

PWM7**ECONOMIC BURDEN OF OSTEOPOROSIS, BREAST CANCER, AND CARDIOVASCULAR DISEASE AMONG WOMEN**Sasser A¹, Birnbaum HG¹, Oster EF¹, Rousculp M²¹Analysis Group/Economics, Boston, MA, USA; ²Eli Lilly and Company, Indianapolis, IN, USA

OBJECTIVES: To investigate the financial burden of osteoporosis, breast cancer, and cardiovascular disease among women age 50 to 64 years in terms of the direct health care and indirect work-loss costs to an employer. **METHODS:** Administrative medical and disability claims data from seven large employers (n > 600,000) were analyzed between 1998 and 2000. Patients were identified as female beneficiaries, age 50 to 64 years, who were enrolled in a managed indemnity health plan. Treatment samples were defined using ICD-9 codes to identify principal diagnoses for each of the three study conditions and then compared to a random sample of women, age 50 to 64 years. **RESULTS:** For the year 2000, osteoporosis patients had direct medical care costs that were \$2277 greater than those for the random sample (\$4543 versus \$2266, P < 0.05). For breast cancer, the difference was \$12,379 (P < 0.05), with hospital outpatient costs accounting for the largest share of total costs (43%). For cardiovascular disease the difference was \$12,814 (P < 0.05), with hospital inpatient costs accounting for the largest share of total costs (48%). The average number of medical claims per patient was 18.6 for the random sample, compared to 38.4 for osteoporosis patients, 76.0 for breast cancer patients, and 67.0 for cardiovascular patients (P < 0.05). Ongoing research will control for demographic characteristics using multivariate regression and also explore differences in medically related work absence costs. **CONCLUSIONS:** Women beneficiaries, age 50 to 64 years, treated for osteoporosis, breast cancer, and cardiovascular disease impose a significant financial burden on employers. This burden is due to higher levels of both inpatient and outpatient health care utilization compared to a random sample of similar patients.

PWM8**THE LIFETIME MEDICAL COSTS OF WOMEN: CARDIOVASCULAR DISEASE, DIABETES, AND STRESS URINARY INCONTINENCE**

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OBJECTIVE: The purpose of this study was to generate the first estimates of the lifetime medical costs of treating women with either cardiovascular disease ("CVD"), diabetes, or stress urinary incontinence ("SUI"). **METHODS:** Women under age 65 years, who have been treated for CVD, diabetes, or SUI, were identified using administrative medical claims data from a large employer (n > 100,000). A case-control methodology was used to estimate the annual medical costs of these women.

Annual estimates were then calculated for women 65 years and older based on a set of assumptions and published government statistics. An incidence-based methodology with steady-state assumptions was used to project these annual costs to the lifetime medical costs of treating women with CVD, diabetes, or SUI. Costs are incremental and are estimated as the additional costs incurred by patients, as compared to demographically similar controls without the condition. The methodology used does not account for cost inflation, technological change, or the time value of money. **RESULTS:** The lifetime costs associated with CVD, diabetes, and SUI are substantial. CVD is the most expensive condition on a lifetime basis, followed by diabetes, and then SUI. The incremental lifetime medical cost of treating a woman with CVD (in 2002 dollars) is \$423,000. The lifetime cost of treating a woman with diabetes is \$233,000 and with SUI is \$58,000. **CONCLUSIONS:** These findings are the first estimates of the lifetime medical cost burden of three chronic conditions suffered by women. The levels of these costs suggest the need for further research and methodological refinements to increase awareness of the lifetime burden of chronic conditions.

PWM9**ECONOMIC IMPACT OF SILDENAFIL CITRATE ON A PHARMACY BUDGET**Cooke C¹, Wong W², Lee H³, Dutttagupta S⁴¹Pfizer Inc, Ellicott City, MD, USA; ²CareFirst BlueCross BlueShield, Baltimore, MD, USA; ³University of Maryland School of Pharmacy, Ellicott City, MD, USA; ⁴Pfizer Inc, New York, NY, USA

OBJECTIVES: CareFirst BlueCross BlueShield serves 3.1 million members in Maryland, Washington, D.C., Virginia, and Delaware. The organization provides prescription coverage for 1.1 million members and faces spiraling pharmacy expenditures. There has been considerable debate about insurance coverage of sildenafil citrate, and CareFirst has added this agent to the second tier of the formulary with restriction. There is a quantity limit of six tablets per month (or 18 tablets per three months). However, self-funded accounts have the option of not including this management tool as part of their prescription benefit. This report analyzes the economic impact of sildenafil citrate on a pharmacy's budget. **METHODS:** All prescription claims data for sildenafil citrate were obtained for the year 2001. The claims file was imported into an Access database for abstraction of required data. **RESULTS:** There were 65,222 prescription claims for sildenafil citrate in 2001, with each member (N = 19,646) averaging 3.3 ± 2.7 prescriptions. CareFirst spent almost \$2.6 million on sildenafil citrate, equating to \$2.31 per member per year (PMPY), or \$0.19 per member per month (PMPM). Thus, sildenafil citrate prescriptions constituted approximately 0.5% of the 2001 pharmacy budget. A total of 1.4% of prescriptions (n = 891) were written for 25-mg sildenafil citrate, compared