were required for DRUG to generate greater gains than FBT. The incremental cost of moving from the lowest cost strategy to FBT with the greatest gain was $507 per patient. QALY gains were greatest for FBT compared to concomitant therapy of both dutasteride (0.5 mg) and tamsulosin (0.4 mg) for the treatment of symptomatic benign prostatic hyperplasia (BPH) in Quebec, Canada. METHODS: Our previously reported Markov state transition model was adapted to simulate the costs and outcomes associated with patients on either type of combination therapy for a 10-year period. As both combination therapies have been shown to be effective for urge incontinence and are relatively cost effective and offer QALYs at a bargain price, clinicians should be encouraged to screen for and actively offer treatment options for urge incontinence in older adults.

PUK11
COST-EFFECTIVENESS ANALYSES FOR REFRACTORY OVERACTIVE BLADDER: A SYSTEMATIC LITERATURE REVIEW
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OBJECTIVES: To assess the cost-effectiveness analyses for refractory overactive bladder (OAB) treatments. A systematic literature review of economic evaluations of treatment for refractory OAB was conducted using PubMed. For inclusion, studies had to compare two or more OAB treatments including at least one third-line treatment according to the American Urological Association. Articles were excluded if the study population was classified as neurogenic or predominantly stress incontinence. RESULTS: The initial search yielded 654 articles. After title review, 92 abstracts were identified as potentially eligible articles. Sixty-five abstracts were excluded because they did not meet inclusion criteria. Twenty-seven full-text articles were evaluated, of which 19 studies were excluded for lack of third-line treatment and two studies were excluded because OAB was classified as neurogenic. Of the six included studies, five were decision models, and one was a retrospective decision model. One decision model compared onabotulinumtoxin A to sacral nerve modulation with one of the models also allowing continued anticholinergic use as an additional intervention. One decision model compared onabotulinumtoxin A to anticholinergics. The remaining decision model compared peripheral tibial nerve stimulation to extended-release tolterodine. All of the studies were published recently, between 2009 and 2011. In all four of the studies the perspective was “societal,” and in the remaining studies the perspective was “government payers.” Most of the studies analyzed were based on direct medical costs and did not include the cost of lost productivity. Most of the studies based costs and utility scores on women with stress incontinence. In the absence of patients with refractory urge incontinence, no studies used direct comparative data or long-term evidence from clinical studies to evaluate refractory treatments. CONCLUSIONS: Few published economic evaluations exist that assess treatments for refractory OAB. Additional studies on the cost-effectiveness of refractory OAB treatments are needed to accurately assess the cost-effectiveness of these interventions.

PUK12
A COST-MINIMIZATION ANALYSIS OF A NEW FIXED-DOSE COMBINATION OF DUTASTERIDE AND TAMSULOSIN COMPARED TO CONCOMITANT ADMINISTRATION OF BOTH MONOTHERAPIES FOR THE TREATMENT OF SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA IN QUEBEC, CANADA
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OBJECTIVES: To evaluate long-term cost-effectiveness of a fixed-dose combination (FDC) product comprising 0.5 mg dutasteride and 0.4 mg tamsulosin daily compared to concomitant administration of both dutasteride (0.5 mg) and tamsulosin (0.4 mg) monotherapies for the treatment of symptomatic benign prostatic hyperplasia (BPH) in Quebec, Canada. METHODS: Our previously reported Markov state transition model was adapted to simulate the costs and outcomes associated with patients on either type of combination therapy for a 10-year period. As both combination therapies have been shown to be effective for urge incontinence and are relatively cost effective and offer QALYs at a bargain price, clinicians should be encouraged to screen for and actively offer treatment options for urge incontinence in older adults.

