GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

PG10
PATTERNS OF GENERIC AND PROPRIETARY PRESCRIBING OF PROSTOM PUMP INHIBITORS (PPIs) OVER TIME IN ENGLAND

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OBJECTIVE: Introduced in 2006 in England, the Better Care, Better Value (BCBV) indicators aim to promote cost-effective prescribing in the NHS. Previous data presented at ISPOR showed that the total cost of statute prescriptions fell by 44% between 2007 and 2012, and that much of this decrease was likely attributable to the prescription of generic atorvastatin following patent expiry of the proprietary form. This analysis simulated drug patterns of new prescribing of proton pump inhibitors (PPIs), another category of drugs identified by the BCBV indicators. METHODS: Prescription Cost Analysis databases were reviewed (2007–2012). Data extracted were the number of prescriptions filled, the average cost per prescription, and the average acquisition costs of each characteristic. The overall NIC (sometimes used as a proxy of budget impact to the NHS) for PPIs was obtained from prescribing patterns each year for those drugs compared. RESULTS: Between 2007 and 2012 the total NIC of PPIs decreased by 38%. Over the same period, the decrease in the proportion of proprietary prescriptions was greater for PPIs (7%) than previously reported for statins (65%), however, this did not translate into greater savings in total NIC. This could be due to the higher average number of prescriptions per year and the higher average NIC per prescription item for statins than for PPIs. Analyzing data for each PPI, we found dramatic decreases in proportion of proprietary prescribing (0% to 11%) within two years following patent expiry of the proprietary form. CONCLUSIONS: There was a decrease in the proportion of proprietary prescribing of PPIs in England between 2007 and 2012, with rapid follow up increasing patent expiry of proprietary drugs. This suggests that the BCBV indicator is being met for PPIs as well as for statins.

PG31
PATTERNS OF STEROID AND STEROID SPARING REGIMENS AMONG OLDER INFLAMMATORY BOWEL DISEASE (IBD) PATIENTS WITH CONTRAINDICATIONS TO TUMOR NECROSIS FACTOR ANTAGONISTS (AINT-TNFs)

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OBJECTIVE: IBD-specific quality measures calling for the use of steroid sparing regimens (SSRs) in IBD patients with contraindications to TNF-α antagonist antitNFs) have been recently adopted by the Center for Medicare and Medicaid Services (CMS). However, many older patients have contraindications to anti-TNFs. Our objective was to identify prescribing patterns among older IBD patients with contraindications to anti-TNF contraindications. METHODS: A retrospective cohort study was conducted using CMS’ national 5% sample for 2006–2009 including Medicare patients with ≥12 months Parts A and B, ≥6 months Part D, an IBD diagnosis (≥2 claims for ICD-9 CM555.xx or 556.xx) and contraindications to anI-TNFs (advanced CHF, malignancies). We described the prevalence and days of exposure to each IBD drug class. Patient characteristics associated with steroid exposure were examined using a negative binomial-logit hurdle model. RESULTS: Among 10,362 patients, 38% (n=6680; 53% CHF, 39% malignacy, 8% both CHF and malignancy) had contraindications to anti-TNF therapy. The mean age was 79 years, 67% were female and 87% white. Steroid use ranged from 258–283 users per 1000 patients per year and averaged 123–145 mean annual treatment days for utilities. Anti-TNFs and non-biologic immunomodulators were used infrequently (anti-TNFs: 19–30 users per 1000 patients each year, non-biologic immunomodulators: 29–36 users per 1000 patients each year). Patients who were younger, white, receiving any IBD drug class except anti-TNFs, had polypharmacy, more hospitalizations or absence of stroke history had greater odds of receiving steroids. Among steroid recipients, polypharmacy and anti-TNF use were used in combination with a 65% (23%–27%) and 79% (78%–150%) greater number of steroid therapy days, respectively. CONCLUSIONS: Use of steroids exceeded steroid sparing regimens supporting the importance of the new quality measure as a strategy to improve care. Patients with anti-TNF contraindications are frequently appropriate to receive drug therapies.

PG32
PATTERNS OF TREATMENT, HEALTH CARE RESOURCE UTILIZATION AND COSTS IN UNITED STATES PATIENTS DIAGNOSED WITH CHRONIC HEPATITIS C INFECTION

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OBJECTIVES: The prevalence of patients with CHC has been rising over the past 10 years. Biologic therapy is more efficacious and safer than non-biologic therapy but is more expensive. The growing prevalence of patients with CHC and the increasing use of biologic therapy are anticipated to increase healthcare resource utilization and costs. This study evaluated real-world resource utilization and costs of patients with CHC receiving antiviral therapy in the United States (US) from 2014 to 2015. METHODS: This retrospective observational study used data from a claims-based database to evaluate resource utilization and costs (2014-2015) among commercially insured patients with CHC receiving a bio/none therapy. Costs were adjusted using a procedure-specific CHF. The primary endpoints were relative costs and health care resource utilization. RESULTS: Follow-up was 1.14 years (0.82–1.46). Using non-biologic therapies, patients had higher costs and resource utilization compared with patients receiving biologic therapies. The mean total medical cost was 13,954 in the biologic arm and 37,468 in the non-biologic arm. Total healthcare resource utilization (office visits, hospitalizations, laboratory tests, etc.) was higher in the non-biologic arm (11.7 vs. 7.7 visits). CONCLUSIONS: Non-biologic therapies are significantly more costly and resource-intensive than biologic therapies.