OBJECTIVES: Although opioids play a central role in the treatment, and palliation of many medical conditions, there is a large and growing problem of abuse nation-ally and in South Carolina particularly. According to the 2009 National Survey on Drug Use and Health, more than 5 million Americans abused prescription opioid painkillers in January 2011. Reports show an increase in cases of doctor shopping, prescription forgery, prescribing and dispensing, and other diversion activi-ties. We determine patterns of opioid prescribing in South Carolina through an epidemiologic analysis and geo-spatial mapping of South Carolina prescription data for 2010-2012. We conducted a bioinformatics data mining of the South Carolina Medicaid program. Reporting and Identification Prescription Tracking System (SCRIPTS), we conducted a state-wide epidemiologic analysis of patient and prescriber prescribing patterns including distributions of number of prescriptions, number of prescribers and of pharmacies used by each patient. Additionally, we conducted County- and Zip-Code level analyses of opioid prescribing patterns. RESULTS: Prescriber descibles were created representing 10% groupings of prescribers based on controlled substances (CS) Index scores. The top 10% of prescribers account for 29% of all CS Index (N = 2,158,574) of the total CS II – IV prescriptions in 2010, and 58% of total opioid prescriptions. The top pharmacy decile dispensed about 44% of total prescriptions and about 37% of opioid prescriptions. Five Zip Codes had the highest percentage of opioid prescriptions out of total prescriptions (Charleston, Richmond, Greenville, Barnwell, and Aiken). In 2010 counties with the highest percent of prescriptions (>61%) were Greenville, Richmond, Barnwell and Charleston, whereas in 2011 the cities with the highest percent of prescriptions were Greenville, Chester, Richmond and Charleston. CONCLUSIONS: Our findings indicate a relatively small percentage of providers, concentrated in a few counties, account for most opioid prescriptions. This group represents a potential target for physician education and engagement in helping pain management and appropriate use of opioids.

PSY65
TREATMENT PATTERNS AMONG CHRONIC USERS OF IMMEDIATE-RELEASE OXYCODONE INITIATING TREATMENT WITH EXTENDED-RELEASE OPIOIDS Pergolizzi JV,1 Kinson NY,2 Bell3 Jones C7, Mantovannelli F, Cummings AG2, Birnbaum H2, Joseph B3 1Nagels Anesthesia and Pain Associates, INC., Bonita Springs, FL, USA, 2Analysis Group Inc., Boston, MA, USA, 3Purdue Pharma L.P., Stamford, CT, USA, 4Analysis Group, Inc, Boston, MA, USA OBJECTIVES: Many chronic users of immediate-release opioids (IROs) initiating treatment with extended-release opioids (EROs) desire or are coerced towards generic options, even if switching molecules is required. Switching may introduce uncertainty for patients regarding dosing, titration and efficacy. This study assessed treatment patterns among chronic users of extended-release oxycodone who initiate ERO treatment, and describes differences between patients initiating treatment on the same molecule and those who switch molecules. METHODS: Commercially-insured patients aged ≥65 were selected from de-identified OtsoutsHealth Reporting and Imaging database (2011-2014). Chronic oxycodone users aged ≥65 were defined as patients with ≥2 continuous prescriptions and ≥60 days supply leading up to initia-tion of ERO treatment (index). Patients were excluded if they had claims for EROs during a 6-month baseline period or possible opioid replacement therapy (metha-done/buprenorphine) during the 6-month follow-up period, and were required to be continuous users of opioids throughout follow-up. The sample was stratified based on whether ER therapy was initiated on the same molecule (ER oxycodone) or different molecule (treatment patterns and pill count were assessed for both cohorts. RESULTS: During baseline, 3,218 chronic IR oxycodone users initiating EROs were identified, with 993 (40%) initiating ER oxycodone and the remainder switching molecules. 59% of molecule-patient pairs chosen to continuously index therapy (41.9% vs. 33.6%), and less likely to switch to a different ERO (12.3% vs. 26.0%). Among different-molecule patients switching EROs, nearly half switched to IR oxycodone. Failure of IR oxycodone was observed in both groups, but continuous index ERO users in the same-molecule cohort saw a greater than 50% decline in IR pill count compared with the different-molecule cohort (-173 vs. -105.9). CONCLUSIONS: Chronic IR oxycodone patients initiating EROs on the same molecule are more likely to continuously index treatment, and those remaining on treatment experienced a greater decline in IR oxycodone pill count.

