ANALYSIS USING THE RAMQ DATABASE

PND67

nesses. Therapeutic equivalence offers a sound means to improve the efficiency beyond that afforded by insurance. After controlling for patient characteristics, general health, disability status, region and insurance, patients were prescribed Rasagiline or a DA, with first such date identified as index date, were diagnosed with PD in the 3 years post index date (e.g., the post-period), and number of hospitalizations were estimated using negative binomial regression models. The first part estimated the probability of being admitted in the post-period (OR=0.75; 95% CI 0.663 – 0.860), significantly fewer hospitalizations (-0.21; P<0.0001) and shorter LOS (-0.38 days; P<0.0001) compared to individuals who initiated on a DA. Furthermore, total costs associated with hospitalizations were 24% lower among patients who initiated on Rasagiline ($12,521; P<0.0001). As a result of this strategy, a lower likelihood of being hospitalized in the post-period, overall, cost per patient decreased by 4.5% when Extavia® was selected as bif-Nf-1. When, in a second step, bif-Nf-1 was designated as first line drug for RAMS, cost per patient decreased by an additional 7%. A total of 150,000 € (one year) was saved as a result of this strategy. CONCLUSIONS: Therapeutic equivalence offers a sound means to improve the efficiency beyond that obtained with biosimilar drugs, especially in high cost drugs used in chronic illnesses.

PND68

The impact of memantine and cholinesterase inhibitors initiation for Alzheimer’s disease on the use of antipsychotics agents: Analysis using a Medicaid database

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OBJECTIVES: Patients with Alzheimer’s disease (AD) show a high incidence of behavioral and psychological symptoms of dementia (BPSD), which often lead to the prescription of antipsychotics. The objective of the present study was to assess the impact of the initiation of memantine or cholinesterase inhibitors (ChEIs) on the use of antipsychotics. METHODS: Patients covered by the Quebec provincial drug reimbursement program (RAMQ) who had a diagnosis of AD and were initial users of memantine or ChEIs in the period from January 2005 to March 2011 were selected. The proportion of patients who used antipsychotic drugs was estimated using prescription data dating back up to 1 year before and up to 1 year after the first prescription of memantine or ChEIs. For each month in the year before and after initiation of memantine or ChEIs, the proportion of patients who used an antipsychotic was estimated. The difference between the slopes corresponding to the periods pre- and post-memantine or ChEIs were analyzed using an interrupted time series (ITS) design. RESULTS: Of the random sample of 21,716 patients, 8.9% (n = 1,929) initiated memantine whereas 91.1% (n = 19,787) initiated a ChEI. The percentages of antipsychotics users increased by 118.3% before and by 68.3% after initiation of a ChEI, and increased by 68.6% before and by 7.0% after initiation of memantine. Across both the ITS analyses antipsychotics trends pre- and post- ChEI initiation were not statistically different (P = 0.89) while a statistical difference was observed when comparing the antipsychotics trends pre- and post- memantine initiation (P< 0.001). CONCLUSIONS: The initiation of memantine, unlike ChEIs, has a notable stabilization effect on the prescription of antipsychotics in AD patients. The results are associated with the use of antipsychotics in patients, initiation of memantine could be considered as a relevant alternative to alleviate BPSD.

PND69

DEVELOPMENT AND VALIDATION OF A PATIENT-REPORTED OUTCOMES QUESTIONNAIRE FOR THE ASSESSMENT OF HEREDITARY ANGIODEMA IN OBSERVATIONAL STUDIES

