obese class III (OR: 0.399, 95% CI: 0.228 – 0.698) smokers were less likely to be prescribed cessation medications compared to those with normal weight. The weight 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:** Overweight or obese smokers were less likely to be prescribed cessation medications. Future research is needed to investigate the reasons behind this difference and develop interventions to help overweight and obese smokers quit.

PSY51

USE OF NARCOTIC MEDICATIONS AMONG A LARGE COMMERCIALLY-INSURED POPULATION IN THE UNITED STATES

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OBJECTIVES: Narcotic medications are increasingly becoming the most-abused medicines in the United States, accounting for hundreds of deaths and thousands of emergency room visits. The objective of this study is to examine the use of narcotic medications in a commercially insured population. **METHODS:** Retrospective pharmacy claims from a large US pharmacy benefit manager between January 2010 to December 2010 examined the prevalence, utilization and cost trend of narcotic medications (GPI2=65). Only commercially insured patients with integrated and funded prescription benefits were included in the analysis. **RESULTS:** While females filled more narcotic prescriptions than males, male patients used more expensive narcotic medications than their female counterparts ($58 per script and $45 per script, respectively). The largest difference in cost per prescription between males and females was in the 25-34 age groups ($64 per script and $33 per script for male and female, respectively). Within this age group, males spent 42% of their overall narcotic cost on Suboxone® and 16% on Oxycontin®, whereas females only spent 21% on Suboxone®, 15% on hydrocodone-acetaminophen, and 14% on Oxycontin®. Males had lower generic fill rate (GFR) compared to their female counterparts (86% and 95%, respectively). Consequently, the Per Member per Year (PMPY) narcotic cost for males was $13.04 higher than females 24-35 years of age. As patient age increases, however, the trend is reversed: female PMPY narcotic cost is $19.35 higher than male counterparts aged 75 or older. The utilization and cost of narcotic medications differ by geographic region with Oklahoma, Nevada, Utah, Ohio, and Alabama ranked as the Top 5 most costly and Alabama, Oklahoma, Tennessee, Mississippi, and Wyoming having the highest utilization. **CONCLUSIONS:** Results from this analysis can provide insights into the utilization and cost of narcotic medications.

PSY52

IS ANTI-OBESITY MEDICATION (AOM) USE MEDICALLY OR SOCIALLY DRIVEN? AN ANALYSIS OF PREDICTORS OF AOM USE AMONG OVERWEIGHT AND OBESE FEMALE MEPS RESPONDENTS

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OBJECTIVES: Currently, little is known about anti-obesity medication (AOM) utilization. The purpose of this research was to explore predictors of utilization among overweight and obese females within the MEPS database and to determine whether use is primarily socially or medically driven. **METHODS:** A retrospective case-control study design using 2003-2008 data from the Medical Expenditure Panel Survey (MEPS) was performed. Datasets were generated by linking Full-Year Consolidated Files to Prescribed Medicine Files in MEPS for each year. The Conditions Files for each year were linked to ascertain whether or not respondents possessed a comorbidity of interest (diabetes, hyperlipidemia, hypertension). The Multum Lexicon File, released in Fall 2003, was used to identify AOM users in MEPS. Logistic regression analysis was used to indicate whether obese/overweight respondents take an AOM in that year, controlling for indicated "medically necessary" or "socially desirable" related variables, and other potentially significant variables. Proc means and proc freq in SAS 9.1 were used to generate descriptive statistics. **RESULTS:** LR results show that women who are above the age of 35 are significantly less likely to consume anti-obesity medications (Ages 36-49, OR=0.570, p=0.0082; Ages 50-64, OR=0.366, p<0.001); oldest females are least likely to consume them (Ages 65+, OR=0.072, p<0.001). Married females are significantly more likely to consume anti-obesity medications (OR=1.695, p=0.003). With unit increases in BMI, females are 1.03 (p <0.001) more likely to take anti-obesity medications. Other significant variables included education and possession of private insurance. Dummy variables representing comorbidities were not significant predictors of AOM use. **CONCLUSIONS:** Consumption of anti-obesity medications may be more socially- rather than medically-driven, with more socially-related variables appearing significant in the model. Increased monitoring patients who receive these medications is of urgent importance. AOM use potentially involves adverse effects; physicians' role in prescribing these potentially dangerous medications may need to be addressed.

PSY53

EVALUATION OF DAILY AVERAGE CONSUMPTION (DACON) OF OXYCODONE CR AND OXYMORPHONE ER USING AN INTERRUPTED TIME SERIES ANALYSIS

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OBJECTIVES: Oxycodone controlled-release (CR) and oxymorphone extended-release (ER) are commonly prescribed, long-acting opioids, approved for twice-daily dosing. We compared Daily Average Consumption (DACON) for oxycodone CR and oxymorphone ER before and after the introduction of reformulated oxycodone CR. **METHODS:** This was a retrospective claims database analysis using pharmacy claims from the MarketScan® database during January 2010 through March 2011. The Interrupted time series analysis was used to evaluate the impact of the introduction of reformulated oxycodone CR on DACON of both drugs. **RESULTS:** Before the introduction of reformulated oxycodone CR, the mean DACON for oxycodone CR was higher than the mean DACON for oxymorphone ER in both highest and all lower strengths pairs by 0.51 and 0.46 tablets, respectively. After the introduction, the difference in mean DACON between the two drugs became 0.45 tablets for the highest and 0.40 tablets for the lower strengths. Interrupted time series results demonstrated that the immediate and overall impact on DACON of the reformulated oxycodone CR was minimal, while there were no changes in the DACON for oxymorphone ER as a result of the introduction. The estimated difference in average DACON for oxycodone CR decreased by 0.1 tablets or 3.7% ($P < 0.001$) 6 months after the new formulation was introduced. **CONCLUSIONS:** Mean DACON was higher for oxycodone CR 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 DACON for oxycodone CR was slightly mitigated; however, there was a minimal impact on the mean difference between oxycodone CR and oxymorphone ER.

PSY54

TRENDS OF HOSPITAL ADMISSION FOR CROHN DISEASE (CD) IN LATIN AMERICA

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OBJECTIVES: Hospital admissions are frequent for Crohn's Disease (CD) patients, either to treat a flare-up or to have surgery. There are few data about CD in Latin America. Some studies, however, have pointed to an increase in the prevalence 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 Crohn's Disease were taken from Databases of 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 correlation matrix. Estimated coefficients were considered significant when p<0.05. **RESULTS:** In all 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 has increased over the years (β=0.45; annual risk ratio: 1.568 p<0.001), different from Brazil that showed a decrease (β=-0111; annual risk ratio=0.893; p<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.

PSY55

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 managed care decision-makers to understand their perceptions and management expectations for pending biosimilar market availability in the United States. **METHODS:** Explorative primary research (n=20) was conducted with a sample of Managed Care Organization (MCO) decision-makers composed of 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 cponversations. 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 agents (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. Research also indicated that contrary to review for small molecule generics, 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 the category. 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-levelt. Biosimilar product value assessments will differ from the case of small molecule generics and coverage policies will 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.