USE OF SILDENAFIL CITRATE IN NON-ADHERENT PATIENTS WITH CVD, DIABETES OR DEPRESSION

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OBJECTIVES: Patients often attribute erectile dysfunction to comorbid medications and subsequently discontinue therapy. This study explores the impact of sildenafil citrate in patients non-adherent with comorbid medications. METHODS: Retrospective cohort study using administrative claims data and cash prescriptions (January 2002-July 2002). Identified adult male patients with an antihypertensive (AH), antidepressant (AD), oral hypoglycemic (OHG) or lipid-lowering (LL) prescription in the 12 months prior to / following index sildenafil prescription. Results: Patients with a comorbid medication possession ratio (MPR) <0.8 prior to sildenafil (i.e., non-adherent) were evaluated for changes in days supply and MPR. RESULTS: About 60% of the 12,281 patients who initiated sildenafil were previously non-adherent with comorbid medications. Mean MPR, for all disease cohorts and irrespective of payment source for sildenafil, increased after the index date. Compared to self-pay sildenafil patients, 3rd party sildenafil patients had statistically significantly larger increases in MPR for AH, OHG and LL prescriptions (range of MPR change: 8%–17%). After initiation of sildenafil, 20% (OHG) to 36% (AH) became adherent. Significantly greater increases in MPR were seen in patients with 3+ sildenafil prescription claims. Cash patients were less likely to have 3+ sildenafil prescriptions vs. 3rd party patients. CONCLUSION: In patients who were previously non-adherent to chronic medications, there appeared to be a significant increase in overall adherence after initiating sildenafil. This increase was significantly larger in patients with insurance coverage for sildenafil, as well as in patients with increased sildenafil utilization.

IMPACT OF BENEFIT DESIGN ON PDE-5 UTILIZATION AND COSTS IN A LARGE PBM DATABASE

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OBJECTIVES: To determine how different factors related to benefit design impact the utilization and costs of PDE-5 inhibitors including vardenafil, tadalafil and sildenafil in adult males. METHODS: Pharmacy claims from a large, private pharmacy benefit management company over a 2-year period from October 1, 2002 to September 30, 2004 were analyzed. PDE-5 utilization, average of age of database population and PDE-5 users, and PMPM were evaluated. RESULTS: The average PMPM for PDE-5 agents was $0.16 over the entire study period with an average of 5.7 pills/rx. The average age of patients for different benefit designs ranged from 52 to 68 years while the sample population age ranged from 24 to 48 years. Plans with no PDE-5 agent on formulary had an average PMPM of $0.08 vs. $0.22 in those with at least one PDE-5 on formulary. Copays for open formulary incentive plans with PDE-5’s on 2nd tier were approximately $10 less than PDE-5s on 3rd tier while plan sponsored PMPM costs were similar ($0.17 vs. $0.18). This was attributed to a lower quantity dispensed per prescription (4.5 vs. 6.9). Similar trends were found for closed formulary plans where PDE-5s were on formulary vs. not on formulary (PMPM of $0.03 vs. $0.02). Differences in plan sponsored PMPM costs for open formulary, 1-tier vs. 2-tier plans were attributed to differences in member copays ($3.60 vs. $18.63) and not utilization (6.1 vs. 6.4 pills/rx). CONCLUSION: Despite a younger overall population, PDE-5 utilization was utilized in the 50+ age group regardless of benefit design or restrictions. Plan sponsors can expand access to PDE-5 agents and at the same time limit their PMPM costs with quantity limits.

EVALUATION OF TADALAFIL AND VARDENAFIL TREATMENT PATTERNS IN PRIOR SILDENAFIL USERS

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OBJECTIVES: Among currently available oral PDE-5 agents, sildenafil remains the most commonly used ED therapy. We evaluated refill rates and costs in sildenafil users who tried a competitor using a claims database. METHODS: Males 18+ years old newly initiated on sildenafil were identified in NDCHealth’s Intelligent Health Repository. Patients had at least 6 months history prior to through 6 months following initial claim for sildenafil. Treatment patterns following switch to competitors and resource utilization in patients who switched vs. those who did not switch were evaluated. RESULTS: About 6% of the