PSY66
CROSS-STATE COMPARISON OF MEDICARE ANTI-OBSTETRY MEDICATION COVERAGE: 1999-2013 Xia V, Kelton CM, Heaton PC, Guj J 1Department of Cincinnati, Cincinnati, OH, USA OBJECTIVES: More than one third of the U.S. are considered obese (body mass index ≥ 30 kg/m2). Because of their relatively low socioeconomic status, the Medicaid population is disproportionately affected by obesity. The objective was to compare the utilization of and spending on anti-obesity medication, specifically orlistat (amphetamine-based weight-loss drugs were highly restricted by Medicaid because of their potential for abuse), by state Medicaid programs from 1999-2013. Orlistat, approved by the FDA in April 1999, is a gastric and pancreatic lipase inhibi-tor that reduces dietary fat absorption. METHODS: Using the individual state files for Medicaid outpatient drug utilization maintained by the Centers for Medicare and Medicaid Services (CMS), we identified all Medicaid beneficiaries of orlistat from 1999-2013 and extracted for all branded and generic orlistat prescriptions for Medicaid beneficiaries. Descriptive statistics were computed. RESULTS: In 1999, 5,245 prescriptions were filled in Canada, whereas in 2013, 11,460 were filled in Wisconsin, 1,460. Subsequently, several other states, such as California, Connecticut, Kentucky, Minnesota, New Jersey, and Pennsylvania came on board with a fairly large number of prescriptions reimbursed (6,041 in California in 2003). In other states, like Ohio, there was very little utilization. orlistat is a “biosimilar” for fenofibrate, an anti-hyperlipidemic drug from 1999-2013. For at least 12 months, were reimbursed (INS Brogan, IMS Longitudinal Claims Dataset, Jan 2010 - Aug 2013, reported Nov 2013). A specific algorithm was developed for orlistat. Dosage escalation was performed for four biologics approved for psoriasis in Canada: adalimumab, etanercept, infliximab and ustekinumab. Dose escalation was defined as a 20% dose increase above the previous dose, excluding induction. CONCLUSIONS: A total of 6,510 patients were identified and met inclusion criteria. The average first year dose was higher than years 2 and 3, consistent with effects, only 3,424 prescriptions were reimbursed. Reimbursement per prescription varied by state, in 2013 the national average was $107. CONCLUSIONS: Despite an obesity epidemic, very few states reimbursed pharmacies for weight-loss medica-tions, including orlistat. Understanding the different states with respect to weight-loss pharmacotherapy is a goal for future research.
the induction period for each drug. Overall, 63% of patients experienced a dose escalation, of which 68% occurred within the first year, excluding patients with chronic pain. Peak frequency of dose escalation occurred between weeks 11-30. Calculated daily, escalated dose was greater than maintenance by 9% for adalimumab, 14% for etanercept, and 28% for ustekinumab. CONCLUSIONS: Across all treatments, dose escalation was reached in 69% of patients within the first year of treatment, indicating that patients may require additional doses to maintain response. These data highlight the need for new treatments which provide high sustained efficacy, with a rapid onset of action.

PSY69

EFFECT OF FLORIDA’S PRESCRIPTION MONITORING PROGRAM AND PILL MILL LAWS ON OPIOID PRESCRIBING AND UTILIZATION

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OBJECTIVES: To quantify the effect of the implementation of Florida’s PMP and pill mill laws on overall and high risk opioid prescribing, utilization, and dispensing. METHODS: We applied comparative interrupted time series analyses to IMS Health’s ParagonRx data for Florida and Georgia. Eligible prescriptions were identified for patients with chronic pain who were identified by claims data from the CMS with underlying chronic disease. The primary outcome was the length of observation and modifying requirements for continuous observation of Health LRx LifeLink data to characterize the effect of PMP and pill mill law implementation on a closed cohort of patients, prescribers and retail pharmacies between July 2010 and Sept 2012 in Florida (intervention state) compared with Georgia (control state). We conducted numerous sensitivity analyses involving varying the length of observation and modifying requirements for continuous observation of individuals throughout the study period. RESULTS: From July 2010 to September 2012, a cohort of 2.6 million patients, 431,890 prescribers and 2,828 pharmacies was ascribed with approximately 480 million prescriptions in Florida and Georgia. 8% of which were for opioids. Average total monthly opioid volume (355.1 vs. 124.2 kilograms [kg]), average dose per transaction (55.2 vs. 46.6 milligrams [mg] MEDD), and average number of days supply (18.4 vs. 16 days) were each higher in Florida vs. Georgia prior to implementation of Florida’s PMP and pill mill laws. Overall, Florida’s laws were associated with statistically significant declines in opioid volume (3.7% vs 2.3% for MME; 0.46 vs. 0.34% monthly change in days of supply). Reductions were limited to prescribers and patients with the highest baseline opioid prescribing and utilization, respectively. Sensitivity analyses varying the time windows and enrollment criteria supported the main results. CONCLUSIONS: Implementation of Florida’s PMP and pill mill laws in Florida was associated with decreases in prescription opioid dispensing relative to Georgia among patients and providers with high levels of opioid baseline utilization at protocol.

