DIFFUSION OF NEWLY-APPROVED GENERIC DRUG PRODUCT USE WITHIN A STATE EMPLOYEE PRESCRIPTION DRUG PROGRAM: A COMPARISON OF MAIL ORDER VERSUS RETAIL PHARMACY CLAIMS

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OBJECTIVES: Pharmacy benefit managers (PBMs) market their ability to accelerate use of newly-approved generic drugs among enrollees based upon the use of the PBMs’ wholly-owned mail order drug facilities. Higher utilization rates of newly-approved generic drugs result in an economic benefit to enrollees and plans. This study examines the differences in the diffusion of a newly-approved generic drug product between mail order and retail pharmacy channels. METHODS: Pharmacy claims data for branded and generic versions of citalopram were collected from a large state employee prescription drug program in Texas consisting of over 400,000 enrollees beginning in November 2004 (representing the launch date of the newly-approved generic). In addition, claims data were collected from the Texas Medicaid Prescription Program during the same time period, for comparison. Claims were collected for the first six months post-generic launch. Total outstanding “drug product in possession” was calculated for each day post-generic launch based upon a sum of the days supply for the branded and generic drug for claims dispensed previous to, and during, the post-launch period. Trends were examined in the percent of total outstanding days supply represented by the branded or generic citalopram. RESULTS: At days 30, 60, 90, and 120 post-generic drug launch, percentage of generic drug product utilization (based upon outstanding days supply) for mail order claims was 22%, 53%, 91%, and 96%. Retail claims showed generic utilization of 52%, 70%, 74%, and 78%. Medicaid program rates were 9%, 37%, 56% and 72%, respectively. Mail order generic utilization rates of citalopram were lower than retail pharmacy utilization rates until day 77 post-generic drug launch. CONCLUSIONS: While the mail order pharmacy channel realized higher utilization rates over the retail pharmacy channel of a newly-approved generic drug product at four months post-launch, rates were higher in retail setting during the first 11 weeks.

PREDICTORS FOR REHOSPITALIZATION IN PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: Frequent rehospitalizations characterize the course of schizophrenia. Though, knowledge about the importance of potential predictors for rehospitalization is limited. In order to identify such predictors, the course of disease in schizophrenic patients was analysed. METHODS: Claims data of a large German sickness fund for the years 2000 to 2003 were used. A sample of 2023 patients with an index hospitalization due to schizophrenia (ICD-10: F20, F25) was drawn. The minimum observation time for beneficiaries had to be 360 days. Cox-regression analysis was performed to estimate predictors for rehospitalization. RESULTS: A total of 1095 patients (54.1%) were readmitted to hospital after 635 days (median). After discharge, median duration until further hospitalization was 400 days (3rd hospitalization), 287 days (4th hospitalization) and 160 days (5th hospitalization), respectively. Patients with index hospitalizations showed a significantly higher risk for rehospitalization if they had an inpatient stay due to acute exacerbation compared to patients with rehabilitative care (relative risk (RR) 3.25; 95%CI 1.91–5.51; p < 0.001). Further predictors of rehospitalizations were: substance abuse (RR 1.87; 95%CI 1.39–2.51; p < 0.001) and duration of the index-case longer than 30 days. Patients with schizoaffective disorders (ICD-10: F23) had a significantly lower risk than patients with schizophrenia (ICD-10: F20) (RR 0.58; 95%CI 0.46–0.74; p < 0.001). A lower risk was also observed in beneficiaries aged 60 years and older (RR 0.50; 95%CI 0.33–0.75; p = 0.11). CONCLUSION: The following predictors for rehospitalization have been identified: former hospitalization due to acute exacerbation, duration of previous hospitalization, younger age, and substance abuse. The more cases were observed, the shorter the intervals between two hospitalizations became. This illustrates the dynamics of the course of schizophrenia which can be observed in longitudinal analyses of claims data.

ANALYSIS OF A MULTINATIONAL, CROSS-SECTIONAL SURVEY OF PHYSICIAN DESCRIPTIONS AND PERCEPTIONS OF PATIENTS WITH NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

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OBJECTIVES: To assess physicians’ antipsychotic drug prescribing practices, patient descriptions, and perceptions of negative symptoms. METHODS: Psychiatrists in the United States and 5 European countries who prescribed antipsychotics for ≥15 patients with schizophrenia within the preceding 3 months completed a questionnaire concerning their patients’ clinical status and therapy. RESULTS: Data for 6523 patients were collected from 872 physicians. Two thirds of patients were outpatients, 63% were men, most were aged 25–44 years, and 50% were unemployed. 50% of patients were rated as moderately to grossly dysfunctional; 34% and 75% were taking conventional or atypical antipsychotics, respectively. The most frequent negative symptoms were social withdrawal (54%), impoverished thought (39%), and blunted affect (38%). Reasons for prescribing antipsychotic drugs included efficacy for positive symptoms (90%), efficacy for negative symptoms (62%), and tolerability (47%). Inadequate control of symptoms was higher for negative symptoms (71%–77%) than for positive symptoms (47%–60%); physicians viewed currently available atypical antipsychotics as less effective against negative than positive symptoms but more effective than conventional antipsychotics for negative symptoms. Adverse events associated with patients’ current antipsychotic treatment included sedation (22%), weight gain (22%), and extrapyramidal symptoms/parkinsonism (13%). A total of 579 patients (9%) were categorized as having predominant negative symptoms. In this patient subset, negative symptoms occurred more often than positive symptoms, were more often the reason for prescription, and were less likely to be adequately controlled. However, use of atypical antipsychotics was similar to use in other patients. CONCLUSIONS: This large, multinational, cross-sectional physician survey involving a naturalistic sample of patients with schizophrenia identified more effective treatment of negative symptoms as a key unmet need, especially in patients with predominant negative symptoms.