RESULTS: Nearly all the medical innovations studied will result in better health and longer life, but they will likely increase, not decrease, Medicare spending. One exception is the use of extended-release drugs, which can reduce side effects and improve adherence. However, such treatments can be very cost-effective, especially for patients with chronic conditions. Costs for treating chronic conditions have increased substantially in recent years, partly due to the aging population and the widespread use of prescription medications.

OBJECTIVES: The objective of this study was to investigate the societal costs in employed patients not able to work due to chronic, long-term, or terminal illness in Germany and France for people below age 40. The study aimed to identify the factors that influence these costs and to develop strategies to reduce them.

METHODS: Societal costs were investigated by collecting data on medical care, disability, and income replacement payments. Data were collected from various sources, including administrative databases, patient surveys, and expert interviews. The study used a mixed-methods approach, combining qualitative and quantitative data analysis.

RESULTS: The analysis showed that public costs could play an important role in health economic analyses in Germany and France. Productivity loss, disability benefit and home care benefits in Germany and France for employed patients. Costs were derived from publicly available literature or data sets, but the analysis was limited by the time horizons.

CONCLUSIONS: Societal costs associated with long-term sickness are not insignificant in Germany and France. Although indirect costs are currently not included as part of reimbursement criteria in Germany and France, the results suggest that the analysis should be conducted in health economic analyses wherever possible. The results are of interest when comparing two treatment regimens where patients have differing ability to work either during or after the treatment, or where a majority of patients are employed. The overall perspective could support decision making beyond assessment of clinical efficacy alone.

PIH25 CLINICAL AND ECONOMIC OUTCOMES ASSOCIATED WITH EARLY COMBINED ESTROGEN AND PROGESTAGEN HORMONE THERAPY FOR POST-MENOPAUSAL WOMEN

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OBJECTIVES: To compare clinical and economic outcomes between post-menopausal women treated with combined estrogen and progestagen hormone therapy (HT) within 1 and 2 years after menopause diagnosis. METHODS: A retrospective analysis of women age 45 or older from a large U.S. health plan (April 2002-September 2010) was conducted. The first HT prescription during the identification period (April 2005-September 2008) was used as the index date. The analysis was conducted using a propensity score methodology. The corresponding rates of HT initiation treatment were calculated. The results were compared between HT initiation within 1 year of diagnosis and HT initiation 2-5 years after diagnosis.

RESULTS: Propensity score matching (PSM) was used to adjust for baseline differences in age, region, procedure used, comorbidities, and healthcare utilization before HT. Results showed that women treated within 1 year of diagnosis had lower costs, better health outcomes, and higher adherence compared to women treated between 1 and 2 years after menopause diagnosis. Conclusions: Early initiation of HT can improve health outcomes and reduce healthcare costs.

PIH26 PUBLICATION FUNDING FOR INFERTILITY TREATMENTS IN CANADA: ELIGIBILITY AND DEMAND FOR IVF IN CANADA

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OBJECTIVES: To identify the potential size of the population in Canada eligible for infertility screening, and to estimate the associated costs. METHODS: Using the Canadian Fertility Cost Model framework, an age-specific decision model was developed to estimate the potential size of the Canadian population eligible for infertility screening. The model used data from the Canadian Fertility and Health Research Initiative (CFHI) database.

RESULTS: Among 4668 eligible patients, 63.9% (N=2956) were included in Cohort A and 30.7% (N=1781) in Cohort B. After PSM, 3170 patients from each group were matched. Matched HT within 1 year of menopause diagnosis (Group A) were less likely to have Dual-Energy X-Ray Absorptiometry (DXA) scans and osteoporosis than patients treated between 2-5 years after menopause diagnosis. In addition, patients with earlier treatment showed a higher medication possession ratio (MPR) (0.49 vs. 0.48, p=0.027). Health-care costs and utilizations remained similar, except patients with early HT treatment had significantly lower emergency room visit rates (22.1% vs. 26.0%, p<0.003) than patients with late HT treatment.

CONCLUSIONS: Early initiation of HT within 1 year of menopause diagnosis had fewer comorbidities, directionally higher MPR but not significant, and lower emergency room visit rates than women initiating HT between 2-5 years. Other clinical and economic outcomes were similar.

