with 48.6% (n = 31,717) and 50.0% (n = 32,614) for the 50-mg and 100-mg doses, respectively. Ninety-four percent of prescriptions were filled with six tablets, and only 2% of prescriptions (n = 1309) exceeded the quantity vs. time limit. Members paid an average copay of $13 per prescription. CONCLUSIONS: This estimate of PMPM cost falls within the range previously reported in the literature. In comparison with PMPM costs reported for other drug classes, such as proton pump inhibitors or cyclooxygenase-2 inhibitors, the amount spent on sildenafil citrate is considerably lower and of lesser concern to the pharmacy budget.

**COST OF ACCESS BY FORMULARY TYPE: A CASE STUDY OF SILDENAFIL CITRATE IN A LARGE MANAGED CARE ORGANIZATION**

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OBJECTIVES: Managed care organizations (MCOs) have traditionally used various types of formulary access to control cost, with varied success. In this case study, we determined the actual economic impact of adding sildenafil citrate to the formulary of a large national MCO by types of access status. METHODS: Claims data for sildenafil prescriptions were analyzed for the 12-month period from August 2001 through July 2002 for this MCO and for 7 of its regional areas. Per member per month (PMPM) costs of sildenafil coverage were calculated by various formulary status at both the regional and national levels. RESULTS: The MCO did not require prior authorization for sildenafil prescriptions but did impose restrictions on the number of sildenafil tablets per monthly prescription cycle. The MCO used open, closed, and incented formularies to control access to sildenafil. Mean number of sildenafil tablets/month varied from 4.9 to 6.7 tablets. PMPM costs of sildenafil coverage for the regional areas were $0.07, $0.11, $0.11, $0.14, $0.15, $0.15, and $0.18. Type of formulary did not fully explain variance in costs between regions. In 5 of the 7 areas in which most patients were covered under an incented formulary, PMPM costs of sildenafil coverage ranged from $0.11 to $0.15. In the 2 regions with the greatest percentage of patients covered under a closed formulary plan, PMPM costs of sildenafil coverage were $0.07 (44% closed) and $0.15 (54% closed). Whereas in the 3 regions with the most patients covered under an open formulary, PMPM costs of sildenafil coverage were $0.11 (27% open), $0.14 (30% open), and $0.15 (30% open). CONCLUSIONS: PMPM costs did not vary substantially, regardless of different types of formulary access. Moreover, in line with findings from local and employer-based healthcare plans, addition of sildenafil coverage by this large MCO resulted in lower than expected PMPM costs.

**COST IMPLICATION OF UNRESTRICTED ACCESS TO SILDENAFIL CITRATE IN FOUR EMPLOYER GROUP PRESCRIPTION PLANS**

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OBJECTIVE: The perception persists among employers and benefit managers that the addition of sildenafil citrate adds significant cost to their prescription plans. A Disease Therapy Evaluation is a focused analysis of a drug’s performance in a target patient population and provides healthcare managers with information that may lead to better decisions for the individual patient as well as the healthcare organization. The analysis presented here evaluates the per member per month (PMPM) cost of sildenafil without restriction limits on the quantity of tablets dispensed. METHODS: This retrospective review covered all sildenafil claims of employees obtained from prescription benefit managers. Prescription claims were obtained for a 6-month interval from December 1999 to May 2000 and imported into an Access database for abstraction of required data. RESULTS: Data were combined from 4 prescription plans (3 from the Midwest, 1 from the West Coast) with 361,237 members overall. There were 3477 sildenafil claims in the 6-month period, made by 1493 patients (representing 0.4% of all members). Most of the prescriptions were for the 50-mg (range for 4 plans, 45%–62%) and 100-mg doses (37%–63%) of sildenafil, with 1% to 2.5% for the 25-mg dose. On average, 6 to 11 tablets were dispensed at a time, with a range from 1 to 100 tablets. The average cost per prescription varied from a low end of $50 to a high end of $88; the PMPM cost ranged from $0.03 to $0.24. CONCLUSIONS: The actual PMPM cost is markedly lower than the expected projections, despite the fact that no quantity limits were imposed. The costs shown here do not take into account any rebates or other contracting benefits. Thus, employers may wish to consider the addition of sildenafil to their benefit package, as it may increase employee satisfaction without a large impact on the budget.

**WOMEN’S & MEN’S HEALTH—Quality of Life/Preference Based Outcomes**

**LONGITUDINAL DIFFERENCES IN PSYCHOLOGICAL ADJUSTMENT FOR MEN WITH ERECTILE DYSFUNCTION: RESULTS FROM EXCEED**

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