included age = 49 years, disease duration = 9.5 years, TJc = 24, SJC = 14, HAQ-DI = 1.0, and PASI = 7.9. Forty-four percent of patients were female. Pearson correlation coefficients between variables were –0.6 (HAQ-DI and SF-6D, p < 0.05), –0.2 (PASI and SF-6D, p < 0.05) and 0.1 (HAQ-DI and PASI, p = 0.2) As determined by multiple linear regression, significant independent predictors of PsA-related QoL (in descending order of importance) were: functional loss (HAQ-DI), severity of psoriasis (PASI), and TJc (all p < 0.05). SJC was not a significant predictor of QoL in PsA. CONCLUSIONS: In patients with PsA, the main determinants of QoL measured were degree of disease-related functional loss and severity of skin disease. In contrast to findings in rheumatoid arthritis, joint counts were of secondary importance. These findings have important implications for economic evaluations of new treatments for PsA.

Cost Evaluation Studies In Urologic and Hematologic Diseases

**COST AND QUALITY OF LIFE OF HEMOPHILIA: COMPARISON BETWEEN PATIENTS WITH AND PATIENTS WITHOUT INHIBITORS**

Scalone L\(^1\), Gringeri A\(^2\), Mannucci PM\(^3\), Von Mackensen S\(^4\), Mantovani LG\(^5\)

\(^1\)Center of Pharmacoeconomics, Milan, Italy; \(^2\)Haemophilia and Thrombosis Centre, Milan, Italy; \(^3\)Institute for Medical Psychology, Hamburg, Germany

OBJECTIVE: the management of hemophilic patients is very expensive. This situation becomes extreme when patients develop inhibitors, which comprises the effectiveness of treatment, with potential increase of morbidity and mortality. We compared cost of care and Health-Related Quality-of-Life (HRQoL) between hemophilic patients with (INHIB+) and those without (INHIB-) inhibitors. METHODS: INHIB+ was enrolled in the Cost Of Care Inhibitors Study (COCIS) [Gringeri et al, Blood 2003]; INHIB– was enrolled in the Cost Of Care of HEmophilia (COCHE) study: naturalistic, multicentre, longitudinal studies involving patients enrolled at the Italian Hemophilia Centres. Results are reported on: cost with clotting factor concentrates evaluated from the Italian National Health Service’s point of view, HRQoL evaluated with the EuroQol and Short Form-36. The bootstrap resampling method (5000 samples) was applied as a statistical approach to compare the two groups. RESULTS: INHIB+ was 52: median age 35 years (15–64), 100% with hemophilia A, 94.2% with severe hemophilia, 98% high responders. INHIB– was 232: median age 34.3 years (18–74), 86.6% with hemophilia A, 72.4% with severe hemophilia. Patients with inhibitors bled significantly less frequently than patients without inhibitors (p < 0.0001): INHIB+ reported on average 0.59 hemorrhages/patient/month to joints and muscles (median = 0.33, 0–2.61), INHIB– had 2.10 hemorrhages/patient/month (median = 1.44, 0–26.0). On average 0.16 chiral-surgical interventions/patient/year were performed to INHIB+ (19.2% patients involved), 0.35 interventions/patient/year were performed to INHIB– (16.4% patients involved). Overall, cost of care for INHIB+ was 17.725 €/patient/month; cost for INHIB– was 8.341 €/patient/month, 16.473 €/patient/month to treat patients on prophylaxis and 4.2 to treat those on demand regimen. In the two groups HRQoL was similar, concerning both the physical and mental components. CONCLUSION: Treatment for INHIB+ patients is much more costly than that for INHIB– patients, is effective and allows reaching good levels of HRQoL, similar to those perceived by INHIB– patients.
mated to currently suffer from OAB across the five countries. An estimated 2.5 m also have symptoms of urge incontinence. By 2020, 2.1 m additional males are expected to be affected by OAB. The average health care cost associated with managing these patients ranged from €200 in the UK to €732 in Italy. The total cost of OAB in males aged >40 were estimated to be €1.7 billion in 2005: €412 m in Germany; €607 m in Italy; €350 in Spain; €71 m in Sweden and €231 in the UK. By 2020, the total cost of OAB in males is expected to increase to €2 billion. This compares with a total burden of €4.1 billion in 2005 and projected total burden of €5.2 billion in 2020. DISCUSSION: The burden of OAB in males was 40% of the total burden in the overall population aged > 40. The economic burden is likely to increase in line with our prevalence forecasts. Since many males do not seek treatment, the future cost burden may be underestimated.

