PGS2

ASSESSMENT OF THE UTILITY OF SALSALATE WITHIN A COX-2 INHIBITOR CLINICAL USAGE PROTOCOL

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OBJECTIVES: Prior to approval of COX-2 inhibitor therapy, a trial of salsalate alone or combined with acetaminophen is recommended by local COX-2 inhibitor guidelines. Our objective is to assess the persistence of therapy, safety, and healthcare resource utilization of salsalate therapy in the context of COX-2 usage guidelines. **METHODS:** Disapproved COX-2 requests from September 2000 to September 2002 that were subsequently prescribed salsalate were included for analysis. The evaluation period extended six months from salsalate initiation in each patient. After excluding patients without baseline GI Risk Scores, 41 patients remained for analysis. The primary efficacy outcome was persistence of salsalate therapy through the evaluation period. Those who stopped therapy were categorized as having adverse events or lack of efficacy. The primary safety outcome was number of adverse drug events. Baseline characteristics of patients who discontinued salsalate and those who persisted were compared by unpaired t-test. Healthcare resource utilization for patients included in the analysis will be presented. **RESULTS:** Patients had a mean age of 63 ± 13.5 years, mean GI risk score 18 ± 4.8, and mean daily salsalate dose of 2.0 ± 0.8 grams. There were no statistically significant differences in characteristics between patients who discontinued salsalate therapy and those that persisted. The majority of patients were treated for osteoarthritis (51%) or chronic pain (44%). Eighteen patients persisted with salsalate therapy at 6 months (43.9%). Treatment was discontinued in 23 patients (56.1%) with 5 patients experiencing adverse events (12.2%). Adverse events reported were gastrointestinal upset (7.3%), diarrhea (4.8%), and tinnitus (2.4%). Eighteen patients discontinued salsalate due to lack of efficacy (43.9%). **CONCLUSIONS:** Within a COX-2 usage guideline, approximately half of patients persisted on salsalate with few observed adverse events. The high discontinuation and low side effect rates may be attributable to a lower mean daily dose of salsalate in our population.

PGS3

LOW DOSE ESOMEPRAZOLE (20 MG) USE IN GENERAL PRACTICE: A RETROSPECTIVE AUDIT

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OBJECTIVES: Esomeprazole is the first proton pump inhibitor (PPI) to show higher healing rates and faster sustained relief when compared to omeprazole and lansoprazole. Esomeprazole 20 mg has been shown to be effective in the long-term treatment of patients with gastroesophageal reflux disease (GORD). However there are no published studies that assess the use of esomeprazole in routine clinical practice in a UK primary care setting. **METHODS:** A retrospective audit of practice records was performed in a general practice that had made esomeprazole its PPI of choice in early 2001 to determine the clinical and cost implications of the change. **RESULTS:** The audit identified 180 patients previously on regular PPI therapy who had commenced treatment with esomeprazole. One hundred fifty patients were prescribed low dose esomeprazole (20 mg) at the time of their initial therapy change and 146 of these patients were previously on a standard/high dose PPI. After 6 months 137/146 (94%) of these patients remained on esomeprazole 20 mg. The majority of patients had no specific diagnosis but had been treated symptomatically. Reassuringly of those patients who did have a specifically recorded diagnosis of reflux oesophagitis or GORD 41/43 (95%) remained on esomeprazole 20 mg after 6 months. Prior to the change in therapy to esomeprazole, only 4/180 (2%) of patients were treated with a low dose PPI. Six months after their first prescription for esomeprazole, 142/180 (79%) patients remained on esomeprazole 20 mg and a further 5 patients were no longer being treated with any PPI. In addition, savings in PPI costs achieved during the first 6 months after the 146 patients' changed from standard/high dose PPI therapy to esomeprazole 20 mg was £7222. **CONCLUSION:** Changing the therapy of patients on regular standard/high dose PPI to esomeprazole 20 mg is a successful strategy; with very few patients switching back to a higher dose.

PGS4

EFFECT OF COMPETITION ON ANTIULCER-GASTRIC-MEDICATION ACQUISITION COSTS FOR THE MEDICAID PROGRAM

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OBJECTIVES: To determine the effect of generic drug competition and new brand product entry on drug acquisition costs for Medicaid. **METHODS:** Using the Ohio Medicaid pharmacy claims database, we construct quarterly per-prescription reimbursement figures for each of the individual brand-name and generic antiulcer gastric medications (i.e., proton pump inhibitors (PPIs), H2 antagonists, and Carafate) from quarter 1, 1997, through quarter 3, 2002. The drug acquisition cost for each generic and brand-name drug is calculated as the per-prescription reimbursement less an estimate of the Medicaid rebate per prescription using the rules as explained in a recent Kaiser Commission report. A pooled cross-section, time-series regression model is estimated using