Impact of A Step Therapy Policy Restriction for Pregabalin on Healthcare Utilization and Expenditures In A Commercial Population

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BACKGROUND
The introduction of cost containment therapies such as gabapentin and pregabalin has raised concerns among payers about their impact on healthcare costs. Two recent studies provided evidence that pregabalin use may be associated with lower all-cause costs when compared with gabapentin. This study examines the impact of a step therapy policy restriction for pregabalin.

OBJECTIVE
To compare year-over-year changes in inpatient, healthcare resource utilization (HCRU), and costs among commercial health plan members using medical and pharmacy claims data from Humana, a large US health plan provider.

METHODS
This retrospective, observational study was based on medical and pharmacy claims data from Humana, a large US health plan provider. Two cohorts were constructed and matched based on geographic region and diagnosis: Restricted Cohort (n=3,876) and Unrestricted Cohort (n=3,876).

RESULTS
Inpatient costs were significantly lower in the restricted cohort compared to the unrestricted cohort, with a difference-in-differences (DID) of $1,202 ± $3,465 ($1,228 ± $3,199) (Figure 1). Disease-related medical utilization was determined based on the presence of an ICD-9 code for FM, pDPN, or PHN in any position.

CONCLUSIONS
This study provides evidence that a step therapy policy restriction for pregabalin may be associated with lower all-cause costs compared to gabapentin. Further research is needed to understand the mechanisms underlying these findings.

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