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OBJECTIVES: Qualitative interview aimed to develop a PRO questionnaire that allows assessment of HAE acute attacks. METHODS: Open-ended qualitative interviews were performed with HAE patients in the UK (n=10) and the US (n=33). These data were used to develop the first draft questionnaire. Subsequently, more in-depth qualitative interviews were performed with HAE patients in the UK (n=10), Brazil (n=10), Germany (n=11) and France (n=12). Patients who had experienced abdominal, cutaneous or laryngeal attacks of varying severity levels were recruited. Patients initially discussed their experience of HAE attack symptoms, impacts and treatments in an open-ended manner. Cognitive debriefing of the PRO was then performed to assess patient understanding and relevance of questionnaire items. RESULTS: Most commonly reported abdominal attack symptoms include pain, vomiting, stomach swelling, diarrhoea and nausea. Cutaneous attacks caused swelling, pain and itching. Laryngeal attacks led to difficulty breathing, voice change and difficulty swallowing. Patients also discussed attack triggers, warning signs, impacts and treatment options. Elicited concepts were mapped onto the PRO, which was revised to include all aspects of importance to HAE patients. Cognitive debriefing aided in the revision of the questionnaire. CONCLUSIONS: Data from the qualitative interviews were used to develop an expanded conceptual model capturing all aspects of HAE. The PRO was revised to ensure all concepts of importance to HAE are captured. The questionnaire can be considered a valid tool for the long term assessment of the HAE patients.

PND70

PATIENT CHARACTERISTICS AND TREATMENT STATUS IN PARKINSON’S DISEASE (PD)

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OBJECTIVES: Examine patient characteristics and predictors of treatment in U.S. patients with PD. METHODS: Data were obtained from MarketScan between 1/1/2006 and 3/30/2011. Selected patients were diagnosed with PD, with initial diagnosis identified as index date. Patients were isolated from the study if they had continuous insurance coverage from 6 months prior to 12 months post index date. Descriptive analysis of patient characteristics compared differences in continuous variables using t-tests and categorical variables using chi-square statistics. Logistic regression examined the relationship between dependent and independent variables with a specified level of statistical significance was 5%. RESULTS: There were 9,423 subjects who met study criteria. Most (n = 5,541, 58.8%) were treated with pharmacotherapy. Treated individuals were older than untreated (57.1 vs. 56.0 years, p<0.0001), more likely to be male (62.4%), and more likely to reside in the south (51.9%) and less likely to reside in the northeast (p<0.0001). In general, the treated cohort tended to be in poorer health and have greater disability. The treated were more likely to have been diagnosed by a neurologist and there were differences in the types of health insurance plans in which they were enrolled. The logistic analysis examining predictors of treatment revealed odds ratios (point estimate, 95% CI) for filling a PD prescription were higher with age (1.03, 1.023 - 1.037), medical ADL (1.349, 1.170 - 1.556) or muscular skeletal (1.467, 1.329-1.618) disability, prior comorbid disease, diagnosis by a neurologist relative to a GP (1.385, 1.228 – 1.561), and being enrolled in either a POS (1.524, 1.264 – 1.837) or PPO (1.151, 1.024 – 1.293) health plan. Factors associated with a lower likelihood of being treated included being female (0.852, 0.780 – 0.930), residence in Florida, and higher Charlson Comorbidity Score (0.915, 0.875 – 0.957). CONCLUSIONS: These analyses highlighted potential age, gender and access disparity in receipt of treatment for PD.

PND71

PREDICTORS OF TREATMENT CLASS CHOICE IN PARKINSON’S DISEASE

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OBJECTIVES: Examine patient characteristics and predictors of pharmaceutical treatment class choice among US patients diagnosed with Parkinson’s Disease (PD). METHODS: This retrospective study utilized data from the MarketScan Claims and Encouraged the database for PD from 1/1/2006 through 12/31/2011. Patients were included in the study if they were diagnosed with PD (with first such date identified as index date), were at least 35 years old, had continuous insurance coverage from 6 months prior through 12 months post index date, and received a post-period prescription a medication for one of the following anti-PD classes: dopamine agonist (DA), MAO-B inhibitor (MAO-B) or levodopa (LD). The study consisted of descriptive analyses comparing the cohorts and logistic regressions examining patient characteristics and predictors of treatment class choice.