REAL-WORLD EPOETIN ALFA (EPO) AND DARBEPOETIN ALFA (DARB) DOSING AND COST CONSIDERATIONS IN ELDERLY HOSPITAL INPATIENTS: RESULTS FROM A LARGE OBSERVATIONAL STUDY

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OBJECTIVES: To examine inpatient dosing patterns and erythropoietic treatment costs in cancer and pre-dialysis chronic kidney disease (pCKD) elderly inpatients treated with erythropoietic agents from a hospital pharmacy perspective.

METHODS: Analysis of electronic inpatient records from the Premier Perspective Database®; Premier Inc. Charlotte, NC, was conducted. Subjects were identified through hospitalizations recorded between 7/2002–5/2005 from >500 hospitals nationwide. Elderly patients (≥65 years) with an admitting diagnosis of cancer or pCKD and receipt of EPO or DARB during hospitalization were included. Patients receiving dialysis or both agents were excluded. For cancer and pCKD indications, baseline demographics, severity of illness, inpatient length of stay, cumulative administered dose, and drug costs were compared between EPO and DARB patients. May 2006 wholesale acquisition costs were used to calculate erythropoietic costs. RESULTS: A total of 13,940 hospitalizations (EPO:12,512; DARB:1428) for inpatients with cancer and 42,856 (EPO:38,538; DARB:4318) for inpatients with pCKD were identified. For both indications, patient characteristics were comparable between the two groups. Mean cumulative administered dose per inpatient stay (cancer: EPO 59,529 +/-48,182 Units, DARB 292 +/-613 mcg; pCKD: EPO 39,497 +/-39,851 Units, DARB 184 +/-348 mcg) resulted in a dose ratio between EPO and DARB of 204:1 and 215:1 (Units EPO: mcg DARB) for cancer and pCKD inpatients, respectively. Based on cumulative administered dose/hospitalization, the price premium associated with DARB drug cost was >70% when compared to EPO for both oncology and pCKD inpatients (oncology: EPO $724 vs. DARB $1299 p < 0.0001; pCKD: EPO $481 vs. DARB $818, p < 0.0001). CONCLUSION: Based on the evidence from this large retrospective analysis of elderly inpatients, EPO was significantly less costly compared with DARB in both therapeutic areas. These results are similar to those observed in elderly patients in the outpatient setting with pCKD or cancer; and mirror results observed in inpatients <65 years.

ANALYSIS OF COSTS ASSOCIATED WITH ADMINISTRATION OF TRASTUZUMAB-BASED COMBINATION IV THERAPIES IN METASTATIC BREAST CANCER PATIENTS IN A US POPULATION

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OBJECTIVES: Trastuzumab, a monoclonal antibody, is administered intravenously as monotherapy or in combination with chemotherapy in patients with metastatic breast cancer (MBC) whose tumors over express HER2. This study assessed the cost components of providing trastuzumab-based combination IV therapies to women with MBC. METHODS: An administrative claims database of >60 multi-speciality medical practices/clinics in the US was used to identify women with MBC (ICD-9 code 174 including 196–198) between January 01, 2003 and May 31, 2006 and receiving trastuzumab plus another IV therapy. Allowable amounts for a claim, which closely represents the actual payments to providers, were used to estimate costs cost per IV administration visit. Billable cost components were categorized based on published literature. RESULTS: A total of 151 patients with 1292 clinic visits receiving any of 7 trastuzumab-based combination IV therapies were identified. The total mean cost per visit across all trastuzumab-based combinations was $3511 of which 70% was accounted for by drugs, 11% by administration of the IV and 19% for other visit-related services, which include supplies and equipment, evaluation and management services, and other concomitantly administered IV or oral drugs. Trastuzumab plus paclitaxel was the most commonly used combination with non-drug costs accounting for 32% ($1072) of total costs ($3341) per visit. The non-drug costs associated with administration of the second most commonly used combination, trastuzumab plus vinorelbine, were 24% ($612) of total costs ($2563) per visit. CONCLUSION: Excluding drug costs, costs associated with IV administration of trastuzumab-based combination therapies and other visit-related services are approxi-