CHARACTERISTICS RELATED TO PRODUCTIVITY LOSS IN PATIENTS WITH OVERACTIVE BLADDER: RESULTS FROM THE MATRIX STUDY

Pizzil L1, Gemmen E2, Dahl NV3
1Jefferson Medical College, Philadelphia, PA, USA; 2Quintiles, Falls Church, VA, USA; 3Watson Laboratories, Morristown, NJ, USA

OBJECTIVE: To determine characteristics related to lost productivity in working adults with overactive bladder (OAB) using data from a large US multicenter trial. METHODS: Baseline data were obtained from 2770 participants in the Multicenter Assessment of Transdermal Therapy in Overactive Bladder with Oxybutynin (MATRIX). Productivity was assessed using the Work Productivity Questionnaire (WPQ), a modified version of the Work Limitations Questionnaire (WLQ) which captures physical, mental (concentration), time (interruptions and adherence to a schedule), and output (ability to handle workload) domains related to work productivity. Additional questions on demographics, prior OAB treatment, and daily pad use were asked. A WPQ Index was computed to estimate productivity impairment compared to healthy individuals. Characteristics related to productivity loss were determined using group comparisons (t-test).

RESULTS: Approximately half (52.7%) of participants were of working age (18–64 years), and 44.9% were employed. The majority were female (92.0%) and white (81.2%). Overall, working participants were approximately 7.9% less productive than healthy individuals. Group comparisons revealed that females experienced greater physical limitations than males (p < 0.05) but had similar time, mental, and output scores. Age younger than 65 was associated with greater impairments of time, mental, and output domains (p < 0.05 for all). Minorities (African Americans, Hispanics, and Asians) experienced significantly less productivity than whites across all categories with the exception that African Americans reported similar time impairments to whites. Productivity scores were inversely related to daily pad use (those using 1- or 2-experiencing higher scores than those using 3 or more), and did not differ between treatment naïve and those previously treated (p > 0.05 for all domains). CONCLUSIONS: OAB causes job interruptions, difficulties in adhering to a schedule, physical limitations, impaired concentration, and reduced ability to handle workload. Females with OAB experience more physical limitations than males, and minorities generally experience greater productivity impairments than whites.

IDENTIFYING PREDICTORS OF OFF-LABEL UTILIZATION PATTERNS OF TWO BIOTECHNOLOGY DRUGS, RECOMBINANT ERYTHROPOIETIN ALFA AND DARBEPOETIN ALFA: A MULTI-HOSPITAL STUDY

Patkar AD, Holdford DA, Peterson SP
Virginia Commonwealth University, Richmond, VA, USA

OBJECTIVES: To identify predictors of off-label utilization of Erythropoietin and darbepeotin across hospitals in the United States. METHODS: A retrospective database (Solucient®) review was performed on 169,288 discharged patients who received erythropoietin and darbepeotin across 187 hospitals. Based upon an evidence-based medicine framework, utilization of the two drugs was categorized as “on-label” (approved by the FDA), “off-label-supported” (not FDA-approved but with strong evidence supporting off-label use), and “off-label-unsupported” (minimal literature support for off-label indications). A multinomial logistic regression model clustered by hospitals was used. Model covariates were patient demographics, clinical outcomes, physician specialty, hospital size, teaching status, region, drug dose, and number of administrations. RESULTS: Relative to on-label, physician specialty, patient age group, race, and drug coverage were significant (at the 0.05 level) predictors of off-label use (supported and unsupported). Surgeons were twice as likely to prescribe off-label-unsupported (OFUS) than generalists and four times more likely than specialists. Infants (0–1 years), [RRR=164; 95%CI, 84–319], children (1–17 years), [RRR=2.30; 95%CI, 1.45–3.50], and young adults (18–24 years) [RRR=2.30, 95%CI, 2.07–3.19] were more likely to receive OFUS compared to middle-aged adults (40–59 years), while OFUS prescribing for individuals over 75 years was weakly predictive (RRR=1.28; 95%CI, 1.03–1.6). African-Americans and Native-Americans were twice as likely to receive drugs for off-label-supported (OFUS) but half as likely for OFUS use relative to whites. Moreover, Title-V, Worker’s compensation, and self-pay patients were more likely to receive OFUS. CONCLUSIONS: Variations in off-label prescribing among physician specialties may reflect a lack of consensus on practice guidelines. The common use of OFUS prescribing in pediatrics may be explained by the limited clinical trial data on children. Racial differences in OFUS may indicate differing disease prevalence in populations. Knowing causes of off-label prescribing can help decision makers understand the degree to which it is appropriate.

PHARMACIST RESPONSE TO COMPUTER-GENERATED DRUG THERAPY ALERTS IN A LONG TERM CARE SETTING

Wegener S1, Trygstad T1, Christensen DB2
1AccessCare, Inc, Morrisville, NC, USA; 2University of North Carolina, Chapel Hill, NC, USA

OBJECTIVES: We implemented a focused drug therapy management intervention aimed at reducing polypharmacy for Medicaid recipients in North Carolina nursing homes. Targeted were patients receiving >18 prescriptions in 90 days. During scheduled monthly home visits, consultant pharmacists providing routine drug regimen reviews also reviewed drug profiles displaying claims-generated drug problem alerts. Pharmacists documented reviews, recommendations and resulting drug therapy changes. Study objectives were to determine: 1) the frequency with which potential drug therapy problems (PDTPs) were found