, naltrexone) and the use of two of the drugs was restricted for all populations (telbusvudine, memantine). TRX, and OPC as a percent of average retail price were collected quarterly for the same duration pre- and post-HTA until April 2010 using SDI's VONA and VOPA databases. Statistical analyses were performed using one-way ANOVA; statistically significant results had P < 0.05. RESULTS: Comparing the periods before and after HTA publication, three drugs with positive guidance showed significant increases in prescription volume (P < 0.01). However, two drugs with advised use for restricted populations, and one with a negative guidance also showed significant increases. Interestingly, two drugs with positive guidance showed significant decreases in TRX. Only entecavir showed a significant decrease in %OPC, while all others failed to show a significant difference from VONA. RESULTS: NICE HTAs decisions appear to be associated with mixed effects on prescription utilization and expenditures in the US. Though prescribing behavior was changed in the periods analyzed, further research is warranted to determine the true nature of that change. With increased cost-sharing in the health care environment in the US, it will be interesting to monitor the forces that might precipitate changes in OPC, whether related to HTA publications or not.

THE COMMERCIAL EFFECTS OF REFORMULATIONS OF EXISTING DRUGS

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OBJECTIVES: Given the high cost of creating a complete NME, it is not surprising that sixty percent of NDA submitted to the FDA during the 1990s were for drugs based on an existing molecule (FDA, 2004). These products generally use three strategies for life cycle management (LCM): chemical reformulation, new drug combinations, and delivery reformulation. The primary objective was to determine the impact of the published guidance. The primary objective was to determine whether trends in prescription volume (TRX) and the proportion of drug costs paid out-of-pocket (%OPC) of 10 drugs appraised by 7 HTAs since 2007. METHODS: Seven NICE HTAs since 2007, evaluating a total of 10 drugs, were analyzed. These drugs were frequently encouraged for fenitabulization (tenofovir, donepezil, galantamine, rivastigmine), two were approved for restricted populations (nicacalcet, naltrexone) and the use of two of the drugs was restricted for all populations (telbusvudine, memantine). TRX, and OPC as a percent of average retail price were collected quarterly for the same duration pre- and post-HTA until April 2010 using SDI's VONA and VOPA databases. Statistical analyses were performed using one-way ANOVA; statistically significant results had P < 0.05. RESULTS: Comparing the periods before and after HTA publication, three drugs with positive guidance showed significant increases in prescription volume (P < 0.01). However, two drugs with advised use for restricted populations, and one with a negative guidance also showed significant increases. Interestingly, two drugs with positive guidance showed significant decreases in TRX. Only entecavir showed a significant decrease in %OPC, while all others failed to show a significant difference from VONA. RESULTS: NICE HTAs decisions appear to be associated with mixed effects on prescription utilization and expenditures in the US. Though prescribing behavior was changed in the periods analyzed, further research is warranted to determine the true nature of that change. With increased cost-sharing in the health care environment in the US, it will be interesting to monitor the forces that might precipitate changes in OPC, whether related to HTA publications or not.

VANCOMYCIN UTILIZATION EVALUATION IN A TEACHING HOSPITAL BETWEEN FEBRUARY 2007 AND MAY 2008 IN IRAN

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OBJECTIVES: Increasing antimicrobial resistance is now a major problem in the world. Especially wide spectrum antibiotics resistance germs like vancomycin-resistant enterococci (VRE) should be dealt as soon as possible as an emergency conflict. Our study tries to reveal the amount of inappropriate use of vancomycin in a teaching hospital. METHODS: The study was conducted in a university hospital between February 2007 and May 2008. The hospital has 15 specialty and 5 subspecialty wards. A comprehensive questionnaire was designed. We random selected inpatients who received vancomycin. RESULTS: Forty four out of 45 patients had inappropriate indication and dose of vancomycin (97.7%). The most usage of vancomycin was recorded in hematology—oncology ward (71.11%) and then Intensive Care Unit (81.6%). Leukemia’s including Acute Myelogenous Leukemia (AML) and Acute Lymphoblastic Leukemia (ALL) were the most common reason of admission among patients. Cultures were negative (8.88%) despite great clinical evidence of infection. CONCLUSIONS: Vancomycin inappropriate use was high compared to other countries and it could be concerned as an area for improve educational and regulatory strategies by health policy makers to deal. However more detailed researches are needed to reveal other aspects of this problem. Implementation of antibiotic protocols and standard treatment guidelines are recommended.

RATIONING IN PRACTICE – EQUITY IN WAITING TIMES FOR ELECTIVE SURGERY IN SWEDEN

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OBJECTIVES: Health care can be rationed by various mechanisms. In publicly funded health care the rationing is often done implicitly rather than explicitly. One of the main criteria is the expected effectiveness of the intervention. If the expected benefit is lower compared with what is available in other areas, the intervention will not be rationed. The objective of this study was to explore the association between patients’ socioeconomic status, ethnic background and waiting time within non-acute surgical specialties. METHODS: Days on waiting list was used as dependant variable in a multiple regression model. This data was collected from the county council of Östergötland in Sweden (N = 4634). Data on disposable income, ethnicity and workforce activity were retrieved from national registers. RESULTS: Examining disposable income as a potential predictor, we found that lower disposable income was significantly associated with longer waiting time in orthopedics (P = 0.05) and general surgery (P = 0.01). In orthopedics, the lowest income group waited on average 28% longer than the highest income group. Examining ethnicity as a potential predictor, the only significant association found was in gynecology where patients with foreign origins surprisingly waited on average 40% shorter than patients with Swedish origin. For workforce activity, we found that patients excluded from the workforce were significantly associated with longer wait in ophthalmology. CONCLUSIONS: Our results reveal important inequalities in access within several non-acute surgical specialties. However, the mere association between socioeconomic factors and inequalities in waiting times cannot alone support judgements about inequity. Hence, there is both a descriptive and normative question that needs to be assessed when investigating the reasonableness of rationing by waiting time.

PATIENT ACCESS TO INNOVATIVE MEDICINES IN HUNGARY

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OBJECTIVES: Patient access to innovative medicines has critical importance from the societal perspective, pharmaceutical innovation contributes to increase in health capital. Delay in the pricing and reimbursement process limits the access of patients to generic products still enjoy sustained utilization. However, the premium for combination products that may increase patient adherence has not deterred utilization according to the present findings.