Tracking Healthcare Utilization (Cost) in Patients with Pseudobulbar Affect Treated with NUEDEXTA®

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Results

• Pseudobulbar affect (PBA) is an underdiagnosed condition characterized by frequent, uncontrollable episodes of crying and/or laughing that are disproportionate to or incongruent with the patient’s mood or social context.1
• PBA has been observed in numerous neurologic conditions including traumatic brain injury, multiple sclerosis, amyotrophic lateral sclerosis, stroke, Alzheimer's disease, and Parkinson's disease.1
• Recent surveys show PBA symptoms are associated with decreased health-related quality of life and increased healthcare costs.2,3
• The combination of dextromethorphan and quinidine (DM/Q; NUEDEXTA®) is the only PBA treatment approved by the US Food and Drug Administration and European Medicines Agency.
• Cost consequences of DM/Q treatment for PBA are not well understood.

Cost Utilization

Average Healthcare Costs
• Of those filling a DM/Q prescription (n=1245), 488 provided 12-month follow-up (post-treatment) data
• In total, 2479 identified patients were diagnosed (coded) and/or treated for PBA during the study period.

Patient Demographics
• Patients ranged in age from 20 to 89 years, with mean age 64 years; 62% were women, 70% were white, and 26% were older than age 80 years
• Most common concomitant diagnoses were cerebrovascular disease (35%), dementia (28%), and uncomplicated diabetes mellitus (27%)
• Most common concomitant medication for which at least one claim was made included opioid analgesics (39%), anticonvulsants (38%) and selective serotonin reuptake inhibitors (38%)

Methods

Objective
• The primary objective of this analysis was to evaluate healthcare utilization and costs in PBA patients before and after DM/Q treatment

Study Design
• Retrospective analysis using anonymized patient level data from a large US national health insurer

Patients
• Eligible patients had an index date between January 1, 2007, through August 31, 2013
• Index date was defined as the date of PBA diagnosis (ICD-9 310.81) or when a prescription for DM/Q was filled
• Claims data were reviewed for the 12 months before (pre-treatment period) and 12 months after the index date (post-treatment period); continuous insurance eligibility for the entire 24-month observation was required.