PSY70

THE CHANGING COSTS OF CARING FOR HEMOPHILIA PATIENTS IN THE U.S.: INSURERS’ AND PATIENTS’ PERSPECTIVES

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OBJECTIVES: Hemophilia is an inherited condition requiring lifelong, expensive treatment. Initiating prophylaxis treatment with factor VIII (hemophilia A) or IX (hemophilia B) at an early age has been shown to be effective in improving health outcomes. In 2007 the medical advisory council of the National Hemophilia Foundation (NHF’s MASAC) recommended prophylaxis treatment as the optimal therapy for patients born with BHV. The treatment for BHV until recently was expensive and burdened over the patient’s lifespan. (1) To quantify changes in factor VIII/IX utilization and related costs over the past decade. METHODS: A retrospective, US health insurance claims database (2001-2011) analysis was conducted. Males with >34 pharmacy claims for a hemophilia drug within 3 months, and continuous enrollment for >180 days were included. Patients utilizing inhibitor treatments were excluded. Annual payer and patient out-of-pocket (OOP) expenditure was calculated by service category (inpatient, outpatient, dental and radiology) and stratified by patient’s age at first covered year. Costs were adjusted to 2013USD. Annual supply days (ASD) per patient were calculated, ASDs over time were compared using a t-test. RESULTS: For hemophilia A (N=727), increase in patients’ costs was observed during the first 4 decades of life, peaking at age 34 ($273,669) decreasing thereafter, and annual OOP staying constant by certified hospitals rose from 60% to 74%. During the same period the number of procedures increased by 113%. Despite the increase in the number of procedures by 113%, the days of hospitalization for surgeries increased only 52%, this is due the average length of stay reduction from 5.7 days to 4.1 days, showing a better efficiency among hospitals. The total expenditure in bariatric surgeries rose by 316%. CONCLUSIONS: Analysis of the trends in the bariatric procedure in Brazil has increased in the past five years. The hospitals’ efficiency improved during the same period, decreasing the average length of stay. Today the Brazilian public health care system provides surgery to less than 0.75% of the eligible population and despite the access increase, more resources (physical and infrastructure) are needed in order to treat the morbid obese population.

PSY71

INCREASED LENGTH OF STAY FOR OBSESE PATIENTS BY CHRONIC DISEASE

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OBJECTIVES: An obese body mass index (BMI) increases morbidity, however there are few studies comparing costs data from IMS Brogan, Kirkland, QC, Canada, 2Amgen Canada Inc., Mississauga, ON, Canada
OBJECTIVES: To describe treatment patterns and cost in patients with PSO (psoriasis) receiving biologic therapies (BT). METHODS: A retrospective cohort of medicare beneficiaries with at least 6 months of continuous Medicare Parts A and B (2011-2012) was used. Our study captured 5% of Medicare fee-for-service (FFS) patients. We compared costs for all reimbursement decisions and orphan drug manufacturers cannot be exempted from providing a full pharmacoeconomic or HTA reports. The criteria of assessment connected with clinical and cost effectiveness (threshold is 3xGDP for ICUR/QALY) are the same for all kind of drugs. METHODS: All orphan designation admitted by European Medicines Agency (EMA) until the end of 2014 were reviewed and analyzed from the official website of EMA. Among 792 EMA’s orphan registrations studied 78 (9.8%) applied to orphan drugs. We compared the outcomes with reimbursement list officially published by Ministry of Health. Then it was checked what was the share of orphan drugs in (years of approval in the Brazilian public health care system provides surgery to less than 0.75% of the eligible population and despite the access increase, more resources (physical and infrastructure) are needed in order to treat the morbid obese population.

PSY72

THE AVAILABILITY AND EXPENDITURE OF ORPHAN MEDICINES IN POLAND

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OBJECTIVES: The aim of the present analysis was to identify the level of the availability and total expenditure of medicines for rare diseases with European authorization and orphan designation. In Poland all innovative medical technologies and services are approved by the National Institute of Public Health. Ongoing research has shown that the majority of orphan medicines are public and private medicines used in the national health care system. The costs of such medicines are partially reimbursed (threshold is 3xGDP for ICUR/QALY). The number of orphan drugs available on the reimbursement list is relatively low. The total public payer reimbursement spending was equal in 2012 and 2013 (0.2bn in 2012 and 0.2bn in 2013). Among 267 approved drugs for a small percent of patients with chronic diseases from the CHS registry. Finally, we compared the average length of stay (LOS) among patients with chronic disease who are also obese, with the potential for cost-savings of intervention, pharmaceutical, or surgical treatment of obesity at baseline.