OBJECTIVES: Patient-reported outcome (PRO) measures provide patients and clinicians with a comprehensive, individualized, and aggregated data that can inform treatment decision making and aid patient management. Existing PRO measures for psoriasis typically do not fully capture either impact on emotional wellbeing or coping behaviors, including modifiable behaviors to improve poor health outcomes of comorbid disease. The aim of this study was to develop content for a new PRO for the clinical management of psoriasis.

METHODS: Patients with chronic plaque psoriasis were identified and recruited through two psoriasis-specific clinics. Content was developed and iteratively refined through: a) in-depth qualitative, face-to-face interviews (n=30) using a semi-structured interview guide and analyzed using NVivo; b) development of a conceptual model and draft items with an expert panel; and c) cognitive debriefing of draft items, response scale, and recall period to determine relevance to patients (n=8).

RESULTS: Qualitative analysis revealed seven main domains of concern to patients with psoriasis including symptoms and impact on negative wellbeing, positive wellbeing, daily activities, illness beliefs, treatment beliefs, and coping techniques. A conceptual model is presented, postulating relationships between concepts identified by patients. An initial bank of 97 items was generated. After expert review, 35 items remained. A draft of items, response scale, and recall period to determine understanding and acceptability of items was achieved.

CONCLUSIONS: The initial content of PROMPT was derived from patient-reported experience and demonstrates initial feasibility of using PRO to identify psoriasis patients. The development of PRO specific to psoriasis is needed to better inform patient management and treatment decisions.

SSENSORY SYSTEMS DISORDERS – Health Care Use & Policy Studies

PSS31 A RETROSPECTIVE COHORT STUDY TO INVESTIGATE ACTUAL TREATMENT FOR GLAUCOMA USING A JAPANESE HEALTHCARE DATABASE

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OBJECTIVES: The risk of blindness from glaucoma can be reduced by early detection and treatment. A domestic large-scale surveillance study (Tajimi Study) showed that approximately 90% of glaucoma patients of 40 years or older are un diag nosed, and initiation of the treatment is delayed. In this study we glaucoma treatment was investigated to understand the real-world situation of glaucoma therapy using claim data from a large database. This was a retrospective cohort study. The data were extracted from a Japanese healthcare database (MinaCare Co., Ltd), which contained claim data obtained from approximately 2.0 million members of employment-based healthcare insurance. The IC10 classification was used to identify glaucoma patients. A washout period of 6 months before enrollment was set during which there were no records of prescriptions of antiglaucoma drugs or glaucoma surgery. Antiglaucoma ophthalmic solutions or surgery for initial treatment, persistence and change in medicine were investigated. RESULTS: Out of 2,074,499 people in the database as of August 2014, we identified 42,470 glaucoma patients and the target group who met the wash-out conditions involved 6,333 patients (male: 3,618, female: 2,715). About 75% of the patients were between 40 to 69 years old and about 10% were 70 years or older. Regarding the initial treatment, most patients started with topical antiglaucoma treatment and only 24 patients underwent surgery. The first prescription of antiglaucoma drug included 1 agent in 89%, 2 agents with 4.3%, and 3 or more agents in 0.3%.

CONCLUSIONS: In this study, the initial treatment method of the patient group was to be used for the evaluation of treatment.

PSS32 THE IMPACT OF INCREASED DOSING OF ADALimumab AND ETANERcept ON MANAGED CARE COSTS


OBJECTIVES: To investigate the availability and affordability of anti- psoriasis drugs in Benin City, Nigeria.

