vious simulation models have shown the Rx-to-OTC switch of loratadine to be cost-effective. The purpose of this research is to empirically assess the overall impact of the Rx-to-OTC switch of loratadine as well as the specific impact of different pharmacy benefit structures on prescription drug utilization and cost in a variety of plan sponsors. METHODS: Data from a national pharmacy benefit management organization covering 27 million lives throughout the US were used. The analysis included a comparison of the difference in prescription utilization and cost for the 12-months after a change in prescription benefits for second-generation antihistamines (SGA) due to OTC loratadine compared to 12-months before for plan sponsors that instituted no change, moved SGA to the 3rd-tier and restricted SGA benefits through prior authorization requirement. Change in utilization and cost of medications for allergic rhinitis (AR), asthma, respiratory infections and all classes combined was examined. Multivariate regression analysis was used to control for differences across study groups. RESULTS: There was a substantial decrease in utilization and cost of all prescription drugs and combinations of drug classes. AR patients facing restricted prescription benefits for SGA did not appear to increase utilization of other AR medications or other medications used to treat concomitant conditions such as asthma, sinusitis and otitis media. CONCLUSIONS: Utilization and cost decreased substantially for all types of medications and all pharmacy benefit structures. Future studies need to examine the impact of the Rx-to-OTC switch of loratadine and resultant prescription benefit policies on medical utilization and OTC antihistamine utilization.

PATIENT PERCEPTIONS REGARDING THE USE OF OVER-THE-COUNTER CLARITIN
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OBJECTIVE: To examine patient perceptions regarding medication efficacy, safety and cost of using over-the-counter (OTC) Claritin and its impact on work related productivity. METHODS: A web-based survey was administered to employees of a large University via a voluntary-based e-mail list. Survey items included the choice of medication used by individuals prior to and following the availability of OTC Claritin, perceptions of efficacy, symptom control, cost and safety of OTC Claritin as well perceptions of work related productivity. Bivariate comparisons using chi square analysis were used to describe the study results. RESULTS: Sample consisted of 221 respondents of which 19% were either taking a prescription medication or nasal spray, other OTC medications, both a prescription and OTC medications, allergy shots, herbal medications or who were not treating their allergies prior to the availability of OTC Claritin switched to OTC Claritin. Older individuals were less likely to switch to OTC Claritin. Half the individuals who switched from prescription medication to OTC Claritin reported having better control of their allergic rhinitis symptoms (p < 0.05). In total, 88% of these individuals reported no difference in side effects between their prescription medication and OTC Claritin, while 82% reported that OTC Claritin was more expensive than their prior prescription medication (p < 0.05). However, only 28% of these individuals reported their allergy symptoms did not interfere at all with their work while taking OTC Claritin, while 38% reported that they were only between 60–80% as productive at work when taking OTC Claritin. CONCLUSIONS: Preliminary results suggest that the adoption of OTC Claritin may not be as widespread as anticipated. While patients’ report equal or better symptom control with OTC Claritin, self reports of work related productivity do not appear to corroborate these findings. Further research is needed to examine the indirect impact of OTC Claritin on presenteeism and absenteeism.
THE IMPACT OF SPECIALTY CARE ON THE UTILIZATION OF NEW DRUGS: THE CASE OF COX-2 SELECTIVE INHIBITORS
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OBJECTIVES: To compare the prescribing trends of traditional and COX-2 selective NSAIDs by different physician specialties. We also contrasted the appropriateness of NSAID medication use between physician specialties by comparing prescribing data to a clinically accepted therapeutic guideline on the appropriate use of these medications.

METHODS: We conducted a retrospective cohort study using pharmacy claims and clinical data on 43,936 adult patients enrolled with an IPA of a midwestern University-associated managed care plan. We identified continuously enrolled managed care members who filled a new prescription for NSAID or NSAID combination from 1999–2002 on a chronic-use basis.

RESULTS: In total, 1576 patients were started on a traditional NSAID or a COX-2 inhibitor. Primary care patients were younger and less likely to have comorbid conditions. Overall, COX-2 use was twice as frequent among patients seen by specialists compared to patients seen by PCPs. Use and appropriateness patterns between the specialties were similar over the time course of the analysis. Multivariate logistic regression showed that history of rheumatoid arthritis, osteoarthritis, generalized musculoskeletal pain, or a serious gastrointestinal complication were associated with increased likelihood of being prescribed a COX-2 inhibitor and being placed on therapy considered inappropriate. History of coronary artery disease and patient age were associated with an increased risk of receiving inappropriate therapy.

CONCLUSION: In addition to prescribing COX-2 inhibitors at twice the rate of PCPs, specialists were less compliant with appropriate use guidelines that considered comorbidities. Overall compliance with appropriate use guidelines was 62%, with PCPs 67% and specialists 49%. Using this drug class as a model for physician adoption of new therapeutic agents, specialists were observed to be more likely to use new drugs, despite the lack of clinical scenarios supporting their use over traditional therapies. Education and interventions to promote appropriate prescribing should target both PCPs and specialists.

PAR3

TESTING THE BMJ CHECKLIST AS A QUALITY ASSESSMENT TOOL FOR ECONOMIC EVALUATIONS
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OBJECTIVES: Several checklists have been proposed for assessing the methodological quality of economic evaluations. However, there is limited literature on the use of such checklists. The purpose of this study was to assess the feasibility and reliability of a well-known checklist as a quality assessment tool.

METHODS: Five experienced health economists applied the BMJ checklist, a 35-item questionnaire, to 12 model-based economic evaluations of cyclooxygenase-2 (COX-2) inhibitors. Overall quality of the studies was assessed by measuring the number of positive answers to the questions.

RESULTS: The five assessors were able to apply the checklist to all 12 studies. The checklist was able to discriminate among the 12 studies, with the total number of positive answers per study ranging from 87 to 132. Although there was a high level of agreement among the assessors’ overall scores for the 12 studies, there was considerable disagreement on specific questions, with 100% agreement among all 5 assessors in only 168/420 (35 × 12) possible instances. Often, disagreements occurred for seemingly factual questions (example: Are details of currency or price adjustments for inflation or currency conversion given?). Also, there was a strong relationship between the overall study quality score of the studies and the level of agreement among the assessors. This reflected the fact that quality of study reporting is the main focus of the BMJ checklist, rather than the underlying methodological quality of the studies. Even given this focus, it was felt that additional questions related to drug dosing and cost as well as main model parameters should be added to the checklist.

CONCLUSIONS: The checklist could discriminate among studies, but focussed mainly on the quality of reporting rather than the methodological quality of studies. More study is required of the purpose, feasibility, and reliability of the various methodological checklists.