the induction period for each drug. Overall, 63% of patients experienced a dose escalation, of which 68% occurred within the first year, excluding corticosteroids. Peak frequency of dose escalation occurred between weeks 11-30. Calculated daily, escalated dose was greater than maintenance by 9% for adalimumab, 14% for etanercept, and 28% for ustekinumab. CONCLUSIONS: Across all treatments, dose escalation was observed in 63% of patients within the first year of treatment, indicating that patients may require additional doses to maintain response. These data highlight the need for new treatments which provide high sustained efficacy, with a rapid onset of action.

**PSY69**

effect of Florida’s PMP and pill mill laws on opioid prescribing and utilization

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OBJECTIVES: To quantify the effect of the implementation of Florida’s PMP and pill mill laws on overall and high risk opioid prescribing, utilization, and dispensing. METHODS: We applied comparative interrupted time series analyses to IMS Health LRx LifeLink data to characterize the effect of PMP and pill mill law implementation on a closed cohort of patients, prescribers and retail pharmacies between July 2010 and Sept 2012 in Florida (intervention state) compared with Georgia (control state). We conducted numerous sensitivity analyses including varying the length of observation and modifying requirements for continuous observation of individuals throughout the study period. RESULTS: From July 2010 to September 2012, a cohort of 2.6 million patients, 431,890 prescribers and 2,828 pharmacies was associated with approximately 480 million prescriptions in Florida and Georgia. 8% of which were for opioids. Average total monthly opioid volume (355.1 vs. 124.2, p<0.001), and average number of days supply (18.4 vs. 16.0 days) were higher in Florida than prior to implementation of Florida’s PMP and pill mill laws. Overall, Florida’s laws were associated with statistically significant declines in opioid volume (3.7% for MDs and 2.5% for MDEs). (46.6% of patients) with a high change in opioid volume. Reductions were limited to prescribers and patients with the highest baseline opioid prescribing and utilization, respectively. Sensitivity analyses varying the time windows and enrollment criteria supported the main results. CONCLUSIONS: Implementation of Florida’s PMP and pill mill laws in Florida was associated with decreases in prescription opioid dispensing relative to Georgia among patients and providers with high levels of opioid utilization at baseline.

**PSY70**
The changing costs of caring for hemophilia patients in the U.S.: Insurers’ and patients’ perspectives

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OBJECTIVES: Hemophilia is an inherited condition requiring lifelong, expensive treatment. Initiating prophylaxis treatment with factor VIII (hemophilia A) or IX (hemophilia B) at an early age has been shown to be effective in improving health outcomes. In 2007 the medical advisory council of the National Hemophilia Foundation (NhF’s MASAC) recommended prophylaxis treatment as the optimal therapy for a patient with BMI >30. The study objectives were to determine: (1) the impact of BMI >30 on health care costs within a US hemophilia care system and 25% of the population relies in the private health care sector, several people are eligible to get bariatric surgery OBJECTIVES: Evaluate the use of the research-based medicine patients from the Brazilian public health care system (SUS) from 2008 to 2013 METHODS: Revised data of expenditures, number of surgeries and length of stay related to bariatric surgery in the database of the 17 Department of SUS (DASUS). RESULTS: The number of certified hospitals that perform bariatric surgery increased by 35% and the number of days of hospitalization required for surgeries increased only 52%; this is due the average length of stay reduction from 5.7 days to 4.1 days, showing a better efficiency among hospitals. The total expenditure in bariatric surgeries rose by 36%. CONCLUSIONS: Analysis demonstrated that the access to the bariatric procedure in Brazil has increased in the past five years. The hospitals’ efficiency improved in the same period, decreasing the average length of stay. Today the Brazilian public health care system provides surgery to less than 0.75% of the eligible population and despite the access increase, more resources (physical and infrastructure) are needed in order to treat the morbid obese population.

