COST-UTILITY ANALYSIS OF NEW PNEUMOCOCCAL CONJUGATE VACCINES IN THE REGIONAL IMMUNIZATION PROGRAM OF THE AUTONOMOUS REGION OF MADRID—IMPACT ON INVASIVE PNEUMOCOCCAL DISEASE

Pinc2

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OBJECTIVES: To compare costs for hepatitis C patients by analyzing retrospective sick fund claims data. METHODS: A representative panel of 1,193,464 patients from several national governmental sick funds were analyzed for 2008. These claims data include all direct medical costs from hospitals, materials in the outpatient sector and several national governmental sick funds were analyzed for 2008. These claims data include all direct medical costs from hospitals, materials in the outpatient sector and occupational status was associated with adherence unlike the educational status. Consequently, buy at work or school was a major reason for non-adherence to medication. Routine evaluation of medication adherence and intervention in clinical practice is recommended.

CONCLUSIONS: A diagnosis of hepatitis C is associated with high numbers of co-morbidities and high risk scores. Results suggest that treatment lowers risk scores but keeping them substantially above mean.

INFECTION – Patient-Reported Outcomes Studies

PINS6

REFILL-BASED ADHERENCE RATES OF ANTIRETROViral MEDICATION USING RETROSPECTIVE MEDICINE CLAIMS DATA: A COST ANALYSIS

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OBJECTIVES: To determine the refill-based adherence rates and to compare the costs associated with an under- or over-supply of antiretroviral medication. METHODS: A non-experimental, quantitative retrospective drug utilization review was performed on medicine claims data from one pharmacy benefit management company. The study population consisted of patients (n = 15,901) who were not more than one prescription for antiretroviral medication during a 36 consecutive month period (1 January 2005 to December 2007). An overall refill-based adherence rate was calculated by using the following equation: Refill-based adherence rate = (total days of antiretroviral items supplied—days supplied at the last refill/date last claim)=—date first claim. (RSA Rand/RUS = 6.8595 on 31 December 2007). RESULTS: Refill-based adherence rates were calculated for 41,967 antiretroviral drugs. Less than 50% (n = 17,267; 41.15%) of all antiretroviral drugs had acceptable adherence rates (between 90% and 110%). Antiretroviral drugs with adherence rates below 90% (possibly under-supplied) (n = 7,423; 17.26%), accounted for 14.30% (n = 15,859; 38.76%) of the total cost of all antiretroviral drugs (N = R110 728, 214.00) while those that were possibly over-supplied (n = 17,454; 41.59%) accounted for 25.60% (R28 347, 266.48%). CONCLUSIONS: The calculated refill adherence rates indicated that most antiretroviral drugs were either possibly over- or under-supplied for the specific treatment period.

EVALUATION OF MEDICATION ADHERENCE IN PATIENTS RECEIVING ANTIRETROVIRAL THERAPY (ART) IN MAITAMA DISTRICT HOSPITAL, ABUJA NIGERIA

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OBJECTIVES: ART has dramatically increased the life expectancy of HIV-infected patients and its adherence has been strongly correlated with viral suppression, reduced rates of resistance, an increase in survival, and improved quality of life. The study evaluated medication adherence, the association of medication adherence with occupation and educational status and identified possible causes of non-adherence in HIV-infected patients after 6 months on ART. Patients’ self-report adherence assessment method was used. Chi square statistics was used to test the association of adherence with occupation and education at 95% CI. RESULTS: The mean age of the 118 HIV-infected ART patients was 33.89 (95% CI, 29.63–38.15) years; and majority (82.2%) were between the ages of 26–45 years; 60.2% were females, 80.3% attained secondary education at the least, while 77.1% employed. All participants reported being counselled on the benefits of ART and medication adherence at ART initiation. On assessment of participants’ knowledge of the benefits of ART and medication adherence, 92.2% reported correctly, 2.9% reported wrongly that ART is a cure for HIV while 4.5% did not respond. Medication adherence level among participants was 87.7% (± 9.0%). Lower educational status was associated with adherence (P > 0.05) unlike the occupational status which was associated with adherence (P = 0.05). The major reasons reported for non-adherence were busy at work or school (33.1%), forgetfulness (15.5%), fasting (12.0%), and travelled or moved away from home (10.6%). CONCLUSIONS: The medication adherence level among participants was somewhat poor compared to the desired value of ≥95%; occupational status was associated with adherence unlike the educational status. Consequently, buy at work or school was a major reason for non-adherence to medication. Routine evaluation of medication adherence and intervention in clinical practice is recommended.