PIH27 WOULD SOCIETAL COSTS IN HEALTH ECONOMIC ANALYSES INFLUENCE DECISION MAKING? HYPOTHETICAL ANALYSES FOR CANADA AND FRANCE

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OBJECTIVES: The objective of this study was to investigate the societal costs in employed patients not able to work due to chronic, long-term, or terminal illness in Germany and France. The study aimed to identify the factors that influence these costs and to develop strategies to reduce them.

METHODS: Societal costs were investigated by collecting data on medical care, disability, and income replacement payments. Data were collected from various sources, including administrative databases, patient surveys, and expert interviews. The study used a mixed-methods approach, combining qualitative and quantitative data analysis.

RESULTS: The analysis showed that public costs could play an important role in health economic analyses in Germany and France. Productivity loss, disability benefit and home care benefits in Germany and France for employed patients. Costs were derived from publicly available literature or data sets, but the analysis was limited by the time horizons.

CONCLUSIONS: Societal costs associated with long-term sickness are not insignificant in Germany and France. Although indirect costs are currently not included as part of reimbursement criteria in Germany and France, the results suggest that the analysis should be conducted in health economic analyses wherever possible. The results are of interest when comparing two treatment regimens where patients have differing ability to work either during or after the treatment, or where a majority of patients are employed. The overall perspective could support decision making beyond assessment of clinical efficacy alone.

PIH28 THE INTRINSIC VALUE OF EXTENDED-RELEASE DRUGS

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OBJECTIVES: Conventional pricing theory suggests that therapies with additional benefits over an existing option may garner a higher price to account for this incremental value/benefit. For reformulated therapies such as extended-release (ER) products, common patient benefits (e.g. potentially reduced pill burden and side effects) should provide enough incremental benefit to warrant a price higher than the immediate-release (IR) formulation of the same molecule. The objective of this study is to quantify the intrinsic value of ER formulations by exploring the price comparison between ER and IR formulations. METHODS: To identify therapies of interest, a search of the Epocrates drug database was conducted and all therapies with names indicative of reformulated products were analyzed. The price of each ER product was captured for the first day of market availability and compared to the branded IR formulation. An analysis of IR generic entry and the time elapsed from branded IR launch was conducted to determine if these confounding factors explained the observed differences. RESULTS: Of the 49 ER products that were analyzed, the majority (54%) had prices lower than the IR product. Only one-quarter (26%), had prices higher than the IR product and the remaining products had equivalent prices. Generic entry did not correlate with the observed price comparisons between ER and IR formulations. CONCLUSIONS: The percentage price difference between branded ER and branded IR products did not uncover a standard incremental value that would indicate there is an intrinsic value provided by ER formulations. An analysis of generic entry failure to show that a reduced price reference may be possible. Future work could compare ER products pricing and that pricing decisions for the ER products included unique price sensitivity studies and considered competitive corporate strategy, as is best practice.

INDIVIDUAL’S HEALTH – Patient-Reported Outcomes & Patient Preference Studies

PIH29 ADHERENCE AMONG INITIATORS AND SWITCHERS ON GENERIC, PREFERRED AND NON-PREFERRED BRAND THERAPIES

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OBJECTIVES: The purpose of this study was to compare brand and generic medication adherence in key therapeutic classes, particularly among the generic, and the non-preferred and preferred brand initiators. METHODS: CVS Caremark pharmacy claim data (July 1, 2008–July 1, 2011) were analyzed for patients who initiated therapy at retail. We compared medication persistence and compliance over a 12-month period in 4 therapeutic classes: angiotensin-converting enzyme inhibitors (ACEIs), angiotensin-II receptor blockers (ARBs), HMG-CoA reductase inhibitors (statins), and budesonide. To qualify for the study, the patients had to be continuously eligible for benefits a total of 12 months, with the additional 6 months to identify initiators. We compared Medication Possession Ratio (MPR), Medication Persistence, Proportion of Days Covered (PDC), and the First Fill Persistence (FFP) between ER and IR products. RESULTS: Of the 59 ER products that were analyzed, the majority (54%) had prices lower than the IR product. Only one-quarter (26%), had prices higher than the IR product and the remaining products had equivalent prices. Generic entry did not correlate with the observed price comparisons between ER and IR formulations. CONCLUSIONS: The percentage price difference between branded ER and branded IR products did not uncover a standard incremental value that would indicate there is an intrinsic value provided by ER formulations. An analysis of generic entry failure to show that a reduced price reference may be possible. Future work could compare ER products pricing and that pricing decisions for the ER products included unique price sensitivity studies and considered competitive corporate strategy, as is best practice.