



ORIGINAL ARTICLE

Clinical and economic consequences of treating patients with peripheral neuropathic pain with brand name or generic drugs in routine clinical practice: The effects of age and sex[☆]

R. Navarro-Artieda^a, J. Rejas-Gutiérrez^{b,*}, M. Pérez-Paramo^c, A. Sicras-Mainar^d

^a Documentación Médica, Hospital Germans Trias i Pujol, Badalona, Barcelona, Spain

^b Farmacoeconomía e Investigación de Resultados en Salud, Pfizer SLU, Alcobendas, Madrid, Spain

^c Departamento Medico, Pfizer GEP SLU, Alcobendas, Madrid, Spain

^d CAP Vicenç Papaciet, La Roca del Vallès, Barcelona, Spain

Received 10 March 2016; accepted 29 March 2016

KEYWORDS

Neuropathic pain;
Gabapentin;
Brand name drugs;
Generic drugs;
Adherence;
Costs;
Age;
Sex

Abstract

Objective: We aimed to analyse the effects of age and sex on performance and cost for patients with chronic peripheral neuropathic pain (PNP) who have started treatment with brand name gabapentin versus generic gabapentin (EFG).

Methods: We conducted a retrospective multicentre study using electronic medical records (EMR) for patients of both sexes, older than 18, who began treatment with brand name or generic gabapentin. Adherence (medication possession ratio, MPR), persistence, use of healthcare resources, cost, and pain reduction were measured for one year.

Results: We analysed 1369 EMRs [61.1% women; mean age 64.6 (15.9), 52.4% ≥ 65 years]. 400 used brand name drugs while 969 used generic gabapentin. Persistence and adherence were higher in patients using brand name gabapentin (7.3 vs 6.3 months, $P < .001$; 86.5% vs 81.3% MPR, $P < .001$). Lower healthcare costs were observed in patients using brand-name gabapentin in both age groups (< 65 and ≥ 65). Mean difference in cost per patient amounted to €220 (95% CI: 59-382) and €216 (95% CI: 51-382) in the < 65 and ≥ 65 age groups, respectively ($P = .004$). Mean difference in cost among men amounted to €197 (63-328), while mean difference in cost among women amounted to €239 (96-397) ($P = .005$ and $P = .004$, respectively). Compared with EFG, brand treatment showed greater pain relief: 13.5% (10.9-16.2) and 10.8% (8.2-13.5) in < 65 and ≥ 65 year patients, respectively ($P < .001$), and 10.7% (8.2-13.2) and 13.8% (11.0-16.5) in women and men respectively ($P < .001$).

[☆] Please cite this article as: Navarro-Artieda R, Rejas-Gutiérrez J, Pérez-Paramo M, Sicras-Mainar A. Efecto de la edad y el género sobre las consecuencias clínicas y económicas del tratamiento con especialidad farmacéutica de marca o genérica en pacientes con dolor neuropático periférico en práctica clínica habitual. Neurología. 2018. <https://doi.org/10.1016/j.nrl.2016.03.012>

* Corresponding author.

E-mail address: Javier.rejas@pfizer.com (J. Rejas-Gutiérrez).

Conclusions: Regardless of sex and age, patients who started PNP treatment with brand name medication showed greater persistence and adherence to treatment than those taking generic drugs. Brand name treatment also involved lower healthcare costs, and greater pain relief. © 2016 Sociedad Española de Neurología. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

PALABRAS CLAVE

Dolor neuropático;
Gabapentina;
Medicamentos de
marca;
Genéricos;
Adherencia;
Costes;
Edad;
Género

Efecto de la edad y el género sobre las consecuencias clínicas y económicas del tratamiento con especialidad farmacéutica de marca o genérica en pacientes con dolor neuropático periférico en práctica clínica habitual

Resumen

Objetivo: Analizar el efecto de la edad y el género sobre el dolor y costes en pacientes con dolor Neuropático periférico (DNp) crónico que inician tratamiento con gabapentina (marca) frente a gabapentina genérica (EFG).

