Caremark pharmacy delivery and other pharmacies for an MS population.

**METHODS:** Participants in Caremark’s pharmacy claims database were retrospectively analyzed for compliance on Glatiramer Acetate therapy. We compared two pharmacy delivery systems on therapy compliance, episode duration and cost by delivery episode. Compliance was defined as the total days supplied over the total calendar days elapsed. Episodes were defined as continuous time periods where prescription and pharmacy delivery system remained constant. Pharmacy was categorized as Caremark (CMX) or Non-Caremark (OTH). Descriptive information on available MS related medical claim data was compiled. Compliance and cost differences between pharmacies were calculated and tested for statistical significance using a chi-square test. The study period encompassed 08/1998 through 12/2000.

**RESULTS:** 1516 participants (74.8% female, mean age 44.3 +/- 10.2 years) received Glatiramer Acetate prescriptions from August 1998 through December 2000. 1706 delivery episodes were identified (CMX 74%, OTH 26%). Compliance to Glatiramer Acetate therapy was 93.2% (se 0.008) for Caremark episodes, and 84.2% (se 0.014) for OTH (p < 0.0001). The duration of drug therapy regimen was longer (427.1 days, se 8.454) for CMX episodes Vs OTH (384.6 days, se 16.591, p = 0.0142). Observation of the total health care costs per participant (N = 39) was $22,523 for CMX, and $81,707 for OTH.

**CONCLUSION:** Caremark specialty pharmacy services were associated with higher compliance rates and longer length of continuous therapy than alternate pharmacy distribution channels. Though the cost of higher rates of compliance also increases the pharmacy spend, the total healthcare costs may be reduced by the maintenance of increased compliance.

**THE STATE OF ANTI-EPILEPTIC DRUG PRESCRIBING: RESEARCH AND PRACTICE**

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**OBJECTIVES:** VA (Veteran’s Health Administration) Cooperative studies convincingly demonstrate that despite equal efficacy, phenobarbital and phenytoin are more likely to cause adverse effects, and an expert panel recommended carbamazepine as the drug of choice for adult-onset seizures, with newer medications (lamotrigine, gabapentin) being preferable for treating elderly epileptics. This study examines the state of AED use in the VA during 1999.

**METHODS:** We linked administrative (FY1997-FY1999) and pharmacy databases to identify veterans with epilepsy who were on anti-epileptic drugs (AEDs, N = 63,853). We used logistic regression to determine if age (>65 vs. <65) or type of care (primary care or primary care and neurology) predicted use of: phenobarbital, phenytoin, carbamazepine, and gabapentin. We controlled for demographics, year diagnosed (1997 or before, 1998, 1999), seizure type (partial, generalized, both), and number of epilepsy hospitalizations or emergency visits (severity).

**RESULTS:** In 1999 patients were on: phenytoin 59%, phenobarbital 10%, carbamazepine 20%, gabapentin 12%, lamotrigine 2%. Logistic regression indicated that when year diagnosed, sex, race, and severity were controlled, veterans under 65 were less likely to receive phenobarbital (OR .52–.56) and phenytoin (OR .46–.49), and more likely to receive carbamazepine (OR...