**PSY74**

Canadian retrospective claims data analysis of biologics switching and retention patterns in psoriasis patients

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BACKGROUND: Obesity is a pathology that leads to several co-morbidities such as diabetes and hypertension. In Brazil obesity rates (BMI >30kg/m2) raised from 11.8% in 2006 to 17.5% in 2013. Bariatric Surgery is the most effective treatment to achieve excess weight loss for morbid patients. It is estimated that Brazil has around 1.8 million obese people. In Brazil the weight management can only be achieved through the Brazilian public health care system and 25% of the population relies in the private health care sector, several people are eligible to get bariatric surgery OBJECTIVES: Evaluate the use of the research-based medicine patients from the Brazilian public health care system (SUS) from 2008 to 2013 METHODS: Revised data of expenditures, number of surgeries and length of stay related to bariatric surgery in the database of the 17 Department of SUS (DASUS). RESULTS: The number of certified hospitals that perform bariatric surgery increased by 35% and the number of days of hospitalization required for surgeries increased only 52%; this is due the average length of stay reduction from 5.7 days to 4.1 days, showing a better efficiency among hospitals. The total expenditure in bariatric surgeries rose by 36%. CONCLUSIONS: Analysis demonstrated that the access to the bariatric procedure in Brazil has increased in the past five years. The hospitals’ efficiency improved in the same period, decreasing the average length of stay. Today the Brazilian public health care system provides surgery to less than 0.75% of the eligible population and despite the access increase, more resources (physical and infrastructure) are needed in order to treat the morbid obese population.


By disease: ischemic heart disease, 1.9 times or 10 days longer, hypertension 1.3 times or 4 days longer, diabetes mellitus type 2, 1.2 times or 3 days longer, and rheumatoid arthritis, 1.4 times or 2 days longer. Obese patients with diabetes and/or cerebral vascular accident had a shorter LOS (0.8 times or 3 days, and 0.8 times or 4 days respectively). CONCLUSIONS: Obesity increases the LOS for all-cause hospital admissions as well as for the underlying chronic disease. This is due to an insufficient diagnosis by the primary provider or specialist, inadequate medication dosage (e.g., pain management), or inadequate support during an inpatient stay A treatment-related care policy is needed to target the management of patients with chronic disease who are also obese, with the potential for cost-savings of interventions, pharmaceutical, or surgical treatment of obesity at baseline.

**PSY72**
The availability and expenditure of orphan medicines in Poland

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OBJECTIVES: The aim of the present analysis was to identify the level of the availability and total expenditure of medicines for rare diseases with European authorization and orphan designation. In Poland all innovative medical technologies and services are reimbursed by National Health Insurance Fund (NIFZ). Pharmaceutical evaluations of new therapies are required for all reimbursement decisions and orphan drug manufacturers cannot be exempted from providing a full pharmacoeconomic or HTA reports. The criteria of assessment connected with clinical and cost effectiveness (threshold is 3xGDP for IUCR/QALY) are the same for all kind of drugs. METHODS: All orphan designation admitted by European Medicines Agency (EMA) until the end of 2014 were reviewed and analyzed from the official website of EMA. Among 792 EMA’s orphan registrations studied 78 (9.8%) applied to orphan drugs. We compared the outcomes with reimbursement list officially published by Ministry of Health. Then it was checked what was the share of orphan drugs in 2012. RESULTS: By the end of 2014 there were 28 orphan drugs available on the reimbursement list (36% of designed by EMA). The total public payer reimbursement spending was €2.41bn in 2012 and €2.62bn in 2013. ONclusion. The reimbursement of drugs for a small percent of the budget in polish health care system (1.5%, in 2012 and 3.2% in 2013). CONCLUSIONS: In the literature we can find opinions that the relatively low budget impact of orphan drugs is often as used in an argument in reimbursement decisions. In Poland reimbursements are awarded to the orphan medicines on the basis of EMA. Very strict requirements in order to ensure comparability with law directives could potentially influence negative reimbursement decisions for orphan drugs.

**PSY73**

Bariatric surgery in the brazilian health care system: resources utilization

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OBJECTIVES: To assess the efficiency of the Brazilian healthcare system in the bariatric surgery procedure in Brazil has increased in the past five years. The hospitals’ efficiency improved in the same period, decreasing the average length of stay. Today the Brazilian public health care system provides surgery to less than 0.75% of the eligible population and despite the increase access, more resources (physical and infrastructure) are needed in order to treat the morbid obese population.