

**DRUG UTILIZATION AND COST CONSIDERATIONS OF  
PREDIALYSIS CHRONIC KIDNEY DISEASE PATIENTS  
RECEIVING ERYTHROPOIETIC STIMULATING AGENTS  
THROUGH PHARMACY BENEFITS**

François Laliberté<sup>1</sup>, Patrick Lefebvre<sup>1</sup>, Francis Vekeman<sup>1</sup>, Janice Lopez<sup>2</sup>, R. Scott McKenzie<sup>2</sup>, Brahim Bookhart<sup>2</sup>

<sup>1</sup>Groupe d'analyse, Ltée, Montréal, Québec, Canada; <sup>2</sup>Ortho Biotech Clinical Affairs, LLC, Bridgewater, NJ, USA

This analysis aimed to compare drug utilization patterns and costs of a managed care predialysis chronic kidney disease (pCKD) population receiving epoetin alfa (EPO) or darbepoetin alfa (DARB) through the pharmacy benefit. Pharmacy claims were analyzed from the PharMetrics Patient-Centric Database, representing approximately 85 managed healthcare plans throughout the United States. Patients were  $\geq 18$  years old, had  $\geq 1$  pharmacy claim for EPO or DARB between 07/2002 and 03/2006, had  $\geq 1$  medical claim for CKD within 90 days prior to treatment initiation (index claim), and were newly initiated on EPO or DARB (no ESA claims during the 3 months prior to initiating therapy). Patients having  $\geq 1$  medical claim for ESA or diagnosed with MDS were excluded from the analysis. Mean cumulative dose was calculated based on summation of number of prescriptions, vial size, and number of vials dispensed. Drug cost was based on cumulative dose and October 2007 wholesale acquisition cost (WAC). A total of 1,441 CKD ESA-treated patients were identified (EPO 1,066, DARB 375). Age, gender distribution, and comorbid conditions (hypertension, diabetes, cardiovascular disease) were similar between groups, as was treatment duration (Days: EPO 84, DARB 93,  $p=0.130$ ). The mean cumulative dose for EPO was 210,161 Units and DARB 757.2 mcg, corresponding to a dose ratio of 278:1 (Units EPO: mcg DARB). The cumulative drug cost was \$873 less for EPO than for DARB (\$2,631 vs \$3,504,  $p=0.006$ ). This study of pCKD patients receiving ESAs through pharmacy benefits reported 25% lower drug cost in the EPO group compared to the DARB group and a dose ratio of 278:1 (Units EPO: mcg DARB). These pharmacy benefit findings on dose ratio and cost trends are similar to previously reported medical claims studies within a managed care setting.