Postherpetic Neuralgia | Treatment Algorithms | Claims Data Analysis | US | 2014

Postherpetic neuralgia (PHN) is a chronic pain condition that requires prolonged treatment; this condition affected less than 246,000 people in the United States in 2013. Despite the modest size of the patient population, PHN has served—and continues to serve—as a gateway indication into the broader neuropathic pain (NP) market because, according to pain specialists interviewed by Decision Resources, PHN patients are relatively easy to diagnose, are fairly homogenous (they often do not suffer from forms of pain with mixed neuropathic/inflammatory components), and are reasonably responsive to treatment compared with other NP populations. Nevertheless, given the highly variable responses of PHN patients to different drugs typically prescribed to treat PHN, no standard treatment algorithm exists; thus, treatment is often tailored to meet patient-specific needs and generally includes use of a number of therapeutic agents from several drug classes. Treatment guidelines for NP, and PHN specifically, indicate that antidepressants (amitriptyline [generics], duloxetine [Eli Lilly’s Cymbalta, generics]), pregabalin (Pfizer’s Lyrica), gabapentin (Pfizer’s Neurontin, generics), opioid analgesics, tramadol (Janssen’s Ultram/Ultram ER, other brands, generics), and the 5% lidocaine patch (Endo Pharmaceuticals’ Lidoderm, generics) are recommended for early lines of therapy. Using national patient-level claims data, this report explores the use of key therapies and drug classes in the newly diagnosed and recently treated PHN patient populations. Among the newly diagnosed patients, the report provides a quantitative analysis of treatment patterns and share by line of therapy, as well as progression between lines, duration of treatment on each line, and use of concomitant treatment. Among recently treated patients, the report quantifies a drug’s source of business compared with its competitors and details which drugs precede others through an analysis of add-versus-switch patterns. Additional analyses explore persistency and compliance by therapy.

Questions Answered in This Report:

- Newly diagnosed patients: More than half (51.4%) of newly diagnosed PHN patients began treatment with a key therapy within one year of their initial diagnosis. What percentage of these patients progress to a second- or third-line drug within the first year? Which products capture the most patient share in the first, second, and third lines of treatment? How often is combination therapy used in each line of therapy?

- Recently treated patients: Three distinct classes of agents captured sizable share among recently treated PHN patients: antiepileptic drugs, opioid analgesics, and antidepressants. Which specific drugs garner the most patient share for recently treated PHN patients? When do patients progress from one therapy to the next in PHN, and how does this pattern differ
between key drugs? Are most recently treated patients for each key brand coming from new (adds/switches) or continuing business?

- Pathways to key therapies: Longitudinal claims data reveal relatively consistent use patterns of key therapies among recently treated PHN patients; because no single PHN therapy provides more than partial analgesia, PHN treatment is characterized by a high rate of switching from one agent to another. Which therapies have experienced market growth or decline over the key therapy periods studied? To what extent are key therapies prescribed concomitantly to recently treated patients? What has been the impact of recently approved drugs on the treatment of PHN?

**Scope:**

Primary patient-level data: This report provides quantitative findings from our analysis of data covering approximately 40 million lives and provides the most representative sample of U.S. treatment practice for Medicare and commercially insured patients. The report is delivered as a key findings slide deck and a dashboard that can be accessed using the Internet and presents claims that are less than six months old at the time of publication.

Patient Sample:

Patients who are continuously enrolled for the complete two-year study period must meet the following condition: at least one claim with a diagnosis code related to herpes zoster with nervous system complication and/or unspecified complication, which we believe best encompasses PHN ([International Classification of Diseases, Ninth Revision [ICD-9] diagnostic codes 053.10, 053.11, 053.12, 053.13, 053.14, 053.19, 053.8], during the study period.

Quantified lines of therapy analysis show exact share of each agent in each line of therapy, including rate of progression between lines and length of time patients are on each line.

- Patient share by drug class and key products across three lines of therapy, within one year of diagnosis.
- Patient flowchart through one year of treatment for all first-line products, including progression rates and add/switch behavior.
- Polypharmacy and key concomitant therapies by line of therapy.
- Quarterly trends in patient share by line of therapy.

**Recently Treated Patients:**

- Quarterly snapshot of patient share by drug class and key products.
- Pathway to key therapy flowcharts tracking the preceding therapy patterns for all key therapies, including add/switch behavior.
- Brand source of business, including share for continuing, new (switches/adds), and new (initial therapy) business.
- Polypharmacy and key concomitant therapies.
- Drug persistence and compliance.
- Quarterly trends in patient share for all key therapies.

Report Details

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