treatment of coronary artery disease (CAD). METHOD: In this prospective comparative cohort study in 30 hospitals in Germany, patients with coronary artery disease (CAD) undergoing PTCA were electively treated with drug-eluting stents (DES) or bare-metal stents (BMS). Standardized questionnaires completed by patients and physicians at 3, 6, 12, and 18 months following PTCA documented major adverse coronary events (MACE), including death, myocardial infarct, coronary bypass surgery and reintervention as well as direct and indirect costs related to CAD. Patient health-related and disease-specific quality of life was documented with the SF-36 and MacNew heart disease questionnaires. RESULTS: From April until August 2004, 237 patients were treated with DES (88% male, mean age 63 ± 10) and 241 patients with BMS (82% male, mean age 65 ± 10). There were no significant differences in socio-demographic factors, cardiovascular risk factors and severity of CAD. After 6 months, 11.6% of the DES cohort and 26.7% of the BMS cohort had suffered a MACE (p < 0.05). The quality of life (SF-36 physical and mental summary scores and MacNew global score) at 3 months was higher in the DES cohort than in the BMS cohort but at 6 months, both groups were similar. Initial hospital costs were significantly higher for DES than for BMS (6290 ± 1800 vs. 3655 ± 541 €, p < 0.001). The 6-month follow-up costs of DES tended to be less than those of BMS (4305 ± 6031 vs. 5873 ± 6442 €, p = n.s.). CONCLUSIONS: In comparison to patients following BMS implantation, patients 6 months following implantation of a DES have considerably fewer clinically relevant adverse events, while the quality of life at this time point was similar in both cohorts. Initial hospital costs were significantly higher for DES than for BMS but 6-month follow-up costs were less for DES.

SURGERY

ECONOMIC BURDEN OF ILLNESS ASSOCIATED WITH CODED POSTOPERATIVE ILEUS AFTER OPEN LAPAROTOMIES

Wang PF1, Bowers B2, Moss B3, Bell TJ2, Saunders WB1
1Premier Health Informatics, Charlotte, NC, USA; 2GlaxoSmithKline, Research Triangle Park, NC, USA; 3Adolor, Exton, PA, USA; 4Premier, Inc, Charlotte, NC, USA

OBJECTIVES: To estimate the economic burden of coded postoperative ileus (POI) among patients undergoing open laparotomies in the US. METHODS: Using Premier's PerspectiveTM database, we identified 193,409 open laparotomy surgical procedures performed on patients with a claim for one of five elective surgical procedures (560.1 and 997.4). Risk factors for coded POI were analyzed by a logistic regression model. To assess the economic burden of coded POI, multiple regression analyses were performed predicting hospital length of stay and total hospital costs while controlling for baseline variables. Estimates of incremental costs and length of hospital stay were projected to the national level. RESULTS: Extended operating room time increased the risk of coded POI by 20% for each one-hour increase (OR, 1.20, 95% CI, 1.19–1.21). Mean operating room time was 3.0 ± 1.7 hours for patients with coded POI versus 2.5 ± 1.2 hours for patients without coded POI. Use of PCA opioids increased the risk of coded POI by 39% (OR, 1.39, 95% CI, 1.34–1.44). Coded POI was associated with an additional 2.6 days (P < 0.01) in the hospital and $1763 (P < 0.01) in total hospital costs. For the US, the overall burden of coded POI for open laparotomies was estimated to be an additional 370,000 days in the hospital and $253 million in total costs. CONCLUSIONS: POI is associated with a significant economic impact. Inpatients with coded POI have extended operating time and increased use of PCA opioids. POI was also associated with increased hospital stay and consequently, hospital costs. Since POI may not be routinely coded in this database, the true economic burden of POI may be underestimated. Strategies to reduce the impact of POI should lead to economic savings to the hospital system.