Métodos: Estudio multicéntrico-retrospectivo, realizado con registros médicos electrónicos (RME) de pacientes de ambos géneros, > 18 años, que iniciaron nuevo tratamiento con gabapentina de marca o genérico. Durante un año se midió adherencia (ratio posesión medicación, RPM) y persistencia, utilización de recursos sanitarios, costes y reducción del dolor.

Resultados: Se analizaron 1.369 RMEs [61,1% mujeres; edad 64,6 (15,9) años, 52,4% ≥ 65 años]: marca: 400, EFG: 969. Persistencia y adherencia fueron mayores con marca; 7,3 vs. 6,3 meses ($p < 0,001$), y 86,5% vs. 81,3% de RPM ($p < 0,001$). Con marca, se observaron costes sanitarios menores, tanto en < 65 como ≥ 65 años; diferencias medias por paciente de 220€ (IC 95%; 59-382) y 216€ (51-382), respectivamente ($p = 0,004$), como en hombres; diferencias medias de 197€ (63-328) o mujeres; diferencias de 239€ (96-397), $p = 0,005$ y $p = 0,004$, respectivamente. Comparado con EFG, el tratamiento con marca mostró una reducción mayor del dolor; 13,5% (10,9-16,2) y 10,8% (8,2-13,5), en < 65 y ≥ 65 años, respectivamente ($p < 0,001$), y 10,7% (8,2-13,2) y 13,8% (11,0-16,5), y en mujeres y hombres, respectivamente ($p < 0,001$).

Conclusiones: Con independencia del género o la edad, los pacientes que iniciaron tratamiento del DNp con gabapentina de marca vs. genérico, mostraron un mayor grado de adherencia y persistencia al tratamiento, repercutiendo en unos menores costes sanitarios, a la vez que se observaron mayores reducciones del dolor.

© 2016 Sociedad Española de Neurología. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

The International Association for the Study of Pain (IASP) defines peripheral neuropathic pain (PNP) as a pain caused by a lesion or disease of the somatosensory nervous system; PNP is a common symptom in a group or variety of diseases.¹ Estimated prevalence ranges from 1% to 8% of the adult population; the condition represents approximately 40% of cases of chronic pain.²

The disease has a tendency to become chronic and is frequently incapacitating, and therefore involves high direct and indirect costs for society as a whole. PNP is considered one of the most important public health issues.^{3,4} This translates into reduced quality of life, affecting patients' family, social, and professional environment.^{2,5} In many cases, patients do not receive a correct diagnosis, or drug therapy is inappropriate or prescribed at insufficient doses.^{1,5,6}

Drug therapy is a fundamental part of treatment.⁷ In this context, the anticonvulsant gabapentin is a therapeutic option for managing PNP, with both brand-name formulations and generic substitutions (GS) available.^{8,9} GS have

the same efficacy, safety, and quality as the original formulation, and are bioequivalent to the brand-name drug.¹⁰ A positive attitude, physicians' familiarity with the drug, and healthcare policy on GS are factors influencing GS use.¹¹ In Spain, the current policy regulating the prices of brand-name drugs vs GS is no longer a robust argument to demand the use of brand-name drugs assuming price equality (reference prices).¹²

After reviewing various articles, we observed that the pharmacological arguments for and against the prescription of these drugs are uncertain.^{9,13} Some studies manifest discrepancies (brand-name vs GS) due to several circumstances, such as treatment adherence, which generally cause a decrease in clinical effectiveness (patient confusion, poor therapeutic control, poor health outcomes) and a possible increase in healthcare costs.^{14,15} We have recently identified significant differences between original branded drugs and GS of the same active ingredient in the treatment of chronic PNP⁹; however, the effect of age and sex on these results was not analysed. Furthermore, limited evidence is available on the relationship between these variables, both

Download English Version:

<https://daneshyari.com/en/article/8689369>

Download Persian Version:

<https://daneshyari.com/article/8689369>

[Daneshyari.com](https://daneshyari.com)