

**PG110**

**PHARMACY DISPENSING PATTERNS,  
COST AND HEALTHCARE UTILIZATION:  
A STUDY OF LANSOPRAZOLE**

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In the Department of Veterans Affairs (VA) expenditures for pharmaceuticals were nearly \$2Billion or 11% of the total budget in FY1999 (October 1998–September 1999), and have been increasing from 11 to 21 percent annually.

**OBJECTIVE:** To develop methods to examine pharmacy dispensing patterns and to determine the association with healthcare costs and utilization.

**METHODS:** 24,765 patients who received a prescription of Lansoprazole during FY1999 at any of the 10 hospitals one regional network were studied. Dispensing patterns leading to overlaps (overfilling) and gaps (underuse), defined as a dispensing at least 10 days before or after, respectively, the days supply of the prior dispensing ended, were identified. Outpatient visit and hospitalization rates were calculated for 6 months of follow-up and tested for associations with overfilling and underuse. Source of dispensing, Mail (M) or Window (W), and days of supply were examined to gain insight into factors that contribute to inefficient dispensing patterns.

**RESULTS:** 49.7% of all patients experienced an overlap, 51.1% experienced a gap, and 27.2% experienced both. The net cost associated with overfilling for 6 months of follow-up was \$392,616, or 7.9% of the total 6-month cost of approximately \$5Million for Lansoprazole. Gaps and overlaps in medications were associated with higher utilization of both inpatient and outpatient services. A mix of MW dispensing pairs more often resulted in gaps or overlaps than concordant pairs (MM or WW). 10.7% of dispensings were for days supply of 31-to-90 days; however, 49.2% of 31-to-90 day prescriptions resulted in overlaps.

**CONCLUSION:** Overfilling is estimated to be 8% of total costs for Lansoprazole, and is associated with increased utilization. Further research is needed to determine how pharmacy dispensing patterns impact healthcare costs and outcomes. With increasing pharmaceutical costs and emphasis on patient safety, research into efficient delivery and timely receipt of medication is important.

**GASTROINTESTINAL DISEASES/DISORDERS—  
Quality of Life Presentations**

**PG111**

**EFFECT OF RABEPRAZOLE ON HEALTH-  
RELATED QUALITY OF LIFE (HRQOL) IN  
PATIENTS REPORTING INEFFECTIVE RELIEF  
WITH PRIOR OMEPRAZOLE OR  
LANSOPRAZOLE THERAPY**

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**OBJECTIVES:** The purpose of this study is to evaluate the effect of rabeprazole (RAB) 20mg daily on HRQoL among patients that participated in the Future of Acid Suppression Therapy (F.A.S.T.) trial. The F.A.S.T. trial was an open-label, multicenter, 8-week study measuring the effectiveness of RAB in 2579 patients with erosive gastroesophageal reflux disease (GERD). The two sub-populations in this analysis were patients reporting prior ineffective relief with omeprazole (OME) (n = 290) or lansoprazole (LAN) (n = 212) within 3 months of study entry.

**METHODS:** The SF-36 health survey was used to measure HRQoL in patients at baseline and after 8 weeks of treatment with RAB. The SF-36 includes eight scales: Physical Functioning (PF), Role-Physical (RP), Bodily Pain (BP), General Health (GH), Vitality (VT), Social Functioning (SF), Role-Emotional (RE) and Mental Health (MH). Two summary measures, Physical Health Component Summary (PCS) and Mental Health Component Summary (MCS), are produced from aggregating the most highly related scales. This study used paired t-tests to compare baseline to 8-week scores for significant changes in HRQoL.

**RESULTS:** There were 248 OME and 180 LAN patients that completed a SF-36 survey at baseline and 8-weeks. All scales and summary scores in both groups had a statistically significant ( $p < 0.05$ ) mean increase after 8 weeks of treatment on RAB except for PF in patients having prior ineffective OME therapy. For both groups, the following scales had a increase in score of greater than five points from baseline to 8-weeks which is considered clinically significant: RP, BP, VT, SF, and RE. In addition the group of patients having prior ineffective OME therapy also had a clinically significant increase in MH.

**CONCLUSIONS:** Overall, RAB showed significant improvements in HRQoL among patients with erosive GERD who reported ineffective relief with prior OME or LAN therapy.

**PG112**

**FACTOR STRUCTURE AND FURTHER  
VALIDATION OF THE GASTROESOPHAGEAL  
REFLUX DISEASE (GERD) SYMPTOM  
ASSESSMENT SCALE**

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**OBJECTIVES:** The GERD Symptom Assessment Scale (GSAS) measures distress associated with 15 GERD-related symptoms. The purpose of this study was to evaluate its factor structure.

**METHODS:** The GSAS was collected at baseline and four weeks following treatment in two randomized, placebo-controlled trials of rabeprazole for moderately severe GERD. Patients rated how distressed they were by each symptom from 0 (no symptom or not at all distressed) to