

and anxiety (RR = 4.4, $P < 0.05$). Seventeen percent of IC patients received pentosan polysulfate sodium, the only approved oral drug indicated for IC, within the first two months following the initial diagnosis. Approximately half of IC patients received no drug treatment within two months following the diagnosis. **CONCLUSIONS:** IC is a costly disease associated with increased risk of comorbidities. IC patients are commonly untreated.

PUK10

EPOETIN ALFA AND DARBEPOETIN ALFA DOSING TRENDS IN PRE-DIALYSIS CHRONIC KIDNEY DISEASE PATIENTS

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OBJECTIVES: To evaluate evolving epoetin alfa (EPO) and darbepoetin alfa (DARB) dosing patterns from 2002–2004 in patients with pre-dialysis chronic kidney disease (CKD) receiving care in nephrology clinics. **METHODS:** A random panel of approximately 250 nephrologists was requested bimonthly to review the medical records of their last two anemic pre-dialysis CKD patients seen currently receiving an erythropoiesis-stimulating therapy (EST). Data on patient demographics, comorbid conditions, CKD status, EST dose, and frequency of administration were collected every two months to evaluate changes over time. **RESULTS:** A total of 1585 patient charts were reviewed from November, 2002 to May, 2004 (EPO: 1047; DARB: 538). Patient demographics, comorbid conditions, baseline hemoglobin, and renal function were similar between groups. Weekly and extended (>Q2W) dosing patterns were seen in both groups (May, 2004—EPO: QW, 62%; Q2W, 24%; Other, 14%; DARB: QW, 32%; Q2W, 51%; Other, 19%). A decrease in the dose only ratio (units EPO: mcg DARB) from 276:1 in November, 2002 (average weekly dose—EPO: 10,481 units; DARB: 38 mcg) to 217:1 (average weighted weekly dose—EPO: 9981 units; DARB: 46 mcg) in May, 2004 was observed. The average weekly dose over the course of the study (EPO: 10,172 units; DARB: 41 mcg) corresponded to weekly costs of \$113 and \$164 for EPO and DARB (based on 2003 wholesale acquisition cost), respectively. **CONCLUSIONS:** Increasing DARB doses have been seen from November, 2002 through May, 2004, resulting in a lower dose only conversion ratio and greater average weekly drug costs compared to EPO. These analyses will assist clinicians and formulary decision makers in identifying real-world equivalent dosing and subsequent cost of treatment of these agents.

PUK11

ADHERENCE TO EXTENDED RELEASE TOLTERODINE VERSUS IMMEDIATE- AND EXTENDED-RELEASE OXYBUTYRIN AMONG COMMERCIALY-INSURED PATIENTS WITH OVERACTIVE BLADDER

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OBJECTIVE: To examine levels of persistence and compliance with long-acting tolterodine (TOL) versus immediate- or extended-release oxybutynin (OXY-I or OXY-X) among commercially-insured patients with overactive bladder (OAB). **METHODS:** Data were obtained from the PharMetrics Patient-Centric Database on patients diagnosed with OAB who started therapy with TOL, OXY-I, or OXY-X between January 2001 and December 2002. Medication adherence was tracked for 12

months. Persistence with medication was calculated based on the time from the index prescription to first discontinuation. Discontinuation was defined as a gap in therapy exceeding 2 times the therapy-days supplied on the previous prescription. Compliance was assessed as the ratio of the total number of days supplied to the number of days persistent with medication. Results were compared between groups descriptively. Chi-square tests were performed comparing the proportions persistent at 1, 2, 3, and 12 months. **RESULTS:** A total of 15,394 TOL, 7934 OXY-X, and 7963 OXY-I patients were available for analysis. Compliance did not differ between TOL (77.4%) and OXY-X (74.3%), but was substantially lower for OXY-I patients (60.9%). The mean (\pm SD) number of days on therapy was higher among TOL (139 \pm 132) than OXY-X (115 \pm 122) or OXY-I (60 \pm 85) patients. Persistence dropped more sharply over time among OXY-I and OXY-X than among TOL patients. At 1 month, 94.1% of TOL patients were persistent, declining to 45.9% at 3 months, and 19.9% at 12 months. Among OXY-X patients, 89.0%, 38.2%, and 13.9% were persistent after 1, 3, and 12 months, respectively. Corresponding figures for OXY-I patients were 65.6%, 16.6%, and 4.3%. Between-group differences (ie, OXY-X and OXY-I vs TOL respectively) were statistically significant (p values <0.0001) at each time point. **CONCLUSIONS:** Although compliance was comparable among TOL and OXY-I patients, TOL was associated with longer duration of use relative to OXY-X and OXY-I.

PUK12

ADHERENCE WITH MEDICATIONS USED TO TREAT OVERACTIVE BLADDER IN A MANAGED CARE POPULATION.

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OBJECTIVE: To evaluate adherence with medications used to treat overactive bladder (OAB) in a managed care population. **METHODS:** This was retrospective study performed using prescription drug claims data from a managed care organization for medications used in the treatment of OAB. The data set analyzed contained 18-months of prescriptions claims but only members that were newly started on an OAB medication between study months six and 12 were included in our analysis. The adherence indicators used in this study were the medication possession ratio for the first 180 days of therapy (MPR 180) and persistence on therapy at six months. The factors influencing the MPR 180 and persistence were evaluated using multi-factorial linear regression, and binary logistic regression, respectively. Factors evaluated were age, gender, type of insurance plan, and the specific OAB medication. **RESULTS:** There were 489 members initiated on OAB medications during the study period. Immediate release oxybutynin accounted for 81.6% of OAB medications initiated. For all OAB medications, the MPR 180 was 37.4% and persistence at six-months was 31.5%. Specific OAB medication was the only factor that was significantly correlated with both the MPR 180 ($P < 0.001$) and persistence on medications ($P = 0.013$). Patients initiated on extended-release oxybutynin and extended-release tolterodine exhibited a significantly higher MPR 180 and were more persistent compared to patients initiated on immediate-release oxybutynin. **CONCLUSIONS:** Adherence to medications used to treat OAB tends to be poor. Adherence with extended release formulations was significantly better than the most commonly used immediate-release generic preparation. Poor adherence to OAB medication may hinder members from achieving optimal therapeutic outcomes.