PSU1

ELECTIVE SURGERIES IN THE US: RISK FACTORS, COST, AND OUTCOMES

Saunders WB, Wang PF, Gaylord B
Premier, Inc, Charlotte, NC, USA

OBJECTIVE: To determine the impact of age and gender on the frequency and resource utilization among inpatients with a claim for an elective surgery between October 2003 and September 2004 in the Premier Perspective Database. METHODS: All inpatient and outpatient discharges with a claim for one of five elective surgeries between October 2003 and September 2004 were retrieved. Procedures of interest were botox injections (botulinum toxin), liposuction (lipoplasty or lipectomy), nose reshaping (rhinoplasty), breast augmentation (mammoplasty), and laser treatment of leg veins (sclerotherapy or sclerosing). The relationship between each surgery and age, gender, length of stay, and costs was examined, and the distinction between “elective” and “necessary” surgeries is made where possible. RESULTS: Overall, there were 2349 claims for botox injections (among inpatients, 56% female; among outpatients, 62% female), 189 liposuction procedures (over 91% females), 261 nose reshaping procedures (55% male), 293 breast augmentations (over 96% females), and 8,635 treatments of leg veins (among inpatients, 45% female; among outpatients, 50% female). With the exception of leg vein procedures, most were performed in hospital-based outpatient clinics. Most botox procedures were performed on females in outpatient clinic settings (n = 1177), and 9% were performed on teens. Most liposuction procedures were among 19-44 year-old females (57%) and middle-aged females (39%) seen in outpatient clinics. In addition, most nose reshaping (more common in males and teenagers received 10% of these procedures) and breast augmentations occurred in the outpatient setting (3% were among teens). Finally, most leg vein procedures were among elderly inpatients, many of these non-elective surgeries. Additional results regarding the medications used, as well as readmission, will be presented. CONCLUSION: Elective surgeries are common, and are captured in administrative hospital data. Further research using data from specialty clinics should be performed to better understand the magnitude and health impacts associated with these procedures.

Poster Session II

ALLERGY

THE IMPACT OF THE RX-TO-OTC SWITCH OF LORATADINE AND CHANGES IN PRESCRIPTION DRUG BENEFITS ON UTILIZATION AND COST OF THERAPY

Sullivan P1, Nair KV1, Patel BV2
1University of Colorado, Denver, CO, USA; 2Medimpact Healthcare Systems, Inc, San Diego, CA, USA

OBJECTIVES: Numerous prescription products have become available OTC in recent years and there are several reasons why this number is likely to increase significantly in the future. To date, there have been simulation models, but no empirical assessment of the impact of the Rx-to-OTC switch of loratadine. Pre-
vious simulation models have shown the Rx-to-OTC switch of loratadine to be cost-effective. The purpose of this research is to empirically assess the overall impact of the Rx-to-OTC switch of loratadine as well as the specific impact of different pharmacy benefit structures on prescription drug utilization and cost in a variety of plan sponsors. METHODS: Data from a national pharmacy benefit management organization covering 27 million lives throughout the US were used. The analysis included a comparison of the difference in prescription utilization and cost for the 12-months after a change in prescription benefits for second-generation antihistamines (SGA) due to OTC loratadine compared to 12-months before for plan sponsors that instituted no change, moved SGA to the 3rd-tier and restricted SGA benefits through prior authorization requirement. Change in utilization and cost of medications for allergic rhinitis (AR), asthma, respiratory infections and all classes combined was examined. Multivariate regression analysis was used to control for differences across study groups. RESULTS: There was a substantial decrease in utilization and cost of all prescription drugs and combinations of drug classes. AR patients facing restricted prescription benefits for SGA did not appear to increase utilization of other AR medications or other medications used to treat comorbid conditions such as asthma, sinusitis and otitis media. CONCLUSIONS: Utilization and cost decreased substantially for all types of medications and all pharmacy benefit structures. Future studies need to examine the impact of the Rx-to-OTC switch of loratadine and resultant prescription benefit policies on medical utilization and OTC antihistamine utilization.

