COMPARISON OF DOSING PROFILES BETWEEN DULOXETINE AND PREGABALIN INITIATORS AMONG ELDERLY PATIENTS WITH FIBROMYALGIA

OBJECTIVES: To assess dosing differences between duloxetine and pregabalin initiators among elderly patients with fibromyalgia. METHODS: Using a large US administrative claims database, we examined fibromyalgia patients aged 65 and above with Medicare supplemental insurance who initiated duloxetine or pregabalin in 2006. Initiation was defined as no duloxetine or pregabalin pill coverage in the previous 90 days prior to defined as the first initiation date. The duloxetine and pregabalin cohorts were constructed based on the index agent. All individuals selected had continuous enrollment in the 12 months pre- and post-index periods and at least 31 duloxetine or pregabalin supply days in the 12 months post-index period. Duloxetine initiators with diabetic peripheral neuropathy (DPNP) or depression, and pregabalin initiators with DPNP, post-herpetic neuralgia or epilepsy diagnosis in the 12-month pre-index period were excluded. Average initial daily dose, average daily dose, average daily dose of the first 12 prescriptions of duloxetine or pregabalin, and percent of daily dose change from previous prescription were compared between cohorts. RESULTS: Patients in the duloxetine (n = 624) or pregabalin (n = 1,199) cohorts had a mean age of 74 years. The average initial daily dose was 51.34 mg for duloxetine and 145.71 mg for pregabalin, respectively. Duloxetine patients had an annual average daily dose of 50.81 mg, while 162.82 mg for pregabalin patients. The average daily dose peak through twelfth duloxetine prescriptions was 49.49-53.96 mg, while the range for pregabalin was between 145.71 mg and 216.96 mg. The percentages of changes in daily dose from previous prescriptions were −4.3-2.8% for duloxetine and 0.6-12.4% for pregabalin, respectively. CONCLUSIONS: Duloxetine initiators and pregabalin initiators had relatively stable average daily dose over time, while pregabalin initiators had clear dose escalation over the 12-month follow-up period.

THE COST-EFFECTIVENESS ANALYSIS OF CONVENTIONAL TREATMENT VERSUS BARIATRIC SURGERY FOR OBESE PATIENTS WITH TYPE-2 DIABETES AND HYPERTENSION AS COMORBIDITIES: PRELIMINARY RESULTS UNDER THE BRAZILIAN PRIVATE PAYER PERSPECTIVE

OBJECTIVES: To assess the cost-effectiveness of the open (OPBARS) and the laparoscopic bypass surgery Roux-en-y gastric bypass (LAPBARS) versus the conventional non-surgical treatment (CONVT) for obese patients, in 5 years follow up, under the Brazilian private payer perspective. METHODS: An analytic decision-tree model was built to estimate costs and outcomes among OPBARS and LAPBARS versus CONVT, measuring weight loss, co morbidities resolution among elderly patients with obesity, and the risk of unfractured hip fracture. CONCLUSIONS: For the base-case scenario, ELISA/SA is the optimal testing strategy. Health care providers need to take into account the turnaround time for ELISA and SRA results for generalizing the study findings.