CLINICAL PRIOR AUTHORIZATION PROGRAM: A STRATEGY FOR CONTROLLING DRUG EXPENDITURES AMONG PATIENTS WITH INSOMNIA
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OBJECTIVE: Insomnia Clinical Prior Authorization (CPA) program is designed to ensure appropriate utilization of insomnia medications and does not allow for chronic use unless medical condition or medication is causing insomnia. The purpose of this study was to evaluate the impact of the program on the utilization and expenditures of insomnia medications.
METHODS: Using a retrospective pre-post with control group study design, prescription records from January 1, 2003 to October 31, 2004 were obtained from Walgreens Health Initiatives’ pharmacy claims database. The study group comprised of 166,719 eligible lives from three employer groups enrolled in the Insomnia CPA program, and the control group comprised of 501,779 eligible lives from 150 clients not enrolled in this program. The number of prescriptions dispensed and the total costs per member per month (PMPM) were analyzed for the two groups in the pre and post period. PMPM cost savings ($Y)$ were calculated using the following formula: $Y = Y_{t0} - Y_{t1}$, where $Y_{t0}$ and $Y_{t1}$ represent actual pre and post PMPM total costs in the study group and $R_{t}$ is the ratio of PMPM pre and post total costs in the control group. RESULTS: From the pre to post period, in the study group, the average number of prescriptions per month increased by 8.5%, while the average PMPM costs decreased by 8.4% (from $0.42$ to $0.39$). In the control group, the average number of prescriptions per month as well as the average PMPM costs increased by 63.3% and 42.9% respectively. After comparing the trend among insomnia products in these two groups, it was estimated that WHI’s Insomnia CPA program resulted in $0.21$ PMPM and total of $420,132$ annually. CONCLUSIONS: Clinical prior authorization program is effective in controlling drug expenditures for patients with insomnia.

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OBJECTIVES: Insomnia symptoms have been reported to impact the lives of approximately 83 million people of the United States general population. However, insomnia complaints are often underreported and underdiagnosed. This study describes patient characteristics of those who do and do not present with insomnia complaints in the National Ambulatory Medical Care Survey (NAMCS). METHODS: Data was obtained from the 6 years of NAMCS data (1997 through 2002). Descriptive analyses were utilized to examine individuals who listed insomnia as one of three possible reasons for their office visit relative to those who did not have an insomnia complaint. Patient level weights were utilized to derive US national population estimates. Given the complex stratified survey design, Rao Scott and Wald Chi-square tests were used to assess statistically significant differences within groups. RESULTS: Patients reported an insomnia complaint as the reason for their visit in only 0.6% of all visits. The majority of these patients (64%) were treated by primary care specialists. Across all age groups, approximately twice as many women as men presented with a complaint of insomnia. However, a greater percentage of males under the age of 18 years presented with an insomnia complaint compared to females in the same age category, 18.3% compared to 11.2%, respectively. While primary organic diagnoses (55.4%) were the most common, an insomnia diagnosis occurred in 10.4% of patients and a diagnosis of depression/anxiety occurred in 27.1% of patients who listed insomnia as a reason for their visit. CONCLUSION: At any point in time insomnia complaints are known to impact a significant portion of the US population, yet, in only 0.6% visits do patients list insomnia as a reason for their visit. This study provides an important descriptive look at those who do and do not present with a complaint of insomnia.

PHYSICIAN AND PATIENT DETERMINANTS OF THE TREATMENT OF SLEEP DIFFICULTIES IN OUTPATIENT SETTINGS IN THE UNITED STATES
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OBJECTIVE: This study analyzed socioeconomic and clinical factors relating to both physicians and patients associated with physicians’ choice of the treatment for sleep difficulties in a nationally representative sample of outpatient physician visits in the US. METHODS: A modified version of the model suggested by Eisenberg was used as a theoretical framework for this study to predict the factors influencing treatment of sleep difficulties. A multivariate logistic regression method was used to analyze the 1996–2001 National Ambulatory Medical Care Survey data to examine physician and patient related predictors of treatment variations for sleep difficulties. RESULTS: From 1996 to 2001, about 4.8 billion visits were made to outpatient physician offices in the US, and 94.6 million of these were sleep-difficulty related visits. This study found that 32% of patients with sleep difficulties received no type of therapy during their visits and 5% of the patients received behavioral therapy only. Psychiatrist visits were 72% more likely (OR: 1.72, 95% CI: 1.08–2.61) to be associated with receipt of medication therapy and ten times more likely (OR: 10.19, 95% CI: 4.85–14.44) to be associated with behavioral therapy prescription only than visits to family practitioners and internists. Patient visits with public insurance as a primary payer source were more likely to be associated with benzodiazepine prescription among patients receiving at least some medication therapy (OR: 1.66, 95% CI: 1.13–2.45) than patient visits with private insurance as a primary payer source. CONCLUSION: The results of this study indicate that several patient and physician characteristics influence physician prescribing of treatments for sleep difficulties. This study suggests a need to develop better care management guidelines for sleep difficulties and a wider coverage of behavioral therapy in the US. The study also finds variations in quality of care and treatment for sleep difficulties in outpatient settings in the US.

SEDATIVE HYPNOTICS EMPLOYED TO TREAT PATIENTS WITH AND WITHOUT INSOMNIA COMPLAINTS IN THE NATIONAL AMBULATORY MEDICAL CARE SURVEY: 1997–2002
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OBJECTIVES: Pharmaceutical treatments are available for patients with a complaint of insomnia. These treatments often vary by patient and physician characteristics. This study describes the use of several medications commonly used to treat sleep disorders as reported in the National Ambulatory Medical Care Survey (NAMCS). METHODS: Data was obtained from the six years of NAMCS data (1997 through 2002). Analyses were utilized to examine medications (ie., triazolam, temazepam,