A REVIEW OF TREATMENT PATTERNS OF PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION IN THREE EUROPEAN COUNTRIES

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OBJECTIVES: The aim of this study was to review the existing treatment patterns for patients diagnosed with pulmonary arterial hypertension in the UK, France and Germany. METHODS: IMS Disease Analyzer, a longitudinal patient database providing information from continuing physician-patient interaction on consultations, diagnoses and treatment within Primary Care, was used to review the treatment patterns of PAH patients in the UK, France and Germany. Data was extracted in order to describe: 1) different therapies used; 2) combination therapies; 3) clinical and economic outcomes of different therapies; 4) dose and drug utilization patterns; and 5) resource utilization. RESULTS: In all three countries, the prevalence of PAH was found to increase with age, with two-thirds of PAH patients being 60 years of age or older, with more female than male patients being diagnosed with PAH. PAH patients were also found to have been prescribed at least one medication, with 23% in France, 15% in Germany and 56% of patients in the UK being prescribed between 3 and 6 medications. In the UK, most prescriptions were found to refer to diuretics, calcium channel blockers and anti-thrombotic agents. In France, most prescriptions referred to beta-blockers, angiotensin receptor blockers and diuretics. In Germany, most prescriptions referred to diuretics, calcium channel blockers and beta-blockers. For PAH patients in both France and Germany the median number of days per year prescribed over the 2 year period was found to be 80 days, whereas in the UK, this figure rose to 50 days. CONCLUSIONS: Whilst there were many similarities in the demographic profile of PAH patients, many differences in the treatment patterns for patients diagnosed with PAH in the UK, France, and Germany were found.

INFLUENCE OF COPAYMENT DIFFERENTIAL BETWEEN GENERIC AND PREREFERRED BRAND PRESCRIPTIONS DRUGS ON GENERIC FILL RATE

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OBJECTIVES: To investigate the influence of member copayment differential between generic and preferred brand name prescription drugs on generic fill rate (GFR) within two drug therapy classes (antidepressants and antihypertensives). METHODS: This study was a retrospective observational cohort study of patients aged 65 and older as the unit of analysis. The antidepressant cohort was patients who utilized an antidepressant (SSRI or SNRI). The antihypertensive cohort was members who had an antihypertensive claim (ACEI, ARBs, CCB, BB, and diuretics). All 2006 claims were analyzed and adjusted to 30-day equivalents. A total of 149,359 members with age 622 years, continuously enrolled, no benefit change, with a flat copayment commercial benefit plan, and had at least one claim were eligible for analysis. Medical claims were used to calculate Charlson severity of illness scores. A Tobit model to assess the influence of independent variables- copayment differentials, age, gender, income, generic copayment, number of unique medications taken, mail-order service use, specialty drug use, other maintenance drug use, Charlson score, on the GFR (dependent variable) was built for each cohort. RESULTS: Of 149,359 members, the antidepressant cohort comprised 22,484 (15.1%) members with an average 5.7 30-day antidepressant claims, mean $16.40 copayment differential, and GFR of 51.8%. For the antihypertensive cohort 33,673 (22.5%) members had 8.6 antidepressant 30-day claims, mean $16.50 copayment differential, and GFR of 72.3%. Antidepressant Tobit model found the mean marginal effect of copayment differential on GFR was 0.005 (p < 0.001) indicating a $10.00 copayment differential increase is estimated to increase antidepressant GFR by 5% points. In the antihypertensive cohort, the mean marginal effect of copayment differential on GFR was 0.001 (p < 0.001). When copayment differential increased by $10.00 the estimated GFR increased by 1%. CONCLUSIONS: There was a significant positive relationship between copayment differential and generic fill rate. However, the magnitude of the effect varied across different drug therapy classes.

ASSOCIATION BETWEEN COPAYMENT AND ADHERENCE TO STATIN TREATMENT IN A VETERAN POPULATION: A RETROSPECTIVE ANALYSIS

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OBJECTIVES: This study investigated the association between copayment and adherence to statin treatment in a veteran population at the Veterans Affairs San Diego Healthcare System (VASDS). METHODS: This was a retrospective analysis of claims initiated on statin therapy and followed for 12 months to determine adherence. Patients who began a statin during the period of November 2006 to December 2007 were included. Patients who switched statin therapy or who were discontinued before 12 months were excluded. Eligibility was established if patients had at least two visits to their provider post-index date and one visit pre-index date. Adherence was defined as a medication possession ratio (MPR) ≥ 80%. Independent variables included: age, gender, ethnicity, BMI, number of medications, baseline lipid panel, percent service connection, and comorbid conditions. Service connection defines level of medical and prescription coverage benefit and awarded based on disability, socioeconomic and military-service factors. Continuous data was evaluated using the Mann Whitney-U. Categorical data was evaluated using the Pearson Chi-squared test. Logistic regression model was used to determine predictors of adherence. RESULTS: A majority of the cohort (N = 6890) was 63.7 (±12.2) years old, male (95.6%), Caucasian (19.4%), taking simvastatin (84.6%), and had hypertension (73.0%). Statistically significant differences were seen in all variables between the adherent and nonadherent groups at baseline with few exceptions. Nonadherent patients had an MPR of 35% compared to adherent patients in the UK, France and Germany over a two year period. No difference in adherence was found between non-service connected patients and those service connected (p = 0.449). Patients who were older (OR = 1.01, 95%CI: 1.002–1.014), had higher percent service connection (OR = 1.00, 95%CI: 1.000–1.004), and high quantity of medications (OR = 1.05, 95%CI: 1.032–1.064) were more likely to be adherent. CONCLUSIONS: Copayment had no affect on adherence. However, patients who had a higher percentage service connection were more likely to be adherent to their statin medication.