PUK13
COMPARING HEALTH CARE COSTS AND UTILIZATIONS OF PATIENTS WITH OVERACTIVE BLADDER WHO WERE ADHERENT AND NON-ADHERENT TO THEIR MEDICATION
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OBJECTIVES: To compare health care costs and utilizations between patients with an overactive bladder (OAB) who were adherent to OAB medication versus those who were not. METHODS: Adult patients with at least two OAB diagnoses and two consecutive OAB prescriptions (tolterodine tartrate, oxybutynin chloride/transdermal, tamsulosin, solifenacin, darifenacin hydrobromide) between July 1, 2007-December 31, 2010 were selected from the MarketScan Commercial and Medicare Supplemental Claims Database. Continuous eligibility for 6 months pre- and 12 months post-index date (first OAB prescription date), and no prior use of OAB medications during the 6-month baseline were required. Adherent (proportion of days covered [PDC] ≥0.78) and non-adherent (PDC<0.78) cohort comparisons were conducted using the Health Care Cost and Utilization Research Database. Results: For adherent patients (n=11,850), the mean age was 72 years, 58.8% were female, and the mean Charlson Comorbidity Index was 1.0. For non-adherent patients (n=34,005), the mean age was 73 years, 55.5% were female, and the mean Charlson Comorbidity Index was 1.2. Adherent patients had lower inpatient (17.00% vs. 23.99%), emergency room (32.7% vs. 32.21%), and lower medical costs ($22,608 vs. $26,000), but higher pharmacy costs ($12,382 vs. $7,526) compared to non-adherent patients (all p-values<0.0001). After matching, 11,850 patients from each cohort were further analyzed. Adjusted outcomes revealed that adherent patients had lower hospitalization rates (17.00% vs. 23.99%) and ER visit rates (27.11% vs. 34.24%), translating to lower total health care costs ($64,453 vs. $9,187, p<0.001). Higher pharmacy costs for adherent patients (all-age: $12,374 vs. $9,011; OAB-related: $2,238 vs. $945, all p<0.001) were offset by lower medical costs (all-age: $22,553 vs. $27,985, OAB-related: $732 vs. $1,269, all p<0.001). CONCLUSIONS: Higher adherence to OAB medication regimen was associated with lower inpatient and ER visits, higher pharmacy costs, but significantly lower medical and total costs.

PUK14
ESTIMATION AND COMPARISON OF UTILITIES GENERATED FROM A GENERIC (EQ-SD) AND DISEASE-SPECIFIC (OAB-SD) INSTRUMENT IN AN OVERACTIVE BLADDER POPULATION
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OBJECTIVES: Few utility data are available for overactive bladder (OAB) in the literature. This study compared utilities derived from a disease-specific instrument, OAB-SD, and a generic instrument, EQ-SD, according to severity of OAB symptoms and evaluated their sensitivity to change. METHODS: Analyses were based on pooled data from three 12-week randomized controlled trials of OAB treatments. EQ-SD and OAB-SD were assessed monthly. Time trade-off tariffs elicited from UK population were applied to obtain utilities from both instruments. Repeated measures linear regression was used to estimate differences between EQ-SD and OAB-SD utilities by symptom severity level for micturition frequency and incontinence. Variations in utility from baseline to week 12 were estimated by symptomatic response (improvement, stable or worsening). RESULTS: The sample included 4349 OAB patients. Mean utilities were 0.82 (standard deviation: 0.21) for EQ-SD and 0.86 (±0.09) for OAB-SD. The increase in utilities between the baseline and week 4 was 0.38 (±0.001). EQ-SD and OAB-SD utilities increased as OAB symptoms improved. Utilities were similar between instruments for patients with severe symptoms, but OAB-SD utilities were significantly greater than EQ-SD utilities for milder cases. Incontinence had more impact on both OAB-SD and EQ-SD utilities than micturition frequency. Changes from baseline in OAB-SD utility differed significantly according to symptomatic response. Changes in EQ-SD utility were not significantly associated with changes in micturition frequency and weakly associated with changes in incontinence severity among patients with mild symptoms at baseline. CONCLUSIONS: This study suggests that EQ-SD and OAB-SD are complementary tools to measure differences in efficacy between OAB treatments, especially in severe cases. However, EQ-SD may not be as sensitive as OAB-SD in measuring differences between treatments in milder cases. A limitation of OAB-SD may be that it over estimates utilities in less severe cases and it does not capture effects of co-morbidities on health-related quality of life.

PUK15
RESULTS OF A STUDY EVALUATING PATIENT’S PERCEPTION REGARDING THEIR ERYTHROPOIESIS STIMULATING AGENT TREATMENT IN CHRONIC KIDNEY DISEASE USING A CHOICE BASED CONJOINT ANALYSIS
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OBJECTIVES: This is a 6-month multicenter prospective Non-Interventional Study conducted with 111 French nephrologists in 2011. Eligible patients were patients (ED) and were classified as OAN or OAB. The primary endpoint was the relative importance according