obese class III (OR: 0.399, 95% CI: 0.228 – 0.698) were less likely to receive anti-obesity medications compared to obese class I/II with normal weight. Each 0.5 kg/m² overweight spline had a significant decrease in the interval of overweight (OR: 0.853, 95% CI: 0.729-0.999). Male smokers, aged ≤ 65 years, white race, having private insurance, having depression, cardiovascular diseases diagnosis, and tobacco counseling, were significant predictors of having a smoking cessation prescription. CONCLUSIONS: The use of anti-obesity medications is of urgent importance. AOM use potentially involves adverse effects; however, there are no changes in the DACION for oxycodone ER in both highest and all lower strengths pairs by 0.51 and 0.46 tablets, respectively. After the introduction, the difference in mean DACION between the two drugs became 0.45 tablets for the highest and 0.40 tablets for the lower strengths. Interrupted time series results demonstrate that the immediate and overall impact due to the reformulated oxycodone ER was higher for oxycodone ER compared to oxymorphone ER by 0.4 tablets per day for all dosage strengths for the entire study period. After the introduction of reformulated oxycodone CR, the DACION for oxycodone CR was slightly mitigated; however, there was a minimal impact on the mean difference between oxycodone CR and oxymorphone ER.

PSYS4
TRENDS OF HOSPITAL ADMISSION FOR CROHN DISEASE (CD) IN LATIN AMERICA
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OBJECTIVES: Hospital admissions are frequent for CD (Diabetes patients), either to treat a flare-up or to have surgery. There are few data about CD in Latin America and it is pointed to be a problem of health care across the years. The aim of current the study is to analyze trends of the hospital admission rate by CD in three Latin American countries: Brazil, Chile and Mexico.
METHODS: Data from the years 2001 to 2008 on primary diagnosis of CD from Hospital Admission in Public Health System: DATASUS in Brazil, DEIS in Chile and SINAIS in Mexico. Numbers of hospital admission by country, year and age range were collected and weighted by age specific country population. Trends in hospital admission rates over time were analyzed by Poisson general estimation equations with an autoregressive correlogram matrix. Estimated coefficients were considered significant when p<0.05.
RESULTS: In all the countries the rate increased with the age. Mexico had the lower rates, which remain nearly constant over the years (0.09/100,000 inhabitants, p<NS). In Chile, the rate increased over the years (p=0.45, annual risk ratio: 1.568 ± 0.003), different from Brazil that showed a decrease (p<0.011, annual risk ratio:0.893 ± 0.001). CONCLUSIONS: Reports from reference centers showed an increase in the number of cases in the three countries; however in Mexico the number of patients still very low. Therefore, the trend of hospital admission rates in Chile and Mexico seem to be similar as the reported disease frequency. Regarding Brazil, a possible explanation for the decrease in hospital admission could be changes in treatment practices, the financing of biological therapies in Public Health System since 2002. The trends of hospital admission vary across the Latin America countries, and national assistance programs for CD seem to have an impact on hospital admission rate.
PSYS5
ENTRY AND ACCESS EXPECTATION FOR BIOSIMILARS IN THE UNITED STATES
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OBJECTIVES: The objective of this research was to conduct primary research with US payers about decision-making processes for pharmacy and medical directors, clinical pharmacists, and field experts involved in evaluating expectations of biosimilar management. Interviews were conducted from January to March 2011 and consisted of individual one-hour phone conversations. Survey development focused on addressing how biosimilar evaluations for plan coverage will be made and vary by therapeutic class including testing of: Erythropoietin-stimulating agents (ESA), cancer monoclonal antibodies (mAb), anti-tumor necrosis factor (anti-TNF), and granulocyte-colony stimulating factors (G-CSF). Baseline knowledge that US payers had about biosimilars and abbreviated pathway development was also tested. Qualitative Survey methods for eliciting stated preferences were used. RESULTS: Payers recognize differences between biosimilars and small molecule generics in molecular structure and manufacturing processes; however, uncertainty exists around exact payer definitions for biosimilarity. Payers view biosimilars as alternative branded products rather than small molecule generics. On rare occasions, payers recognized a small molecule exception. Field experts noted that contrary to recent biosimilarity, formulary review for biosimilar products will likely vary by class since different drugs and indications may require different evidence. Specifically, variance in biosimilar management decisions will vary depending on the sensitivity level to manage beyond the existing patent. Payers expect biosimilar cost offsets within the range of 11-30% from innovator brands. CONCLUSIONS: Presently, discussions about biosimilar formulary review have been informal and high-level. Biosimilar product value assessments will differ from the case of small molecule generics and coverage policies may vary by class. Budgetary and economic impact is the major driver in proposed utilization management controls, but will need to be balanced in light of product comparisons in safety and efficacy.