insurance coverage (OR, 1.768; CI, 1.745–1.792) were found to have higher odds of using inhaled corticosteroids when compared to uninsured and people from low income categories respectively. Aside from these, disease severity also predicted the use of controller drug. Participant age and disease severity had higher odds of using ICSs (OR, 1.532; CI, 1.537–1.568). The findings held true even after adjusting for other demographic factors.

CONCLUSIONS: Underuse of ICSs continues to be a problem in asthma patients. This not only makes the control of disease difficult but shoots up the healthcare expenses. Hence, the study was successful in finding our vulnerable populations that can be targeted for inhaled corticosteroids use. The importance of adherence to treat- ment and inhaled corticosteroids use are issues that need to be addressed.

THE IMPACT OF THE FDA’S RISK EVALUATION AND MITIGATION STRATEGIES (REMS) INITIATIVE ON PRESCRIPTION PATTERN FOR DRUGS APPROVED UNDER THE REMS PROGRAM AND RELEVANT NON-REMS APPROVED DRUGS

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OBJECTIVES: To assess the impact of REMS approval on prescription pattern for three oral drugs used to treat common chronic conditions. We assessed relative impact on prescription volume for REMS-approved drugs against relevant competitors not requiring REMS. We described these trends over the 2006–2009 period including the 9/27/2007 implementation of the REMS initiative. METHODS: We paired two top prescribed drugs for the treatment of asthma (Advair/Singulair), diabetes (Actos) and insomnia (Ambien) with their REMS-approved counterparts (Avandia, Actos and Ambien). We focused on the months leading to and following REMS approvals. For each pairing, volume of total prescriptions (TRx), new prescriptions (NRx) and prescription switches (SRx) were collected using the Verispan’s VONA database. Statistical analyses were performed using one-way ANOVA.

RESULTS: There were no significant changes (p > 0.05) in the volume of TRx, NRx and SRx for Advair or Actos prior to or following approval. However, Ambien TRx were significantly higher during and after the last quarter of 2008 compared to previous months (p < 0.008) while SRx were lower (p = 0.04). This increase did not come at the expense of Lunesta whose prescription volume stayed constant over the time period considered. CONCLUSIONS: The fear that additional safety requirements could be detrimental to drug prescriptions was not confirmed in our analyses. In fact, FDA requirement for REMS approval appeared to impact prescription volume favorably for one of the drugs considered. One possible explanation is the potential for increased interactions with providers thus the ability to better position the drug clinically. However, these trends were observed with less than a two-year period post-approval and only for a handful of drugs and conditions. Additionally, the differential impact of various REMS components such as medical guide and communication plan should be further investigated.

NATIONAL ALLERGIC DRUG UTILIZATION PATTERNS IN ADULTS WITH ALLERGIC RHINITIS: NATIONAL AMBULATORY CARE SURVEY RESULTS.

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OBJECTIVES: To examine recent anti-allergic drug utilization patterns in adults with allergic rhinitis using National Ambulatory Care Survey data.

METHODS: Data for this study was obtained from the 2006 and 2007 National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) public use data files. Visits with a primary diagnosis of allergic rhinitis in adults (age ≥18 years) were identified. Descriptive weighted statistics was used to examine utilization patterns of various anti-allergic medications.

RESULTS: A multivariate survey logistic was conducted to determine demographic and geographic variations associated with anti-allergic medication use in patients with allergic rhinitis. Anti-allergic medications were prescribed in 35.1% (95%CI 39.2% – 71.0%) of the total diagnosed visits. Antihistamines were the most commonly prescribed anti-allergic medication (37.4%) (95%CI 32.4%–46.6%) followed by intranasal steroids (28.3%) (95%CI 23.2%–31.8%). Topical nasal antihistamines and decongestants (7.8%) (95%CI 7.2%–9.9%), leukotrienes (6.3%) (95%CI 5.2%–8.6%), corticosteroids (3.4%) (95%CI 1.3%–4.3%), and oral decongestants (13.2%) (95%CI 0.4%–2.1%) were the least prescribed anti-allergic medications. The multivariate logistic regression revealed that geographic region of the office visits was significantly associated with medication use. Outpatient visits in the Midwest (Odd’s Ratio (OR) 5.16, 95%CI 1.50–17.67), South (OR 6.3; 95%CI 2.03–19.5), and West (OR 9.16, 95%CI 2.39–33.11) regions were more likely to be prescribed anti-allergic medications compared to those in the Northeast region. CONCLUSIONS: Anti-allergic medications are an important public health concern as it results in drug resistance and substantial healthcare costs. Little is known about how health insurance status is related with the prescribing of antibiotics at the adult primary care. We aim to assess the relationship between broad-spectrum antibiotic prescribing and patients’ insurance status in treatment of acute respiratory tract infections (ARTI) in adult primary care using a nationally representative sample.

METHODS: We analyzed 2006 National Ambulatory Medicare Care Survey, for adult aged 18 years or older cared for ARTI. Those patients with a concomitant diagnosis with other common outpatient infections that might be