PATIENTS ENROLLED IN EITHER MEDICAID HMO OR COMMERCIAL HMO UTILIZATION AND COSTS FOR NEWLY DIAGNOSED MULTIPLE SCLEROSIS

examined cautiously due to important differences in their health care systems and hospitalization due to Epilepsy. Direct comparison between countries should be programs across the region, the countries showed different rates and patterns of access to medical services mirrored that observed in the short term with higher rates prescribed disease modifying therapies than commercial enrollees. Long-term ac-

cess 20% less likely to have a claim for a Neurologist vist and 50% less likely to be more psycho-social limitations (23.5%; p < 0.001), and New York (p < 0.0001). CONCLUSIONS: Disparities in medication use among minority-to-minority populations are just as prevalent, if not higher, than minority-white disparities. Furthermore, geographical location was important predictor of health disparities.

PNDS5 DISCREPANCIES IN HOSPITALIZATION TRENDS BY EPILEPSY AMONG THREE LATIN AMERICA COUNTRIES

OBJECTIVES: Epilepsy has been the focus of several primary care programs across Latin America region due to its high prevalence and related burden. Hospitalization could be used as an indicator for frequency of more severe cases with uncontrolled and frequent seizures. Thus, hospital admission trends could be instrumental to understanding treatment gaps and support decision making. Our objective was to evaluate hospital admission trend by Epilepsy in three Latin American Countries.

METHODS: Hospital admission data were extracted from Public Healthcare Databases from Brazil, Chile and Mexico covering 2001-2008. Country and age-specific hospi-
tal admission frequencies due to Epilepsy (ICD-9) in people >14-years-old were calculated. Three age range categories were created: 15-19, 20-44, 45-59 and ≥60. We built general linear models to estimate proportion differences to evalu-
ate hospital admissions time trends. Further, the differences between the age ranges were also estimated. RESULTS: Means of annual hospitalization rates were similar in Brazil and Chile (2.63 and 2.79, respectively) but comparatively low in Mexico (1.36) The three countries showed different in-hospital patterns over time. Brazil had a downward tendency with an annual ratio of 0.982 (=0.001) and Chile a relatively flat one (p=NS). On the other hand, Mexico presented an upward trend, with an annual ratio of 1.043 (=0.001). Mean hospitalization rates were higher in older age categories in Brazil and Chile and the younger ones in Mexico. The age categories were following the trends showed by their respective countries in the overall analysis. CONCLUSIONS: Despite having qualitatively similar admission programs across the region, the countries showed different rates and patterns of hospitalization due to Epilepsy. Direct comparison between countries should be examined carefully due to important differences in their health care systems and data collection process.

PNDS4 SHORT AND LONG-TERM VARIATIONS IN ALL CAUSE HEALTH CARE UTILIZATION AND COSTS FOR NEWLY DIAGNOSED MULTIPLE SCLEROSIS PATIENTS ENROLLED IN EITHER MEDICAID HMO OR COMMERCIAL HMO

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OBJECTIVES: To compare short and long-term all cause health care resource utili-
zation among newly diagnosed multiple sclerosis (MS) patients enrolled in Man-
aged Medicaid or Commercial health plans.

METHODS: We used the I3 InVision Data Mart to identify continuously enrolled patients aged Medicaid or Commercial health plans.

METHODS: We used the I3 InVision Data Mart to identify continuously enrolled patients aged 18 years of age with at least two ICD-9 codes for multiples sclerosis (340.xx) between the dates of June 1, 2006 and March 31, 2010. Baseline patient characteristics as well as thirty-day and 24 month all cause health care resource utilization and costs were assessed using Analysis of Variance (ANOVA) for continuous variables and Chi-squared statistics for continuous variables. RESULTS: Medicaid beneficiaries were more likely to have more psycho-social limitations (23.5%; p < 0.0001) than their counterparts insured through commercial plans. Within the first 30 days of diagnosis, Medicaid HMO beneficiaries were more likely to be hospitalized (p = 0.006) and emergency Department services (p < 0.0001). In addition, Medicaid HMO beneficiaries were 20% less likely to have a claim for a Neurologist visit and 50% less likely to be prescribed disease modifying therapies than commercial enrollees. Long-term ac-

cess to medical services mirrored that observed in the short term with higher rates of hospitalization (p = 0.006) and emergency department use (p < 0.001) and less access to Neurologist (p < 0.001) and disease modifying treatment (p = 0.027). CONCLUSIONS: Opportunities exist to support newly diagnosed MS patients en-
rolled in Medicaid HMO plans. The development and implementation of innovative managed care strategies will ensure that Medicaid HMO beneficiaries received ac-

cess to timely and appropriate treatments at the same rate as their counter-
parts enrolled in commercial health plans.

PNDS5 DETERMINANTS OF PRESCRIPTION DRUG EXPENDITURES IN PATIENTS WITH MULTIPLE SCLEROSIS: AN ANALYSIS OF MEDICAL EXPENDITURE PANEL SURVEY DATA, 2002 - 2009

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OBJECTIVES: The study examined determinants of prescription drug expenditures in patients with Multiple Sclerosis (MS) in United States (US).

