PSY47

BURDEN OF DISEASE IN PATIENTS WITH DIAGNOSED PSORIASIS IN BRAZIL: RESULTS FROM 2011 NATIONAL HEALTH AND WELLNESS SURVEY (NHWS)

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OBJECTIVES: Currently in Brazil’s public healthcare, patients with psoriasis who fail the available treatment options (phototherapy, methotrexate, acitretin and cyclosporin) due to any cause, are experiencing a medical unmet need. This study is aimed to assess the burden of disease, quality of life (Qol), and activity impairment of patients with psoriasis (PdwP) in Brazil. METHODS: A total of 12,000 individuals’ age 18+ self-reported data were collected from 2011 National Health and Wellness Survey (NHWS) in Brazil; a cross-sectional representative sample of the adult population. Qol was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12). WPL was measured by the validated Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by medical care provider utilization, emergency room visits and hospitalization in the past 6 months. RESULTS: Of the 12,000 respondents, 20% (13%) were patients diagnosed with psoriasis (PdwP) (53.0% women). Mean age was 40.2. Higher percentage of co-morbidities was found among PdwP compared to patients not diagnosed with psoriasis (PndP); headache (71% vs. 54%), sleep difficulties (50% vs. 24%), anxiety (50% vs. 33%), insomnia (46% vs. 22%), pain (42% vs. 23%), skin allergies (40% vs. 17%), migraines (40% vs. 20%), Heartburn (38% vs. 28%) fever (37% vs. 15%), nasal allergies (33% vs. 21%), depression (33% vs. 16%), rhinitis (32% vs. 11%), high blood pressure (29% vs. 16%), gingivitis (22% vs. 6%), nail fungus (20% vs. 7%), dry eye (20% vs. 5%), anemia (19% vs. 6%), diabetes type 1 or 2 (19% vs. 4%). PdwP had a lower mean PCS (45.8 vs. 49.7) and MCS (42.3 vs. 47.0), more visiting health practitioners (87.0% vs. 78.9%) over the past 6 months compared to the PndP group. CONCLUSIONS: From Brazilian NHWS results, PdwP suffers from impairment in Qol, WPL, and more co-morbidities.

SYSTEMIC DISORDERS/CONDITIONS – Health Care Use & Policy Studies

PSY48

SMOKING CESSATION MEDICATION USE AMONG ADULT SMOKERS WITH VARIOUS BODY WEIGHT LEVELS – AN NHANES STUDY

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OBJECTIVE: To examine differences in cessation medication prescribing among smokers using the National Health and Nutrition Examination Survey (NHANES) data. METHODS: A retrospective cross-sectional study was conducted using the NHANES data from 1999 to 2008. The study included adults aged ≥18 years who self-reported currently using tobacco. The outcome variable was receiving a cessation medication (Bupropion or Varenicline) vs. not. The independent variables included body mass index (BMI), gender, age, race, education, marital status, family income, insurance type, poverty income ratio (PIR), and health status. Multivariate logistic regression analyses were conducted to assess the association between the main independent variable (BMI) as well as socio-demographic and general health status characteristics with the outcome variable. RESULTS: A total of 7743 adult smokers were included. Among normal weight smokers, 2.74% were prescribed cessation medication, while 1.57% and 2.54% among overweight and obese smokers were prescribed cessation medication, respectively. Logistic regression results showed that smokers who were overweight were less likely to be prescribed cessation medications than those with normal weight (OR: 0.441, 95% CI 0.212-0.915). Male smokers, white race, having government insurance, college degree or above, PIR above average, were significant factors of receiving a cessation medication. CONCLUSIONS: The study documented a lower rate of smoking cessation medication use among overweight smokers compared to normal weight smokers. Whether this finding is related to physician or patient preferences remains uncertain. Future studies should investigate the reasons for this discrepancy and develop effective interventions to aid overweight smokers in quitting.

