PRS63 IMPACT OF OMALIZUMAB ON ALL-CAUSE AND ASTHMA-RELATED HEALTH CARE RESOURCE UTILIZATION IN PATIENTS WITH MODERATE OR SEVERE PERSEVERANT ASTHMA

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OBJECTIVES: Increased health care resource utilisation (HCRI) is associated with inadequately controlled asthma. Here, we evaluate the impact of omalizumab on HCRI in patients with moderate or severe persistent asthma. METHODS: A retrospective case-crossover study was conducted using the Truven MarketScan database. Data between 1-January-2007 to 30-September-2012 was collected for 167,066 adult patients who used Symbicort® Turbuhaler® and/or Diskus® in Sweden and were therefore eligible for treatment with DuploResp® Spiromax®, with 72.93% of these exhibiting poor inhalation technique. Based on the predicted improvement in inhalation technique with DuploResp® Spiromax® compared to that predicted with inhaled-corticosteroids (ICS) alone, the hypothetical uptake of DuploResp® Spiromax® reaching 25% in years 4 and 5 – estimated societal cost savings through the avoidance of 147,158 lost productive days, totalled SEK285.4 million ($35.1 million, €29.6 million) using the標签{SCIT} treatment and sick-leave days number associated with SCIT treatment versus no SCIT treatment. SCIT treatment vs no SCIT treatment costs ratio was performed: Used resources (Sym pathetic medication, unscheduled medical care, diagnostic-tests, and hospitalisations and sick-leave days) and asthma-related QOL (decreased medication use and work absence days) diminished significantly (p<0.05) from baseline. Reductions in resources’ cost: Hospital resources (100% in Hospitalisations; 82% in additional visits to the allergist; 79% in ER visits). In medication: (56% in respiratory medication; 63% in daily medication). In diagnostic tests: (75% in spirometry testing broncho-dilation; 72% in 02 saturation measuring; 90% in FeNO measuring and 81% in chest radiographs. In leave sick days 94%. Ratio of comparative calculations: effect of SCIT on patients’ quality of life (QOL) (effect of conventional symptomatic treatment) is 0.8. CONCLUSIONS: Considering 3 years of SCIT, and 3 follow up years of sustained efficacy after completing treatment, cost per patient SCIT treated is estimated at 20% below to the cost non SCIT treated patient. Direct and indirect costs reduced by 64% and 44% respectively by 94%. SCIT of omalizumab prepara tion of dust-mites allows cost savings vs conventional treatment.

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PRS64 DEVICE HANDLING ERRORS AND THEIR IMPACT ON QUALITY OF LIFE AND HEALTH CARE RESOURCE USE IN ASTHMATIC PATIENTS

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OBJECTIVES: Correct device technique has a significant influence on the delivery of inhaled medication and thus impact the management of asthma. The objective of this literature review was to examine the impact of device handling errors on QOL and health care resources to understand the potential value of a novel asthma inhaler system for reducing errors associated with patient-controlled asthma. METHODS: A literature search of articles published 2009-2013 was performed on the ProQuest database using key words in MEDLINE®, supplemented by a grey literature review and searching of reference lists. Article selection and relevant data extraction were based on key words relating to handling error, QOL, and health care resource use. RESULTS: Of 575 potentially relevant publications, 22 were selected for in-depth review. Papers reported 25-73% of patients making critical handling errors that lead to no-dose or reduced-dose delivery on first use of devices. Incorrect inhaler use was four times more frequently reported in patients with uncontrolled asthma than in patients with controlled asthma. Poor asthma control also impacts resource use: poorly-controlled patients made twice as many ER visits, and spent 3-2 times more time consulting with physicians than controlled patients (either physician visits or time speaking to physicians). Asthma control also impacts QOL: poorly-controlled patients reported health-state utility (EQ-5D) values of 0.52-0.69, compared to 0.88-0.93 for well-controlled patients. CONCLUSIONS: Handling errors with devices can lead to poorly-controlled patients, resulting in reduced QOL and increased health care resource use. New inhaler devices require an opportunity to reduce errors and improve asthma control, therefore improving QOL and reducing resource use. Further research is required to model the relationship between a reduction in handling error and improved asthma control status, and the subsequent impact on resource use and QOL.

PRS65 MEDIUM TERM AVOIDED COSTS: HIGH-DOSE HYPOALLERGENIC DUST MITE PREPARATIONS VS INHALED IMMUNOTHERAPY VERSUS CONVENTIONAL SYMPTOMATIC TREATMENT

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OBJECTIVES: To evaluate the impact of high-dose hypoallergenic dust-mite preparation on asthma-related QOL, resource utilisation (Rus), and hospitalisations versus a conventional symptomatic treatment of mite allergy and subcutaneous specific immunotherapy (SCIT) with high doses of hypoallergenic dust-mite preparation. METHODS: Observational, retrospective, and multicenter study carried out in Spain in 2013-419 patients diagnosed with rhinitis and/or bronchial asthma for mite allergy were retrieved. Mean age 24.9 years (SD 14.4). Comparing the use of symptomatic medication (rescue and study) surgical and unscheduled medical care (allergy and emergency visits) and sick-day event numbers associated with SCIT treatment versus no SCIT treatment. SCIT treatment vs no SCIT treatment costs ratio was performed: Used resources (Sym pathetic medication, unscheduled medical care, diagnostic-tests, and hospitalisations and sick-leave days) and asthma-related QOL (decreased medication use and work absence days) diminished significantly (p<0.05) from baseline. Reductions in resources’ cost: Hospital resources (100% in Hospitalisations; 82% in additional visits to the allergist; 79% in ER visits). In medication: (56% in respiratory medication; 63% in daily medication). In diagnostic tests: (75% in spirometry testing broncho-dilation; 72% in 02 saturation measuring; 90% in FeNO measuring and 81% in chest radiographs. In leave sick days 94%.

RESPIRATORY-RELATED DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

Pharmacological treatment: inhaled-beta2-adrenergic (88.8%); inhaled-corticosteroids (76.6%); inhaled-leukotriene-receptor antagonist (70.7%); and inhaled-beta2-adrenergic and inhaled-corticosteroids (62.2%). Pharamacological treatment: inhaled-leukotriene-receptor antagonist (70.7%). Pharmacological treatment: inhaled-leukotriene-receptor antagonist (70.7%). Pharmacological treatment: inhaled-leukotriene-receptor antagonist (70.7%).