DRUG UTILIZATION AND COST CONSIDERATIONS OF ERYTHROPOIESIS-STIMULATING AGENTS (ESAS) IN PATIENTS WITH MYELODYSPLASTIC SYNDROMES (MDS)

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OBJECTIVE: To assess current real-world utilization of ESAs in patients with MDS, recent epoetin alfa (EPO) and darbepoetin alfa (DARB) dosing patterns and ESA treatment costs were examined. METHODS: A retrospective analysis was conducted using medical claims from approximately 45 health plans nationwide during the period of January 2004–June 2007. Patients included in the study were ≥18 years old, had ≥1 claim for MDS (ICD-9 code: 238.7) prior to initiating ESA therapy, and were newly initiated on ESA or DARB with ≥2 doses of either drug during the treatment period. Patients with cancer before initiating ESA treatment for MDS were excluded. The study period terminated with the last ESA treatment dose, end of data availability, initial AML diagnosis, or initial stem cell transplant, whichever occurred first. Mean cumulative ESA dose was used to calculate ESA cost (based on October 2007 WAC) and dose ratio (Units EPO : mcg DAR). RESULTS: The study population consisted of 275 patients who received EPO and 155 patients who received DARB. Mean age and gender distribution was similar between the two groups. Mean treatment duration was also similar for both groups (EPO: 75 days; DARB: 71 days; p = 0.638). The mean cumulative ESA dose administered was 374,415 Units for EPO and 1475 mcg for the DARB group, corresponding to a dose ratio of 254:1 (Units EPO : mcg DAR). Based on these doses, ESA cost was $2139 (31%) less for EPO than for DARB (EPO: $4688; DARB: $6827; p = 0.01). CONCLUSION: These real-life clinical practice findings in the MDS population show significantly lower drug cost in the EPO group compared to the DARB group and a dose ratio of 254:1 (Units EPO : mcg DAR) between the two agents.

USE OF PHARMACOECONOMIC MESSAGES IN ONCOLOGY PROMOTIONAL MATERIALS

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OBJECTIVE: To evaluate the presence of pharmacoeconomic messages in the US, France, Germany, Italy, Spain, and UK for ten representative oncology products (Alimta, Avastin, Gemzar, Herceptin, Neulasta, Novantrone, Sutent, Taxotere, Velcade). METHODS: This qualitative assessment covered the following data sources: 1) Government websites (Canadian Agency for Drugs and Technologies in Health, National Institute for Health and Clinical Excellence, Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen, La Haute Autorité de santé, and Cochrane Reviews); 2) company-sponsored product websites; 3) FDA and EMEA products labels; and 4) promotional materials (detail aid brochures, direct mail, and professional journal/newsletter ads). These data sources were searched for relevant pharmacoeconomic messaging including statements regarding cost, QoL, utility, patient preference, etc. RESULTS: While health technology assessments have a clear impact on market access, specific examples of pharmacoeconomic data in promotional messaging was limited. Pharmacoeconomic messages, with particular focus on QoL, were more prominent in promotional materials of oncology.