Abstracts

**PPN6**

**A COST MINIMIZATION ANALYSIS OF IV BOLUS VERSUS IV INFUSION DICLOFENAC IN POST-OPERATIVE PAIN**

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OBJECTIVES: There are two forms of injectable IV diclofenac available (bolus and infusion). We conducted a cost minimization analysis to determine the total cost of each treatment strategy. METHODS: A decision-analytic model was developed to estimate total treatment costs of IV bolus versus IV infusion diclofenac. The modeled population was patients who postoperatively would require injectable NSAIDs to control their pain. The model timeframe was for the duration that a patient required post-operative pain management with injectable medication. The model inputs included the cost of medicines (NSAIDs and rescue medication), the cost of the IV administration process (staff time and consumables), and the cost of treating adverse events (staff time, medicines and consumables). The unit costs and resources are based on UK data. The results are expressed as Pounds Sterling and as average cost per patient. One-way sensitivity analyses were also conducted on key parameters. RESULTS: The total cost of treating post-operative pain was less with IV bolus diclofenac than with IV infusion diclofenac. Diclofenac IV bolus cost a mean GPB26.72 per patient overall versus diclofenac IV infusion mean cost of GPB77.18 per patient. The difference in overall cost is attributable to the cost of NSAIDs (IV bolus GPB11.43 versus GPB1.69 IV Infusion), the cost of administering the NSAIDs (IV bolus GPB9.80 versus GPB48.28 IV Infusion) and the cost of consumables (IV bolus GPB1.38 versus GPB16.70 IV infusion). The difference in the costs of rescue medication (IV bolus GPB2.80 versus GPB6.14 IV infusion) and of treating adverse events (IV bolus GPB2.11 versus GPB4.37 IV infusion) was less. One-way sensitivity analyses show the results are sensitive to the cost of staff time and consumables. CONCLUSION: Diclofenac IV bolus is cost saving relative to diclofenac IV infusion in the treatment of post-operative pain.

**PPN7**

**THE SPECTRUM OF HEALTH CARE COSTS ASSOCIATED WITH HERPES ZOSTER: ACUTE PAIN VS. POSTHERPETIC NEURALGIA**

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OBJECTIVES: To estimate the burden of illness (BOI) of herpes zoster (HZ) pain and postherpetic neuralgia (PHN) in a commercially insured, Medicare, and Medicaid populations. METHODS: Health care expenditures attributable to HZ acute pain and postherpetic neuralgia (PHN) were calculated using Thomson-Medstat’s databases for inpatient, outpatient, and outpatient prescription claims. Patient cohorts were defined as those with a diagnosis of PHN, those with a diagnosis of HZ and less than 30 days of analgesic use, and those with a diagnosis of HZ and more than 30 days of analgesic use. For each of these cohorts, a random sample of patients without HZ or PHN was selected and propensity score matched based on patient demographics and overall comorbidities. Expenditures between PHN/HZ cohorts and matched control cohorts were compared to derive the BOI attributable to each condition. This was done separately for commercially insured, Medicare, and Medicaid patients. RESULTS: Patients without a diagnosis of PHN were much more common in the sample than were patients diagnosed with PHN. The average cost per patient in the year following a diagnosis of HZ and less than 30 days of analgesic use ranged from $757 to $1313, depending on type of insurance. The average cost associated with a diagnosis of PHN or with a diagnosis of HZ followed by greater than 30 days of analgesic use but no diagnosis of PHN were similar and ranged from $2159 to $5742. CONCLUSION: Health care costs associated with PHN were substantially greater than those associated with HZ pain that resolved within 30 days. Because patients with a diagnosis of HZ and persisting analgesic use (but no diagnosis of PHN) accounted for the majority of the total expenditures, future research must consider the impact of under-diagnosis on estimates of the health costs associated with both HZ and PHN.