gender, ethnicity, marital status, educational attainment, household income, employment status, insurance possession, body mass index, exercise and smoking habits, alcohol use, and HIV/AIDS and hepatitis B status as predictors. RESULTS: Mean age was similar between hepatitis C patients who had ever initiated treatment (49.8 years, SD = 11.39) and those who had not (39.2 years, SD = 11.50). Patients who were married (OR = 1.43, p = .004), in possession of insurance (OR = 1.56, p = .003), or diagnosed with AIDS or HIV (OR = 1.6, p = .05) were more likely to have initiated treatment than patients without those characteristics. No other significant differences were found. CONCLUSIONS: The current findings indicate that lack of insurance and lack of support from a partner are associated with lower odds of initiating treatment for hepatitis C. While speculative, this suggests that lack of social support and insurance may be barriers to treatment. Patients treated for hepatitis C may be more informed about their HIV/AIDS status, although conversely, patients with HIV/AIDS may be more likely to initiate therapy to avoid liver-related immunodeficiency complications. Further investigation is needed to help determine the direction of causation.

PG15
COMPARISON OF HEALTH CARE UTILIZATIONS BETWEEN PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE WHO SWITCHED FROM A BRANDED PROTON PUMP INHIBITOR TO A GENERIC PROTON PUMP INHIBITOR AND VICE VERSA
Xie J, Baser E, Wang L, Baser O
STATEMED Research, Ann Arbor, MI, USA
OBJECTIVES: To compare health care utilizations between patients who switched from a branded proton pump inhibitor (PPI) to a generic PPI and vice versa. METHODS: We conducted a retrospective database analysis using commercial enrollment data for a large health plan from February 2008 to March 2010. Our study group included 1,193 cases and 1,193 matched controls (mean age: 49 years; 45% female; 54% white, 23% black, 23% other). The majority of ALD-related diagnoses were found among the HCV-Tx cohort's index date. The HCV-noTx cohort was assigned the average date of the HCV-Tx cohort and was matched for demographics and utilization. RESULTS: After controlling for demographic and clinical characteristics, refractory GERD was associated with an additional $7,089 (SD = $7,705) in total costs and $845 (SD = $111) in GED-related costs. CONCLUSIONS: Refractory GERD is a common disease that is associated with increased medical resource utilization and associated cost.

PG16
THE ECONOMIC BURDEN OF ADVANCED LIVER DISEASE AMONG PATIENTS WITH HEPATITIS C VIRUS: A STATE MEDICAID PERSPECTIVE
Menzo C1, White L2, Nichols C2, Deniz B2
1Boston Health Economics, Inc., Waltham, MA, USA, 2Vertex Pharmaceuticals Incorporated, Cambridge, MA, USA
OBJECTIVES: Untreated chronic hepatitis C (HCV) may progress to advanced liver disease (ALD), including decompensated cirrhosis (DC) and/or hepatocellular carcinoma (HCC). ALD can lead to significant clinical and economic consequences, including liver transplantation. There are limited data on ALD-associated health care costs among HCV-infected patients in a Medicaid program. METHODS: Using Florida Medicaid administrative claims data, we identified cases with HCV diagnosis on an inpatient or outpatient claim, or prescription HCV therapy, with an incident ALD-related diagnosis (“index event”) between 7/1/1999 and 6/30/2007. ALD-related conditions included DC, HCC, or liver transplant procedure or history. RESULTS: Patients were included if they had ≥12 months continuous Medicaid eligibility pre- and post-index, and no enrollment in Medicare or an HMO. A one-to-one matched control group of otherwise healthy patients without ALD was generated using age, sex, and race. 2009 USD per-patient-per-month (PPPM) costs were reported and compared between cases and controls using Wilcoxon rank sum tests. METHODS: The final study group included 1,193 cases and 1,193 matched controls (mean age: 49 years, 45% female, 54% white, 23% black, 23% other). The majority of ALD-related diagnoses were DC (92%), followed by HCC (6%) and liver transplant (2%). Cases with ALD had greater comorbidity (mean Charlson score: 3.1 vs. 2.3 among controls, p < .001). All-cause inpatient resource use in the one year follow-up from incident ALD diagnosis was significantly greater among cases than controls (74% vs. 27%, p < .001). Mean all-cause PPPM costs (including inpatient, outpatient, pharmacy, and others) were $3,866 across all ALD diagnoses, on average. These costs were 3 times greater among cases with ALD than controls ($4,937 vs $1,730, p < .001). CONCLUSIONS: HCV patients with ALD had a 2.9-fold higher economic burden in Florida Medicaid from 7/99 to 6/07 than the controls in the first year following ALD diagnosis: Preventing or delaying ALD onset in HCV patients could potentially help reduce this economic burden. Further study is necessary.

