Demographic proles of Medicare bene™ciaries with overactive bladder initiating mirabegron versus anti-muscarinic treatment

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The research reported on this poster was supported by Astellas Pharma, Inc. The investigators retained full independence in the conduct of this research.

Background
Antimuscarinics (AMs) are Ñrst-line pharmacotherapy for overactive bladder (OAB), but are often associated with side effects. Mirabegron (MR) was introduced as a Ñrst in class beta 3-agonist, with fewer AM-related side effects. The objective of this study was to understand demographic and clinical differences between OAB patients initiating MR vs. AM.

Methods
This prospective observational study used real-time prescription (Rx) claims data from the Humana Research Database to identify initiators of MR and AM within 1 week of Ñrst Rx for enrollment into the study.

Subjects were required to meet the following criteria:
- Medicare Advantage (MA) or Medicare Prescription Drug Plan (PDP) member age ≥65 years of age
- Ñrst Rx claim for MR or AM for treatment of OAB with no Rx claim for that index medication in the previous 6 months
- Continuous health plan enrollment for 6 months pre-index period, and current health plan enrollment at time of identi®cation.

Health plan members in long-term care facilities at time of index medication were excluded. All MR initiators and a comparably matched random sample of AM initiators were identi®ed on a weekly basis and recruited to participate in a telephone survey.

Conclusions
By comparison to AM initiators, MR initiators had:
- a greater proportion of white patients
- lower income
- a lower incidence of minor problems
- a lower incidence of antimuscarinic use at the time of index
- a lower incidence of previous OAB therapy via self-report

In contrast, AM initiators had:
- greater average age
- higher income
- more assistance in managing multiple medications
- a greater proportion of male patients

Recommendation
Given the observed differences, patient self-report of OAB symptomology information, including the following: a speci®c urinary bladder problem, hyperactivity, how often you had to urinate, and where you got it, may be signi®cantly lower in patients who can get it for free, as frequently using at night may indicate the need for additional premium and cost assistance for those with income below 150% of the poverty line.

Limitations
- OAB diagnoses were not a claims-based diagnosis.
- Only patients may be overestimated based on the use of real-time data for identi®cation; instances where the Rx claims data were assessed and later reversed would not have been captured in the analysis.
- AM initiators were older than MR initiators (76.2 ± 6.5 vs. 75.1 ± 6.6, p=0.024).
- Higher percentage of AM initiators were white compared to MR initiators (80.4% vs. 75.9%, p=0.003).
- A greater proportion of AM initiators had higher income compared to MR initiators (15.2% vs. 8.5%, p=0.003).