METHODS: To investigate the availability and affordability of anti-glaucoma medicines in Benin City, Nigeria. METHODS: The study employed retrospective and prospective cross-sectional design, using data collection forms, WHO/HAI data collection format for collection and analysis of medicine prices in public and private sectors. The name of the anti-glaucoma drugs (branded and generic), usual quantities, price prescribed for a month supply to patients, strength, unit pack, brand name, lowest price generic (LPG) were recorded. Physical sighting of product was done to confirm availability in that facility. Data was analyzed with WakAfford1.0. Medicine Affordability Calculator developed for this study based on USD103 (NGN17,000) minimum wage per month for the least paid government worker RESULTS: Thirty-six anti-glaucoma medicines were surveyed in the three main sectors. The branded products in private pharmacies had 47.22% availability, private clinics 38% and public hospital 25%, while the generic medicines had 25% availability. The most affordable product for Medicaid is Cymetka 22.72% in clinic (n=26), Cymetka (n=19) and Cymetka in public sector respectively. The most affordable branded product in Private pharmacies was acetazolamide tablets (0.16 ± 0.02 days) and Timolol 0.5% eye drop (0.59 ± 0.04 days), while the most unaffordable was Cymetka (n=27) and Cymetka+Simplot (n=21) 0.16 ± 0.02 days and (n=27) 0.59 ± 0.04 days, respectively. However timolol 0.25% was the most affordable in private clinic while Xalacom® (n=27) was the most unaffordable CONCLUSIONS: The availability of anti-glaucoma drugs in Benin City is suboptimal and some are unaffordable across the different sectors. Government and donor agencies should subsidize and make them accessible to patients. Acknowledgment: WakAfford 1.0 affordability calculator developed with BaseCase Interactive donated in an academic partnership by BaseCase (Berlin, Germany). Available at www.pubbasecase.com; BaseCase is still under development.

PSS33 ASSESSING THE IMPACT OF INCREASED MAINTENANCE DOSE OF LIFELONG THERAPY FOR PSORIASIS

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OBJECTIVES: Psoriasis (PSO) and psoriatic arthritis (PsA) are immune-mediated chronic inflammatory diseases (CID) and are managed by using biologic agents (ADA and etanercept) in the least common commonly used first-line biologic agents. As per FDA-approved dosage and administration, newly initiated PSO patients receive a higher loading dose followed by a regular maintenance dose. In clinical practice, however, patients may continue to use an increased (rather than regular) maintenance dose.

METHODS: The study employed retrospective, descriptive analysis was performed using the publicly available Medicare Advantage Claims Database (MACS) and included all enrollees age ≥ 65 years enrolled in Medicare Part D from January 1, 2011 (base year) to December 31, 2013 (study period). Patients were identified by the MACS product code. The study population included 207,777 patients who met the study definitions and were included in the study. The main outcomes measured were: A) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. B) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. C) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. D) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. E) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. F) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. G) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. H) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. I) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. J) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. K) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. L) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. M) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. N) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. O) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. P) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. Q) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. R) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. S) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. T) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. U) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. V) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. W) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. X) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. Y) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment. Z) average annual maintenance dose, measured as the number of days exposed to ADA or ETN in the maintenance phase of treatment.

CONCLUSIONS: A large proportion of patients treated with commonly used biologic agents are maintained on increased maintenance doses, significantly increasing payer costs.

PSS40 UTILIZATION, PRICE, AND SPENDING TRENDS FOR FLUOROQUINOLONES IN THE US MEDICAID PROGRAM: A RETROSPECTIVE, DESCRIPTIVE ANALYSIS

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OBJECTIVES: Fluoroquinolones are broad-spectrum antibiotics commonly used in the treatment of respiratory tract infections, uncomplicated urinary tract infections and gastrointestinal infections. This study described and analyzed trends in the utilization, spending, and average per prescription cost of fluoroquinolones individually and overall, by the Medicaid programs from 1991 to 2013.

METHODS: A retrospective, descriptive analysis was performed using the publicly available national Summary Files from the Medicaid State Drug Utilization Data maintained by the U.S. Department of Health and Human Services. Utilization included: fluoroquinolones, gemifloxacin, levofloxacin, moxifloxacin, norfloxacin, and ofloxacin, as well as recently withdrawn drugs, grepafloxin (1999), sparfloxacin (2001), trovafloxin (2000), and tolerofloxacin (2000). The model included individual and reimbursement amounts were calculated for all fluoroquinolones reimbursed by Medicaid. Average per-prescription spending as a proxy for drug price was calculated (estimated) for all generic and brand drugs by dividing reimbursement by the number of prescriptions or fills for each code. The total number of fluoroquinolones purchased in 1991 was 1.66 million in 1991 to 5.66 million in 2005, and then decreased to 4.21 million in 2013. Total expenditures on fluoroquinolones increased from $81 million in 1991 to $395 million in 2004, and then decreased to $163 million in 2013. The average prescription price for generic ciprofloxacin was $7.76 in 2013, whereas the price