PSY50

SMOKING CESSATION MEDICATION UTILIZATION PATTERN AMONG ADULT SMOKERS WITH DIFFERENT BODY WEIGHT LEVELS – A NAMCS STUDY

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OBJECTIVE: To examine differences in cessation medication prescribing among smokers with different body weight levels using the National Ambulatory Medical Care Survey (NAMCS) data. METHODS: A retrospective cross-sectional study was conducted using the NAMCS data from 2005 to 2008. The study included visits with smokers aged ≥18 and self-reported current tobacco use. The outcome variable was being prescribed a cessation medication (Bupropion or Varenicline) vs. not. The independent variables included body mass index (BMI), gender, age, race, education, insurance type, tobacco counseling, and health status. BMI splines were used to describe different body levels. The knots of the BMI spline included normal, overweight, obesity class I, II and III. Multivariate logistic regression analyses were conducted to assess the association between the main independent variable (BMI) as BMI splines in one model and a categorical variable in another model, as well as socio-demographic and general health status characteristics with the outcome variable. RESULTS: A total of 11,829 adult smoker visits were included. Among normal weight visits, 6.28% had cessation medication prescriptions, while 7.40% and 3.89% among overweight and obese visits respectively had prescriptions. Logistic regression showed that overweight (OR: 0.589, 95% CI: 0.351 - 0.987) and...
obese class III (OR: 0.399, 95% CI: 0.228 – 0.698) were less likely to be prescribed. Logistic regression analysis with natural logarithm of weight spline had a significant decrease in the interval of overweight (OR: 0.853, 95% CI: 0.729-0.999). Male smokers, aged ≤ 65 years, white race, having private insurance, having depression, cardiovascular diseases diagnosis, and tobacco counseling, were significant predictors of having a smoking cessation prescription. CONCLUSIONS: Whether or not smokers are medicated or whether medications are being used is important for all patients who have quit and are trying to maintain their quit. Future research is needed to investigate the reasons behind this difference and develop interventions to help overweight and obese smokers quit.

PSYS5 USE OF NARCOTIC MEDICATIONS AMONG A LARGE COMMERCIALLY-INSURED POPULATION IN THE UNITED STATES

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OBJECTIVES: Narcotic medications are increasingly becoming the most abused medicines in the United States, accounting for hundreds of deaths and thousands of emergency room visits. The objective of this study is to examine the use of narcotic medications in a commercially insured population. METHODS: Retrospective pharmacy claims from a large US pharmacy benefit manager between January 2010 to December 2010 examined the prevalence, utilization and cost trend of narcotic medications (GFPM=65). Only commercially insured patients with integrated and funded prescription benefits were included in the analysis. RESULTS: While females filled more narcotic prescriptions than males, male patients used more expensive narcotic medications than their female counterparts ($58 per script and $45 per script, respectively). The largest difference in cost per prescription between males and females was in the 25-34 age group ($64 per script and $33 per script for male and female, respectively). Within this age group, males spent 42% more on their medications. In this age study, 36% of oxycodone CR, 16% on oxycodone IR, whereas females only spent 21% on Suboxone®, 15% on hydrocode-actamethin, and 14% on OxyContin®. Males had lower generic fill rate (GFR) compared to their female counterparts (86% and 95%, respectively). Consequently, the Per Member Per Year (PMPY) narcotic cost for males was $13.04 higher than females 24-35 years of age. As patient age increases, however, the trend is reversed: female PMPY narcotic cost is $19.35 higher than male counterparts aged 75 or older. The utilization and cost of narcotic medications differ by geographic region with Oklahoma, Nevada, Utah, Ohio, and Alabama ranked as the Top 5 most costly and Alabama, Oklahoma, Tennessee, Mississippi, and Wyoming having the highest utilization. CONCLUSIONS: Results from this analysis can provide insights into the utilization and cost of narcotic medications.

PSYS2 IS ANTI-OBESEITY MEDICATION (AOM) USE MEDICALLY OR SocialLY DRIVEN? AN ANALYSIS OF PREDICTORS OF AOM USE AMONG OVERWEIGHT AND OBSESE FEMALE MEPS RESPONDENTS

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OBJECTIVES: Currently, little is known about anti-obesity medication (AOM) utilization. The purpose of this research was to explore predictors of utilization among overweight and obese females within the MEPS database and to determine whether use is primarily socially or medically driven. METHODS: A retrospective case-control study design using 2003-2008 data from the Medical Expenditure Panel Survey (MEPS) was performed. Cases were identified using the National Lexicon File, released in Fall 2003, to identify AOM users in MEPS. Logistic regression analysis was used to indicate whether obesity/overweight respondents take an AOM in that year, controlling for indicated medically necessary or ‘socially desirable’ related variables, and other potentially significant variables. Proc means and proc freq in SAS 9.1 were used to generate descriptive statistics. RESULTS: LR results show that women who are above the age of 35 are significantly less likely to consume anti-obesity medications (Ages 36-49, OR =0.570, p=0.0082; Ages 50-64, OR=0.366, p<0.0001), oldest females are least likely to consume them (Ages 65+, OR=0.072, p<0.0001). Married females are significantly more likely to consume anti-obesity medications (OR=1.695, p=0.0001). With unit increases in BMI, females are more likely to take anti-obesity medications. Education was a significant variable included education and possession of private insurance. Dummy variables representing comorbidities were not significant predictors of AOM use. CONCLUSIONS: Consumption of anti-obesity medications may be more socially – and possibly medically- driven, with socially-related variables appearing significant in the model. Increased monitoring patients who receive these medications is of urgent importance. AOM use potentially involves adverse effects, physicians’ role in prescribing these potentially dangerous medications may need to be addressed.

