METHODS FOR MEASURING DOSE ESCALATION IN TNF ANTAGONISTS FOR RHEUMATOID ARTHRITIS PATIENTS TREATED IN ROUTINE CLINICAL PRACTICE

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OBJECTIVES: To identify the most reliable approach for measuring dose escalation by comparing results from different methods that may affect clinical and drug utilization decisions.

METHODS: Five methods of quantifying dose escalation were explored which compared: 1) weekly dose of last to first prescription; 2) average weekly dose of all prescriptions to standard dose; 3) weekly dose of subsequent prescriptions to first prescription and 3a) defining dose escalation as %2 instances of dose increase; 3b) defining dose escalation by proportional dose increase (15%, 30%, or 50%); and 3c) calculating dose escalation as percent of patient-weeks. The example is based on claims data from 2002 to 2004, using RA patients newly initiated anti-TNFα (Enbrel or Humira) treatment with one year follow-up. Separate analyses were conducted for patients started on standard and high doses. RESULTS: For those who started on standard dose, dose escalation by method 1 and 2 was 6.2% and 8.4% for Enbrel patients (n = 1339) and, 13.7% and 26.6% for Humira patients (n = 417). Dose escalation by method 3a was 8.1% for Enbrel and 18.9% for Humira. Dose escalation by method 3b (with threshold of 15%, 30%, and 50%) ranged from 5.6% to 7.7% for Enbrel and 16.1% to 18.5% for Humira, respectively. Percent patient-time approach of 3c provides weekly incidences of dose escalation and exhibits a divergent pattern of dose escalation between the treatment groups over time, which diverges at about the 12th week of treatment. Dose escalation was uncommon in patients started with high dose. CONCLUSION: Estimate of dose escalation is method dependent. Simple approaches such as comparing last and first prescription were unable to capture the full extent of dose escalation. Use of multiple methods, such as method 3 and method 2 are recommended as the latter will also address dosing for patients initiated with high doses.

IMPAKT OF A TARGETED PATIENT COMMUNICATION ENCOURAGING GREATER GENERIC STATIN USE

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OBJECTIVES: Evaluate a patient Formulary Notification Program (FNP) designed to encourage use of lower cost, clinically equivalent generic alternatives among non-formulary atorvastatin users. METHODS: This was a cross-sectional, case-control study conducted in a commercially insured population, targeting current atorvastatin users (date of last fill + days supply within 30 days of targeting). The case group received one of two letter-based Patient Communications (PCs) depending on channel of most current prescription fill (target prescription). The PCs informed patients of lower cost, clinically equivalent generic alternatives. Patients in retail pharmacies (n = 27,449) received information on copayment savings from generic use in retail. Patients in Home Delivery (HD) (n = 25,274) received information on savings from filling generic alternatives in HD. The PCs were mailed in July 2006 soon after availability of generic simvastatin. The control group consisted of current atorvastatin users (at time of case group targeting) who were not enrolled in a client that implemented the FNP. Control group members were matched to case group based on distribution channel [retail (n = 3186)/HD (n = 1012)] of target prescription. Prescription claims were examined through October 2006 for the outcome of switching to generic statin. Bivariate and logistic regression analyses were used to assess research objective. RESULTS: In retail, 11.9% of cases switched to generic compared to 4.8% in control group (p < 0.001). In HD, 20.6% of cases switched to generic compared to 8.1% in control group (p < 0.001). Controlling for demographic and plan design, patients who received PCs in retail had 64% greater odds (95%CI: 1.48–1.81) of filling generics relative to controls. Patients receiving PCs in HD had 81% greater odds (95%CI: 1.60–2.05) of filling generics in HD compared to respective controls. CONCLUSION: Informing patients of copayment savings from generic alternatives soon after patent expiration of a popular branded statin, is an effective strategy to encourage greater generic statin use.

MEDICATION REFILL PERSISTENCE: DOES PRESCRIPTION COST-SHARING MATTER?

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OBJECTIVES: To investigate and to quantify the influence prescription cost-sharing has on medication refill persistence by using two antihypertensive therapeutic classes: ACEs (angiotensin converting enzyme inhibitors) and ARBs (angiotensin II receptor blockers). METHODS: This is an observational cohort study utilizing a commercial insurer’s integrated medical and pharmacy claims database supplemented with public files. Members were new users of ACE and ARB single agents between January 1 and June 30, 2004. Medication refill persistence was measured three ways: total number of days without medication; proportion of days covered (PDC) with a cutoff point of 80%; and number of days to the first gap of more