impairment, and numerically greater decreases in absenteeism, versus placebo at all study weeks. Differences relative to placebo in change from baseline to Week 26 were -0.3% for absenteeism (NS). -5.9% for presenteeism, -7.5% for overall work productivity loss, and -6.7% for daily activity impairment (all P >0.05). A 40-hour work week, laniximab reduced overall work productivity loss by 3 hours/week/40 years (95% CI: -5.1, -1.9). Of the total 360 days per year, 360 days x 75% U.S. wages, corresponds to an avoided overall work loss of $99 per patient/year or $4,861 per patient/year. CONCLUSIONS: Compared with placebo, once-daily laniximab treatment significantly reduced overall work productivity loss and activity impairment among IBS-C patients, with improvements seen at all measured time points over 26 weeks of treatment.

GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PG12
INFLIXIMAB THERAPY ADHERENCE DIFFERENCES BY SITE OF CARE AMONG PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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OBJECTIVES: To examine the association between adherence and site of care among patients with inflammatory bowel disease (IBD) treated with infliximab. METHODS: Adult patients with new IBD diagnosis (at least 18 years old) between January 1, 2006 to December 31, 2009 at 1, 2, 3, 4, 5 or 6 IBD diagnosis (415/98) and 1, 2, 3, 4, 5 or 6 IBD diagnosis (555.XX) were excluded. Being adherent was defined as having at least two infusions from one site; patients without a majority of infusions from one site were non-adherent. MPR thresholds of ≥75% were used to classify adherent patients. RESULTS: A total of 173 patients were identified, 156 had at least 2 infusions. Mean age was 47.9 years, 59.5% were female, and 53.8% had Commercial. Coverage Hospital outpatient (48.0%) and physician (51.7%); were the most common SOC for index dose; among those who reached the maintenance phase, this same trend was observed. Mean MPR was similar across SOC (range 0.8 to 0.9, p-value 0.4412). Further, the proportion of patients considered adherent (≥80% MPR) was 72.4% among patients with physician SOC. The proportion of patients with ≥80% MPR in the other site types were similar to that of physician office patients (61.3%, 71.4%, and 81.0% for hospital outpatient, ambulatory infusion centers, and mixed site, respectively, p-value <NS). CONCLUSIONS: IBD practice setting may not significantly affect adherence. Further research is needed to confirm these findings.

PG23
RELATIVE ADHERENCE ACROSS SITES-OF-CARE FOR INFLIXIMAB PATIENTS WITH CROHN’S DISEASE

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OBJECTIVES: To describe adherence in Crohn’s disease (CD) patients receiving infliximab (IFX) by site of care (SOC). METHODS: The Humana claims database was used to identify patients aged 18-89 with CD newly initiating IFX treatment between 7/1/2007 and 7/31/2011. Index date was the date of first IFX claim, 6 months prior and 12 months post-index were required. Medication Possession Ratio (MPR) was calculated as [total days on IFX therapy based on infusion dates and assumed duration of action/360 days]; at least two infusions were required. MPR thresholds of ≥80% and ≥60% were used to classify adherent patients. CONCLUSIONS: A total of 173 patients were identified, 156 of which had at least 2 infusions. Mean age was 47.9 years, 59.5% were female, and treatment was more common for UC (59%). Women were more adherent relative to men. The IFX MPR in adherent patients had significantly higher all-cause physician office visit costs, and lower other outpatient visit, emergency department and hospitalization costs than non-adherent patients. CD-related costs showed similar trends for physician office visit, other outpatient visit and hospitalization costs. IBD-related cost was higher in the adherent group, all-cause pharmacy costs were similar between those adherent and non-adherent. Total CD-related costs were higher among adherent patients (80% MPR: $3,495 ± $1940 vs. $1,940 ± $1,170). Patients in the adherent group were more likely to report a positive impact on health status and absenteeism. Our study identified factors about the program that are more impactful (educational tools) and patient factors that could improve program outcomes.