PSYS6 EVALUATION OF DAILY AVERAGE CONSUMPTION (DACON) OF OXYCODONE CR AND OXYMORPHONE ER USING AN INTERRUPTED TIME SERIES ANALYSIS

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OBJECTIVES: Oxycodone controlled-release (CR) and oxymorphone extended-re

oxymorphone ER before and after the introduction of reformulated oxycodone CR. METHODS: This was a retrospective claims database analysis using pharmacy claims from the MarketScan database during January 2010 through March 2011. The Interrupted time series analysis was used to evaluate the impact of the introduction of reformulated oxycodone CR on DCON of both drugs. RESULTS: Before the introduction of reformulated oxycodone CR, the mean DCON for oxycodone CR was higher than the mean DCON for oxymorphone ER in both highest and all lower strengths pairs by 0.51 and 0.46 tablets, respectively. After the introduction, the mean difference in DCON between the two drugs became 0.45 tablets for the highest and 0.40 tablets for the lower strengths. Interrupted time series results demonstrated that the immediate and overall impact due to the introduction of reformulated oxycodone CR was minimal, while there were no changes in the DCON for oxymorphone ER as a result of the introduction. The estimated difference in average DCON for oxycodone CR decreased by 0.1 tablets or 3.7% (P = 0.001) 6 months after the introduction. CONCLUSIONS: There was a higher for oxycodone CR compared to oxymorphone ER by 0.4 tablets per day for all dosage strengths for the entire study period. After the introduction of reformulated oxycodone CR, the DCON for oxycodone CR was slightly mitigated; however, there was a minimal impact on the mean difference between oxycodone CR and oxymorphone ER.

PSYS4 TRENDS OF HOSPITAL ADMISSION FOR CROHNS DISEASE (CD) IN LATIN AMERICA

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OBJECTIVES: Hospital admissions are frequent for Crohn’s Disease (CD) patients, either to treat a flare-up or to have surgery. There are few data about CD in Latin America and some pointed to an increase in the prevalence across the ages. The aim of current the study is to analyze trends of the hospital admission rate by CD in three Latin American countries: Brazil, Chile and Mexico. METHODS: Data from the years 2001 to 2008 on primary diagnosis of Crohn’s Disease of hospital admission in Public Health System: DATASUS in Brazil, DESIS in Chile and SINAIS in Mexico. Numbers of hospital admission by country, year and age range were collected and weighted by age specific country population. Trends in hospital admission rates over time were analyzed by Poisson general estimation equations with an autoregressive correlation matrix. Estimated coefficients were considered significant when p<0.05. RESULTS: In all the countries the rate increased with the age. Mexico had the lower rates, which remain nearly constant over the years (0.09/100,000 inhabitants, p= NS). In Chile, the rate has increased over the years (p=0.45, annual risk ratio: 1.568 p<0.001), different from Brazil that showed a decrease (p=0.111, annual risk ratio:0.893, p<0.001). CONCLUSIONS: Reports from reference centers showed an increase in the number of cases in the three countries, however in Mexico the number of patients still very low. Therefore, the trend of hospital admission rates in Chile and Mexico seem to be similar as the reported disease frequency. Regarding Brazil, a possible explanation for the decrease in hospital admission could be changes in treatment practices, the financing of biological therapies in Public Health System since 2002. The trends of hospital admission vary across the Latin America countries, and national reimbursement programs for CD seem to have an impact on hospital admission rate.

PSYS5 ENTRY AND ACCESS EXPECTATION FOR BIOSIMILARS IN THE UNITED STATES

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OBJECTIVES: The objective of this research was to conduct primary research with US health care decision-makers to understand their perceptions and management decisions. Future research is needed to investigate the reasons behind the category. Payers expect biosimilar cost offsets within the range of 11-30% from innovator brands. The major drivers in proposed utilization management controls, will but need to be balanced in light of product comparisons in safety and efficacy.


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