METHODS: Retrospective cross-sectional study was conducted using the 2002-2009 Medical Expen-
diture Panel Survey (MEPS) data, a nationally representative data on the commu-
nity dwelling, non-institutionalized US population. The study sample included patients with MS aged 18-64 (n = 98,736). Weighted descriptive statistics were performed to estimate the total and prescription drug expenditures. Multiple Or-
dinary Least Square regression analysis within the conceptual framework of An-
derson Behavioral Model was performed to identify factors associated with pre-
scription drug expenditures. The total and prescription drug expenditures was carried out to address skewed nature of cost data.

RESULTS: An estimated of 4.1 million patients were diagnosed with MS during 2002-2009. The total average expenditure for MS patients was $17,619 (95% CI: 16,385-18,913). Of the total expenditures, 28% was attributable to prescription drug cost, i.e. $7760 (95% CI: 7165 - 8350). The linear regression revealed that predisposing (region), enabling (health insurance coverage) and need (charlson comorbidity score) factors were signifi-
cantly associated with prescription drug expenditures. Patients from the Midwest region had 65% higher prescription expenditure than the west region patients. Patients with public insurance had 164% higher prescription expenditure than uninsured patients. One unit increase in charlson comorbidity score was associ-
ated with 28% higher prescription drug expenditure. CONCLUSIONS: The total prescription drug expenditures accounted for nearly half of total medical expendi-
ture in patients with multiple sclerosis. In addition to need, predisposing and enabling factors played an important role in influencing prescription drug expenditures in patients with multiple sclerosis.

PNDS6 MANAGED CARE AND PHYSICIAN PERCEPTIONS OF NOVEL TREATMENTS IN MULTIPLE SCLEROSIS

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OBJECTIVES: The objective of this research is to understand emerging value per-
cceptions of novel treatments in Multiple Sclerosis from the perspective of US Man-
aged Care Organizations decision makers and prescribing physicians.

METHODS: Exploratory primary research interviews (n=35) were conducted with a sample of Managed Care Organization decision makers, practicing neurologists, hospital pharmacy directors, and specialty pharmacy distribution managers. The sample was composed of national and regional payers representing various patient popu-
lations with commercial or government-funded coverage. Qualitative interviews con-
ducted from April to June 2011 and consisted of individual one-hour phone inter-
views. Survey questions were focused on identifying payer perceptions of unmet need in current Multiple Sclerosis (MS) disease management, payer and physician rec-
nosition for first oral treatment, and patient (Gilead) adoption changes in treat-
ment algorithms and benefit design upon availability of additional oral therapies. Qualitative survey methods for eliciting stated preferences for formulary management decisions were used. RESULTS: Payers and physicians described the unmet need in MS treatment being driven by the absence of optimal disease-
modifying treatments and evidence for available treatments to long-term outcomes. Patients are sensitive to recent price increases in the category and man-
agement practices in MS may become more aggressive in the near-term as compe-
tition for value increases. Payers and physicians anticipate future oral treatments in development to induce increased in oral drug initiation but do not anticipate rapid conversion from injectable therapy to oral therapy. CONCLUSIONS: Payers and prescriptions acknowledge oral therapy options for MS as an expansion in treat-
tment options offering more convenient administration. Rising cost of therapy and the potential for long-term outcome improvement with their utilization remain con-
cerns in supporting the value of these treatments.

PNDS7 VALUE-BASED INSURANCE DESIGN IN MULTIPLE SCLEROSIS (MS): EMERGING MODELS AND IMPLICATIONS FOR DEVELOPMENT OF REAL-WORLD DATA

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BACKGROUND: US payers often employ a fail-first approach to multiple sclerosis (MS), imposing multiple steps through therapies as patients relapse, progress and accumulate disability. However, within the past year, one managed care organiza-
tion has piloted an outcomes-based contract in MS. Tier status and discounts will be tied to medication adherence, avoidance of relapses and subsequent hospital-
izations. At the same time, the MS therapy pipeline is rapidly evolving, and may offer opportunities for contracting based on volume, or a portfolio of products for multiple lines of therapy. OBJECTIVES: To gauge the level of interest among payers in oral and intravenous therapies. Qualitative survey methods for eliciting stated preferences for formulary management decisions were used. RESULTS: Payers and physicians described the unmet need in MS treatment being driven by the absence of optimal disease-
modifying treatments and evidence for available treatments to long-term outcomes. Patients are sensitive to recent price increases in the category and man-
agement practices in MS may become more aggressive in the near-term as compe-
tition for value increases. Payers and physicians anticipate future oral treatments in development to induce increased in oral drug initiation but do not anticipate rapid conversion from injectable therapy to oral therapy. CONCLUSIONS: Payers and prescriptions acknowledge oral therapy options for MS as an expansion in treat-
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