

9th World Congress on

PHARMACOLOGY

September 04-06, 2017 | Paris, France

Peripheral neuropathic pain treated with pregabalin or gabapentin in routine clinical practice: The effect of therapeutic doses on cost of treatment

Javier Rejas-Gutierrez¹, Antoni Sicras Mainar², Maria Perez-Paramo³ and Ruth Navarro-Artieda⁴¹Pfizer SLU, Spain²Rediss Foundation, Spain³Pfizer GEP SLU, Spain⁴Hospital Germans Trias i Pujol, Spain

This post-hoc analysis investigated whether the use of therapeutic doses of pregabalin or gabapentin impact on cost-of-treatment of peripheral neuropathic pain (pNeP) in routine clinical practice. To this end, we analyzed electronic medical records (EMR) of subjects with pNeP followed in primary care centers in Spain. EMR of patients who began treatment with pregabalin (≥ 150 mgr/day) or gabapentin (≥ 900 mgr/day) for any health condition causing pNeP during two years within the period lasting from 2008-2012 were included in this analysis and compared with all patients receiving pregabalin or gabapentin irrespectively of doses prescribed. Therapeutic range dose was considered pregabalin 150mg/day or more and gabapentin 900mg/day or more. Health resources utilization and sick leaves along with corresponding costs were computed in year 2015 and compared according with main therapy of pNeP; pregabalin vs. gabapentin. A total of 1163 EMR (pregabalin; N=764, Gabapentin; N=399, 923[79%] within therapeutic range) were analyzed. Mean dose in therapeutic range subgroup were 238.8 (180.1) mgr/day for pregabalin, and 1,210.8 (409.6) mgr/day for gabapentin. Average cost/patient of main medication for pNeP was slightly higher for pregabalin than for gabapentin; 229.2€ vs. 224.2€ ($p=0.762$) at therapeutic doses, but significantly higher in the whole sample: 214.6€ vs. 157.4€ ($p<0.001$). Nonetheless, the average/patient adjusted total cost was lower with pregabalin than with gabapentin; 2,464€ (2,197-2,730) vs. 3,142€ (2,670-3,614), $p=0.014$ in the therapeutic range analysis, and also in the analysis with the overall sample; 2,413€ (2,119-2,708) vs. 3,201€ (2,806-3,597), $p=0.002$. These finding may be explained by a significant lower use of concomitant analgesics in the pregabalin subgroup, together with fewer medical visits and days of sick leave. We conclude that treating pNeP with pregabalin is associated with lower-costs in comparison with gabapentin in routine clinical practice in Spain. These findings are observed irrespectively of the range of doses of pregabalin or gabapentin prescribed to patients.

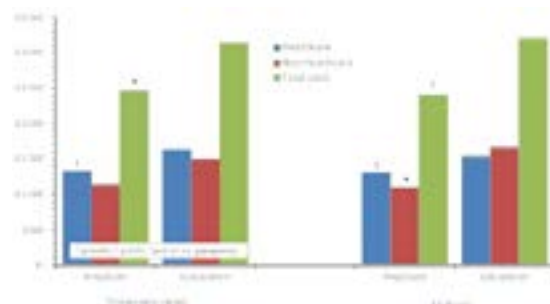


Figure 1: Effect of therapeutic doses on cost of treatment for peripheral neuropathic pain. The chart shows the average cost per patient for main medication, concomitant analgesics, and total cost for pregabalin and gabapentin, comparing therapeutic doses of drugs with the overall sample.

Biography

Javier Rejas-Gutiérrez is a Physician, obtained his degree as a General Practitioner at Universidad Complutense of Madrid in 1982 and Doctorate in Public Health at University Rey Juan Carlos (Madrid) in 2003. He completed his Master's degree in Research Methodology for Health Sciences at Universidad of Barcelona in 2010, an MBA in Pharma Business at EPHOS Business School of Madrid in 1997 and also has Specialist degree in Pharmaceutical Medicine. In his professional career, he worked as a General Practitioner for three years. He has been working in the pharmaceutical industry since 1987 to date in several positions in the field of Clinical Research, Health Economics and Health Outcomes Research. Currently, he is Manager in Health Economics and Outcomes Research (HEOR) department, Market Access & Institutional Relationships Unit at Pfizer Spain.

javier.rejas@pfizer.com