PG125
PATTERN PREFERENCES OF OSTEOMY POUCHING SYSTEMS – FOCUS GROUP INTERVIEWS WITH STOMA CARE PATIENTS

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OBJECTIVES: There is little research regarding the cost effectiveness of ostomy pouching systems. There is also limited evidence regarding the patient preferences of these devices. The aim was to investigate the patient preferences of individual characters of the pouching systems. The aim was to compare the characteristics based on patient preferences. METHODS: All ostomy pouching systems, within the Swedish reimbursement system, were documented and their individual characteristics (i.e. properties of the filter, base plate and pouch material etc) identified. Results from the bivariate analysis were used as input for the multivariable analysis. The identified characteristics was validated by a group of stoma nurses and experts. A pilot test of the interview guide for the focus group interviews were also held, resulting in small changes of the guide. Stoma nurses at nine different clinics in in different areas of Sweden consecutively asked stoma patients to participate. Patients were included if they gave oral and written consent, had a colostomy or ileostomy for at least one year. The patients were requested, together with the other participants in the focus group, to rank the individual characteristics of the ostomy pouching systems. RESULTS: In total, 53 patients were included in the nine focus groups performed (one from each of the nine participating clinics). The top ranked patient preferences regarding closed-end bags were that the filter should reduce smell and should not leak but also that the base plate has good adhesive properties as well as being skin friendly. The top ranked patient preferences regarding open-end bags were also that the filter should reduce smell and should not leak. The bag should be easy to empty but also that the base plate has good adhesive properties as well as being skin friendly. CONCLUSIONS: The top-ranked patient preferences were mainly characteristics regarding the filter and base plate.

PG26
FACTORS ASSOCIATED WITH LARGE INCREASES IN SELF-REPORTED HEALTH CARE COST AMONG INFLAMMATORY BOWEL DISEASE PATIENTS

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OBJECTIVES: Canadian inflammatory bowel disease (IBD) patients treated with infliximab are predominantly managed through a nationwide case management system, named BioAdvance, providing access to care, educational tools, supplies and assistance programs. The aim of this study was to identify underlying factors that were associated with positive changes in health outcomes. METHODS: Between August 1 and September 30, 2012, a web-based survey was provided to patients currently receiving infliximab therapy within BioAdvance. The cross-sectional survey included items on demographic, disease characteristics, services usage and preference, and perception of health and work absenteeism. Patients were categorized according to health trajectories: declined in health (decliners), no improvement (non-changers), moderate improvement and large improvements (strong increasers). Multivariable multinomial logistic regression was used to determine which factors were associated with different health trajectories. RESULTS: 918 of 1160 respondents were IBD patients reporting health status. Patients were treated for Crohn’s disease (CD) (66.1%), Ulcerative Colitis (UC) (26.6%) or 2 or more conditions (7.3%). Strong increasers were most prevalent (32.3%) and decliners least prevalent (9.1%). Increasing use was associated with positive health outcomes. The MPR threshold for strong increasers (adjusted odds ratio aOR: 1.65, 95% confidence interval [CI]: 1.03-2.64) was used to be treated for UC or CD (aOR: 2.05, 95% CI: 1.16-3.64) and to perceive BioAdvance as important (aOR: 2.52, 95% CI: 1.56-4.09). There were no factors distinguishing decliners from non-changers. Younger patients were less likely to miss workdays, as were French speaking patients and those, consistent health trajectories, patients treated for UC (aOR: 0.68, 95% CI: 0.47-0.97). Patients were more likely to have missed workdays among non-changers (10.7%) (aOR: 0.20, 95% CI: 0.02-0.37). CONCLUSIONS: IBD patients receiving infliximab within the nationwide case management system report a positive impact on health status and absenteeism. Our study identified factors about the program that are more impactful (educational tools) and patient factors that could improve program outcomes.
GASTROINTESTINAL DISEASES – Health Care Use & Policy Studies

PG10

PATTERNS OF GENERIC AND PROPRIETARY PRESCRIBING OF PROCTO PUMP INHIBITORS (PPIs) OVER TIME IN ENGLAND

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OBJECTIVES: Introduced in 2006 in England, the Better Care, Better Value (BCBV) indicators aim to promote cost-effective prescribing in the NHS. Previous data presented at ISPOR showed that the total cost of statin prescriptions fell by 44% between 2007 and 2012, and that much of this decrease was likely attributable to the prescription of generic atorvastatin following patent expiry of the proprietary form. This analysis aims to identify prescribing of procto pump inhibitors (PPIs), another category of drugs identified by the BCBV indicators.

METHODS: Prescription Cost Analysis databases were reviewed (2007-2012). Data extracted were the number of prescriptions by indication, the average cost per prescription, and the proportion prescribed generic. The total for each year was compared. RESULTS: Between 2007 and 2012 the total NIC of PPIs decreased by 38%. Over the same period, the decrease in the proportion of proprietary prescriptions was greater for PPIs (7%) than previously reported for statins (65%), however, this did not translate into greater savings in total NIC. This could be due to the higher average number of prescriptions per year and the higher average NIC per prescription item for statins than for PPIs. Analysing data for each PPI, we found dramatic decreases in proprietary prescribing (0% to <1%) within two years following patent expiry of proprietary form. There was a decrease in the proportion of proprietary prescribing of PPIs in England between 2007 and 2012, with rapid follow-up of patent expiry of proprietary drugs. This suggests that the BCBV indicator is being met for PPIs as well as for statins.

