OBJECTIVES: To assess the clinical and economic burden of gastrointestinal reflux disease (GERD) in the U.S. veteran population. METHODS: Patients diagnosed with GERD (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes: 530.1, 530.10-530.12) and clinic visits resulting in prescription/over-the-counter (OTC) GERD therapy were included in a retrospective study (1/2006-5/31/2012) conducted using the Veterans Health Administration (VHA) Medical SAS Datasets. Continuous medical and pharmacy costs were estimated for each patient (1 January 2010 and post-index date (initial GERD diagnosis date). Comorbidities were examined for the 12 months baseline period, medication and treatment were examined during the 60-day follow-up period. Health care resource utilization and costs were assessed for the follow-up period. Descriptive statistics were calculated as mean±standard deviation (SD) and percentages to measure treatment, cost, and utilization distribution in the sample. RESULTS: A total of 1,123 GERD patients were identified in the database. During the baseline period, the most common comorbidities were unspecified chronic hypertension (23.9%), diabetes (13.7%) and hyperlipidemia (8.3%). During the 60-day follow-up period, patients had received a total of 57,264 scripts for anti-inflammatory drugs, immunosuppressors and/or anti-TNFα agents. The total cost of medical procedures, medications and hospitalizations was higher for UC patients, with an annual incremental cost per patient of $1437 (95% CI: 331-410), CAN$2,374 (95% CI: 2135-2563) and CAN$2,795 (95% CI: 2399-3192), respectively. The annual difference in direct costs between UC patients and controls was estimated at CAN$5,539 (95% CI: 5,036-6,043) per patient. CONCLUSIONS: The present analysis illustrates the high cost of treatments, the high frequency of hospitalization resulting in increased hospitalization costs and the substantial economic burden, in terms of direct medical costs associated with UC.

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OBJECTIVES: An antiemetic is a drug that is effective against vomiting and nausea. The objective of this study is to calculate price trends for individual antiemetics and to describe the trends of utilization and spending on antiemetic drugs in the U.S. Medicaid program. METHODS: A retrospective descriptive analysis was performed using data from the Medicaid database from 1991 through second quarter of 2011. We extracted the utilization and expenditure data from the national Medicaid pharmacy files collected by the Centers for Medicare & Medicaid Services. Study drugs include antiemetics (cyclizine, dimenhydrinate, buclizine), steroids (dexamethasone, methylprednisolone), dopamine antagonists (droperidol, ondansetron, granisetron, palonosetron). Total prescriptions reimbursed by Medicaid and total reimbursement cost were calculated by adding the data for all years of the study period. RESULTS: The total number of medications reimbursed by Medicaid increased from 639,919 in 1991 to $1.0 million in the second quarter of 2011. About 100% increase in the price of generic Zofran. The annual average of antiemetic per prescription was calculated as annual total reimbursement divided by Annual total number of prescriptions. RESULTS: The total number of medications reimbursed by Medicaid increased from 639,919 in 1991 to $1.0 million in the second quarter of 2011. About 100% increase in the price of generic Zofran. The annual average of antiemetic per prescription was calculated as annual total reimbursement divided by Annual total number of prescriptions. RESULTS: The annual average of antiemetic per prescription was calculated as annual total reimbursement divided by Annual total number of prescriptions.

PG19 ECONOMIC BURDEN OF CHRONIC CONSTIPATION AMONG PATIENTS IN A COMMERCIALLY INSURED POPULATION: A RETROSPECTIVE ANALYSIS OF ALL-CAUSE COSTS AND UTILIZATION
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OBJECTIVES: To evaluate total annual all-cause costs of chronic constipation (CC) among patients with different health plan benefit designs and assess incremental costs of CC in a commercially insured population. METHODS: Patients were identified from the HealthCore Integrated Research Database as follows: (1) age ≥18 years as of January 1, 2010; (2) continuous eligibility in 2010; (3) ≥2 constipation diagnoses (ICD-9-CM: 534.0) for ≥90 days apart; (4) ≥1 constipation-related prescription (e.g., stool softeners or loperamide) occurring ≥90 days apart. A control group without irritable bowel syndrome, constipation, abdominal pain, or bloating was randomly selected using 1:1 matching on basic demographic characteristics. Patients were categorized by health plan benefit design into non-capitated health maintenance organizations (HMO), preferred provider organizations (PPO), Medicare Advantage (MA), and other benefit designs. Total all-cause health care costs included pharmacy costs and costs from medical services. Generalized linear models were used to evaluate the incremental costs attributable to CC. RESULTS: Of 14,854 CC patients and 14,854 controls identified, 71.7% had PPO, 12.0% had non-capitated HMO, 10.2% had MA, and 6.1% had other benefit designs. Mean age (±SD) was 58.7 (±20.4) years; 75.4% were female. Overall, CC patients had total annual costs of $1,372 (P<0.001) higher than controls. For 12-month follow-up costs versus matched controls, costs were $59,736 (P<0.001) higher for non-capitated HMO, $8,029 (P<0.001) for PPO, and $11,813 (P<0.001) for MA. Medical costs were the primary driver of unadjusted all-cause costs of CC. RESULTS show that CC has a significant impact on overall health care utilization and costs. A significant number of patients with CC also had irritable bowel syndrome, constipation, abdominal pain, or bloating. Patients with CC had higher utilization of medical and pharmacy benefits compared to controls. Wednesday of the week 12.2 12 12 22 22

PG12 COST-EFFECTIVENESS OF LINACLOTIDE FOR THE TREATMENT OF ADULT PATIENTS IN THE US WITH IRRITABLE BOWEL SYNDROME WITH CONSTIPATION
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OBJECTIVES: To evaluate the cost-effectiveness of linaclotide 290 mcg once daily versus lubiprostone 8 mcg twice daily in the treatment of adult patients with irritable bowel syndrome with constipation (IBS-C). METHODS: Using a Markov model, we compared linaclotide and lubiprostone from a societal perspective over a period of 52 weeks. The model structure is consistent with the Rebound Study data. Costs and outcomes were modeled over three clinical states: uncontrolled, mild controlled and moderate/severe controlled. Costs were obtained from national databases and from the Rebound Study. Outcomes of the model included quality adjusted life-years (QALYs), cost of treatment, and incremental cost-effectiveness ratios (ICERs). RESULTS: The annual average of antiemetic per prescription was calculated as annual total reimbursement divided by Annual total number of prescriptions.

PG13 COST-EFFECTIVENESS OF INFliximAB VERSUS COlectomy FOR THE TREATMENT OF SEVERE ACTIVE CUlTivE COLITIS IN CANADA
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OBJECTIVES: To assess the cost-effectiveness of infliximab as induction therapy for severe active inflammatory bowel disease (IBD) in Canada. METHODS: This study used the decision tree model which was positively received by NICE and adjusted to Polish settings.