tion is needed on preferences and extent of improvement. CON-
CLUSIONS: AB and TURP were the most cost-effective alter-
 natives for moderate and severe symptoms, respectively. TUMT
was promising for moderate symptoms, and older patients with
severe symptoms, but was dominated under many conditions.
These results have implications for future health practice with
aging of the population and rising expenditures.

PIH14
USE OF SILDENAFIL CITRATE IN NON-ADHERENT PATIENTS
WITH CVOD, DIABETES OR DEPRESSION
McLaughlin T1, Harnett J2, Scott B1, Burhani S1
1NDCHealth, Phoenix, AZ, USA; 2Pfizer Inc, New York, NY, USA;
3NDCHealth, Westerville, OH, USA

OBJECTIVES: Patients often attribute erectile dysfunction to
comorbid medications and subsequently discontinue therapy.
This study explores the impact of sildenafil citrate in patients
non-adherent with comorbid medications. METHODS: Retrospec-
tive cohort study using administrative claims data and cash
prescriptions (January 2002-July 2002). Identified adult male
patients with an antihypertensive (AH), antidepressant (AD),
oral hypoglycemic (OHG) or lipid-lowering (LL) prescription in
the 12 months prior to / following index sildenafil prescription.
Patients with a comorbid medication possession ratio (MPR)
<0.8 prior to sildenafil (i.e., non-adherent) were evaluated for
changes in days supply and MPR. RESULTS: About 60% of the
12,281 patients who initiated sildenafil were previously non-
adherent with comorbid medications. Mean MPR, for all disease
cohorts and irrespective of payment source for sildenafil,
increased after the index date. Compared to self-pay sildenafil
patients, 3rd party sildenafil patients had statistically signifi-
cantly larger increases in MPR for AH, OHG and LL prescrip-
tions (range of MPR change: 8%–17%). After initiation of
sildenafil, 20% (OHG) to 36% (AH) became adherent. Signifi-
cantly greater increases in MPR were seen in patients with 3+
sildenafil prescription claims. Cash patients were less likely to
have 3+ sildenafil prescriptions vs. 3rd party patients. CON-
CLUSIONS: In patients who were previously non-adherent to
chronic medications, there appeared to be a significant increase
in overall adherence after initiating sildenafil. This increase
was significantly larger in patients with insurance coverage
for sildenafil, as well as in patients with increased sildenafil
utilization.

PIH15
IMPACT OF BENEFIT DESIGN ON PDE-5 UTILIZATION AND
COSTS IN A LARGE PBM DATABASE
Patel BV1, Leslie RS1, Harnett J2, Szczotka A1
1MedImpact Healthcare Systems, Inc, San Diego, CA, USA; 2Pfizer Inc,
New York, NY, USA

OBJECTIVES: To determine how different factors related to
benefit design impact the utilization and costs of PDE-5
inhibitors including vardenafil, tadalafil and sildenafil in adult
males. METHODS: Pharmacy claims from a large, private phar-
macystore benefit management company over a 2-year period from
October 1, 2002 to September 30, 2004 were analyzed. PDE-5
utilization, average of age of database population and PDE-5
users, and PMPM were evaluated. RESULTS: The average
PMPM for PDE-5 agents was $0.16 over the entire study period
with an average of 5.7 pills/rx. The average age of patients for
different benefit designs ranged from 52 to 68 years while the
sample population age ranged from 24 to 48 years. Plans with
no PDE-5 agent on formulary had an average PMPM of $0.08
vs. $0.22 in those with at least one PDE-5 on formulary. Copays
for open formulary incentive plans with PDE-5’s on 2nd tier were
approximately $10 less than PDE-5s on 3rd tier while plan spon-
rored PMPM costs were similar ($0.17 vs. $0.18). This was
attributed to a lower quantity dispensed per prescription (4.5 vs.
6.9). Similar trends were found for closed formulary plans where
PDE-5s were on formulary vs. not on formulary (PMPM of
$0.03 vs. $0.02). Differences in plan sponsored PMPM costs for
open formulary, 1-tier vs. 2-tier plans were attributed to differ-
ces in member copays ($3.60 vs. $18.63) and not utilization
(6.1 vs. 6.4 pills/rx). CONCLUSION: Despite a younger overall
population, PDE-5 utilization was utilized in the 50+ age group
regardless of benefit design or restrictions. Plan sponsors can
expand access to PDE-5 agents and at the same time limit their
PMPM costs with quantity limits.

PIH16
UTILIZATION PATTERNS OF SILDENAFIL CITRATE IN A
SENIOR MANAGED CARE POPULATION
Harnett J1, Broderick WC2
1Pfizer Inc, New York, NY, USA; 2Ingenix, Houston, TX, USA

OBJECTIVE: To analyze the utilization patterns of sildenafil
citrater in a senior managed care population. METHODS: Using
a large managed care administrative claims database, all male
patients with a prescription for sildenafil citrate from December
2003 through November 2004 were selected from among
patients ages 18 years and older (n = 107,879). A diagnosis for
erectile dysfunction (ED) was not required. Prevalence, age,
number of prescriptions and days supply, per senior member per
month (PSMPM) cost, concomitant medications, and cost by
diagnosis were analyzed. The PSMPM of sildenafil was com-
pared with antihistamines and proton pump inhibitors (PPIs).
RESULTS: The median age of sildenafil users overall was 52
years old and overall per member per month cost was $0.16.
Patients ages 65 and older (65+) represented 11.5% of all sild-
enafil use in the study (n = 12,383). 4.0% of eligible 65+ members
had at least one prescription for sildenafil compared with 2.5%
percents of members younger than 65. The average age of senior sild-
enafil users was 69.5 years old with 62.9% of seniors between
65–69 years of age; 23.5% were 70–74, and 3.5% were 80 years
of age and older. Over the year, seniors filled 33,800 sildenafil
prescriptions (mail order and retail) representing 242,552 pills.
The average PSMPM cost for sildenafil was $0.39 compared
with $9.52 for PPIs and $1.35 for antihistamines. CONCLU-
SIONS: The prevalence of treated ED patients in a senior
managed care population is 60% higher than that of younger
members ages 18-64. The cost of sildenafil use in senior males is
relatively low.

PIH17
EVALUATION OF TADALAFIL AND VARDENAFIL TREATMENT
PATTERNS IN PRIOR SILDENAFIL USERS
Harnett J, McLaughlin T1, Burhani S, Scott B
1Pfizer Inc, New York, NY, USA; 4NDC Health, Phoenix, AZ, USA;
3NDCHealth, Westerville, OH, USA

OBJECTIVES: Among currently available oral PDE-5 agents,
sildenafil remains the most commonly used ED therapy. We eval-
uated refill rates and costs in sildenafil users who tried a com-
petitor using a claims database. METHODS: Males 18+ years
old newly initiated on sildenafil were identified in NDCHealth’s
Intelligent Health Repository. Patients had at least 6 months
history prior to through 6 months following initial claim for
sildenafil. Treatment patterns following switch to competitors
and resource utilization in patients who switched vs. those who
did not switch were evaluated. RESULTS: About 6% of the