information for patients over age 65 with at least one diagnosis for Crohn’s dis-
ease. Patients who initiated therapy with tumor necrosis factor (TNF) and non-
TNF agents were identified. We examined the treatment patterns such as switching to another TNF, switching to a non-TNF, and discontinuation for two years after the initiation of TNF biologics. We created a data visualization tool help visualize how patients change their treatment patterns after first and sec-
ond switches. The current study suggests real-world patient-reported medication adherence may be associ-
ated with fewer breakthrough symptoms. This highlights the importance and the
OBJECTIVES: Some patients on prescription gastroprotective agents (GPAs) continue to experience
breakthrough gastrointestinal reflux disease (GERD) symptoms and use supplemen
tal over the counter (OTC) medications. This study aimed to identify factors associated with experience of breakthrough symptoms and OTC use among pre-
cisely a prescription GPA. Patients/physician survey and chart review was
conducted in GERD patients currently taking a prescription GPA. Patient (age,
gender, race, body mass index (BMI)), GERD (current severity, years since diag-
sis), and GPA (directions to take 30-60 minutes prior to eating, daily dose,
dosing frequency/duration of use) were asked, as were comorbid conditions, gastrointes-
tinal tract, and family history. "Patients with mean age 51 years, 37% male, 81% Caucasian, 38% with college degree,
-Patiendo R1, Sessa A2, Zamboni D1, Merck, Inc., West Point, PA, USA
OBJECTIVES: To evaluate the costs associated with the treatment of Hepatitis C Virus (HCV) treated with Peg-interferon Alpha-2a versus Peg-interferon Alpha-2b. Meth-
ods: Using the MDCR model, we constructed a budget impact model to estimate the costs of treating 1,000,000
patients with HCV with Peg-Interferon Alpha-2a and Peg-Interferon Alpha-2b. Sensitivity analysis was
conducted to determine the impact of varying input parameters on the model.
RESULTS: The MDCR model predicted that 41% of patients treated with Peg-Interferon Alpha-2a would achieve a virological response at the end of 48 weeks, while 38% of patients treated with Peg-Interferon Alpha-2b would achieve a virological response. This resulted in a cost savings of $7,332 per patient for Peg-Interferon Alpha-2a compared to Peg-Interferon Alpha-2b. Sensitivity analysis revealed that varying the response rate, the cost of treatment, and the cost of follow-up had a significant impact on the overall cost of treatment.
CONCLUSIONS: The MDCR model predicts that Peg-Interferon Alpha-2a is more cost-effective than Peg-Interferon Alpha-2b for treating HCV. Sensitivity analysis shows that this conclusion is robust to varying input parameters.