PG11

PATTERNS OF STEROID AND STEROID SPARING REGIMENS AMONG OLDER INFLAMMATORY BOWEL DISEASE (IBD) PATIENTS WITH CONTRAINdications TO TUMOR NECROSIS FACTOR ANTAGONISTS (ANTI-TNFs)

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OBJECTIVES: IBD-specific quality measures calling for the use of steroid sparing regimens over steroid use were used infrequently (anti-TNFs: 19-30 users per 1000 patients each year, steroids: 258-283 users per 1000 patients per year and averaged 123-145 mean users per 1000 patients per year). We recently adopted the Center for Medicare and Medicaid Services (CMS). However, many older patients have contraindications to anti-TNFs. Our objective was to characterize the use of traditional and non-biologic regimens among older patients with IBD and contraindications to anti-TNF contraindications. METHODS: A retrospective cohort study was conducted using CMS’ national 5% sample for 2006-2009 including Medicare patients with ≥12 months Parts A and B, ≥6 months Part D, an IBD diagnosis (>2 claims for ICD-9CM 555.xx or 556.xx) and contraindications to anti-TNFs (advanced CHF, malignancies). We described the prevalence and days of exposure to each IBD drug class. Patient characteristics associated with steroid exposure were examined using a negative binomial-logit hurdle model. RESULTS: Among 10,362 patients, 18% (n=1860; 53% CHF, 39% malignancy, 8% both CHF and malignancy) had contraindications to anti-TNF therapy. The mean age was 79 years, 67% were female and 87% white. Steroid use ranged from 258-283 users per 1000 patients per year and averaged 123-145 mean annual treatment days for all IBD. Anti-TNFs and non-biologic immunomodulators were used infrequently (anti-TNFs: 19-30 users per 1000 patients each year, non-biologic immunomodulators: 29-36 users per 1000 patients each year). Patients who were younger, white, receiving any BD drug class except anti-TNFs, had polypharmacy, more hospitalizations or absence of stroke history had greater odds of receiving steroids. Among steroid recipients, polypharmacy and anti-TNF use were associated with a 6% (23%-22%) and 7% (28%-15%) greater number of steroid therapy days, respectively. CONCLUSIONS: Use of steroids exceeded steroid sparing regimens supporting the importance of the new quality measure as a strategy to improve care. Patients with anti-TNF contraindications are frequently appropriate to improve care. Patients with anti-TNF contraindications are frequently appropriate to improve care. Patients with anti-TNF contraindications are frequently appropriate to improve care.

PG12

ATTACHMENT PATTERNS, HEALTH CARE RESOURCE UTILIZATION AND COSTS IN UNITED STATES PATIENTS DIAGNOSED WITH CHRONIC HEPATITIS C INFECTION

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OBJECTIVES: Little data exists on differences between patients with versus quiescent UC regarding QoL and productivity loss. METHODS: Patients with active Mayo score ≥6 (moderate/severe UC), and quiescent patients who received a different treatment during the previous year were recruited in Belgium, France, Germany, Greece, Italy, The Netherlands, Spain, Sweden, Switzerland, Turkey, and UK. Patients who opted for ileo-colic or ileo-anal pouch reconstruction were excluded. Patients were classified with quiescent or active UC, quiescence being clinical Mayo score ≤2, no sub-score >1, no corticosteroids for two months or, if no endoscopy, partial Mayo score ≤2, no corticosteroids for two months. Patients completed Generic Health-Related Quality of Life (GHRQ) and Work Productivity and Activity Impairment-UC (WPAI-UC) questionnaires. Quiescent and active patients were compared using chi-square and t-test. RESULTS: 253 patients were included, mean age 56±16.2 years, 59% male, 250 patient completed questionnaires, 218 (86%) had active UC. EQ-SD-LI indicated that 39% of patients had problems with usual activities and 23.6% of patients with mobility. Visual Analog Scale (VAS) QoL scores for quiescent UC patients were 74.8±14.9 and 69.50 (19.41) (p=0.0205), respectively. Quiescent patients had insignificantly better scores in all SIBDQ elements (global, systemic, social, bowel, emotional), global scores for patients with quiescent and active UC were 5.08 (1.31) and 4.75 (1.26) respectively. VAS End of Employment (EOE) was not different (48.8 vs. 48.6, average, work time missed 12.25% (27.30), impairment while working 20.46% (25.85)) and overall work impairment 26.47% (32.21). Scores for impairment of non-work activity for quiescent active patients were 17.10% (25.45) and 27.39% (28.62) (p=0.0244), respectively. CONCLUSIONS: Patients with active UC demonstrated lower QoL measured by VAS and greater impairment of non-work activities. UC patients experienced a high percentage of unemployment and significant productivity loss.