PATIENT PERCEPTIONS REGARDING THE USE OF OVER-THE-COUNTER CLARITIN

Nair KV, Sullivan P
University of Colorado, Denver, CO, USA

OBJECTIVE: To examine patient perceptions regarding medication efficacy, safety and cost of using over-the-counter (OTC) Claritin and its impact on work related productivity. METHODS: A web-based survey was administered to employees of a large University via a voluntary-based e-mail list. Survey items included the choice of medication used by individuals prior to and following the availability of OTC Claritin, perceptions of efficacy, symptom control, and safety of OTC Claritin as well perceptions of work related productivity. Bivariate comparisons using chi square analysis were used to describe the study results. RESULTS: Sample consisted of 221 respondents of which 19% were either taking a prescription medication or nasal spray, other OTC medications, both a prescription and OTC medication, allergy shots, herbal medications or who were not treating their allergies prior to the availability of OTC Claritin switched to OTC Claritin. Older individuals were less likely to switch to OTC Claritin. Half the individuals who switched from prescription medication to OTC Claritin reported having better control of their allergic rhinitis symptoms (p < 0.05). In total, 88% of these individuals reported no difference in side effects between their prescription medication and OTC Claritin, while 82% reported that OTC Claritin was more expensive than their prior prescription medication (p < 0.05). However, only 28% of these individuals reported their allergy symptoms did not interfere at all with their work while taking OTC Claritin, while 38% reported that they were only between 60–80% as productive at work when taking OTC Claritin. CONCLUSIONS: Preliminary results suggest that the adoption of OTC Claritin may not be as widespread as anticipated. While patients’ report equal or better symptom control with OTC Claritin, self reports of work related productivity do not appear to corroborate these findings. Further research is needed to examine the indirect impact of OTC Claritin on presenteeism and absenteeism.

WILLINGNESS TO PAY FOR INTRANASAL CORTICOSTEROID THERAPY: THE IMPORTANCE OF SENSORY ATTRIBUTES

Kleinman L1, Shah S2, Mahadeva P3, O’Dowd L4, Leibman C4
1MEDTAP International, Inc, Seattle, WA, USA; 2Collegeville Professional Center, Collegeville, PA, USA; 3AMGEN, Inc, Washington, DC, USA; 4AstraZeneca LP,Wilmington, DE, USA

OBJECTIVES: Patients’ willingness to pay (WTP) for intranasal corticosteroid (INS) products was evaluated. METHODS: One hundred twenty patients with allergic rhinitis were recruited from four US allergy/immunology clinics. Participants chose between hypothetical INSs differing in degree across six attributes (smell, taste, aftertaste, throat rundown, nose runout, and feel of spray) and monthly co-pays ($15, $30, and $50). Attributes were defined in three levels (strong, weak, and none). Strength of preference was measured as marginal WTP to avoid higher-degree levels. RESULTS: Patients were willing to pay $11 (95% confidence interval [CI]: $9 to $13) per month to avoid strong smell over no smell, $12 (95% CI: $10 to $14) to avoid strong taste over no taste, $20 (95% CI: $18 to $22) to avoid strong aftertaste over no aftertaste, $10 (95% CI: $9 to $12) to avoid excess throat rundown over no throat rundown, $11 (95% CI: $9 to $13) to avoid excess nose runout over no nose runout, and $6 (95% CI: $4 to $8) per month to avoid dry spray over moist spray. When moderate to low levels were compared, aftertaste, throat rundown, and nose runout were still associated with a significant WTP. Income level was not associated with changes in WTP except for throat rundown. Patients with an income >$80,000 were willing to pay more to avoid excess throat rundown than those with an income <$60,000. CONCLUSIONS: Patients are willing to pay for an INS with favorable sensory attributes.

ARTHITIS—Osteoarthritis

COX-2 USE IN THE POST-ROFECOXIB ERA

Gallagher TC1, Patel BV1, Leslie RS1, Stolley S1, Szczotka A2, Fendrick AM2, Berenbeim DM1
1MedImpact-HealthCare Systems, Inc, San Diego, CA, USA; 2The University of Michigan Health System, Ann Arbor, MI, USA

OBJECTIVE: In September, 2004, rofecoxib was withdrawn from the market due to cardiovascular safety concerns, and concerns have been raised about the cardiovascular safety of other Cox-2s. This study identifies the characteristics of Cox-2 users in the six months preceding rofecoxib withdrawal and tracks the NSAID utilization of this cohort by cardiovascular risk and other characteristics. METHODS: Pharmacy claims from a large, private pharmacy benefit management firm were analyzed. Individuals with a claim for any Cox-2 inhibitor in the 180 days prior to rofecoxib withdrawal were identified, and their cardiovascular risk assessed on a surrogate measure based on pharmacy claims. Subsequent NSAID utilization of this cohort was tracked through December, 2004 and through mid-2005. RESULTS: Over 130,000 Cox-2 users were identified in the six months prior to rofecoxib withdrawal. Thirty-four percent were male, 31% age 65 or older, and 31% had a pharmaceutical marker suggesting cardiovascular risk. In the three months following rofe-coxib withdrawal, 50% of Cox-2 users had a claim for an NSAID (Cox-2 or non-selective NSAID), and individuals with CV risk were more likely than those at lower risk to have an NSAID claim (57% vs. 47%, p < 0.0001). Of those with an...