PG17
THE ECONOMIC BURDEN OF REFRACTORY GERD: A RETROSPECTIVE CLAIMS DATABASE STUDY
Gerson LB3, Bonafele M2, Prinicz N2, Gregory C2, Fitt A4, Cho BC5, Boku S6
1Stanford University, Palo Alto, CA, USA, 2Thomson Reuters, Andover, MA, USA, 3Thomson Reuters, Cambridge, MA, USA, 4Thomson Reuters, Washington, DC, USA, 5Thomson Reuters, Santa Barbara, CA, USA, 6Eisai, Inc., Woodcliff Lake, NJ, USA
OBJECTIVES: Gastroesophageal reflux disease (GERD) is a common disease affecting 10-20% of the US adult population. The objective of this study was to estimate the prevalence of refractory GERD and associated direct medical costs using real-world data. METHODS: Adult patients with GERD initiating a GERD medication were identified using the MarketScan Databases (2004-2009) and evaluated in the twelve months before and after GERD medication initiation. Refractory GERD was evaluated using an eight-point scale where one point was given for each of the following: doubling GERD medication dose (including bid), adding another GERD medication, increasing the duration of related procedures, excess GI-related outpatient visits (>2), excess GERD-related office visits (>2), or GI-related ER visits. Patients were determined to have refractory GERD if they had 2 or more points. Unadjusted and multivariate adjusted GERD-related costs (costs with a GERD diagnosis) and all-cause costs were compared for 2009 dollars for patients with and without refractory GERD. RESULTS: A total of 135,139 GERD patients were analyzed (mean age: 52.9 (SD: 14.5) years, 44% male). Approximately one-third (31%) of patients had refractory GERD. Versus patients with non-refractory GERD, refractory GERD patients were more likely to be female (59% vs. 55%, p < .001) and had a higher Deyo Charlson Comorbidity score after GERD medication initiation (0.78 vs. 0.56, p < 0.001). average age was similar in both groups. Compared to non-refractory GERD patients, refractory GERD patients had higher total all-cause costs ($18,988 (SD: $16,262) versus $12,044 ($22,985), p < .001) and higher greater costs ($2,022 ($2,243) versus $1,714 ($3,117), p < .001). After controlling for demographic and clinical characteristics, refractory GERD was associated with an additional $7,089 (SD = $7,705) in total costs and $845 (SD = $111) in GERD-related costs. CONCLUSIONS: Refractory GERD is a common disease that should be associated with increased medical resource utilization and associated cost.

PG18
COMPARING HEALTH-RISK BURDEN, LOT PRODUCTIVITY, AND TOTAL HEALTHCARE COSTS AMONG PERSONS WITH INFLAMMATORY BOWEL DISEASE AND FIVE MOST PREVALENT CHRONIC DISEASES
Naim A1, Pitts J2, Chen C2, Wright D3, Chalm MS4, Endoog D3
1Centro Ortho Biotech Services, LP, Horsham, PA, USA, 2Chalk & Associates, Austin, TX, USA, 3University of Michigan, Ann Arbor, MI, USA
OBJECTIVES: Inflammatory bowel disease (IBD) affects 1-1.4 million people in the United States. IBD affects people during their economically productive adult lives and can have potential economic impact of IBD on productivity loss in the workforce. We compared risk, absenteeism, and medical/pharmacy costs for employees with IBD and five most prevalent chronic conditions. METHODS: Health-risk information and self-reported illness days using health risk assessment (HRA) data were examined and direct Healthcare costs (medical and pharmacy) using claims data for employees, retirees, and their adult dependents of a large self-insured employer were compared from 2002-2006 among individuals with IBD and five most prevalent chronic conditions, asthma, coronary artery disease/ congestive heart failure (CAD/CHF), diabetes, hypertension, chronic obstructive pulmonary disease (COPD). RESULTS: 44 individuals with IBD were identified. The IBD cohort had moderate health-risk score (2.6/5) which was comparable to individuals with arthritis (2.7), cancer (2.9), COPD (2.9/5), and CHF (2.9/5). Whereas, higher proportion (31.8%) of individuals with IBD had ≥5 illness days per year as compared with individuals with asthma (31.8%), CAD/CHF (25.9%), hypertension (20.4%), diabetes (28.4%), and COPD (33%). Annual direct healthcare costs were higher for individuals with IBD ($24,911) as compared to individuals with CAD/CHF ($22,916), CHF ($21,916), and COPD ($18,491). IBD costs were 1.60 times greater among cases with IBD than controls in the first year following IBD diagnosis (index event) between 7/1/1999 and 6/30/2007. ALD-related diagnoses were DC (92%), followed by HCC (6%) and liver transplant (2%). Cases with ALD had greater comorbidity (mean Charlson score: 3.1 vs. 2.3 among controls, P < .001). All-cause inpatient resource use in the one year follow-up from incident ALD diagnosis was significantly greater among cases than controls (74% vs. 27%, P < .001). Mean all-cause PPPM costs (including inpatient, outpatient, pharmacy, and others) were $3,866 across all ALD diagnoses, on average. These costs were 3 times greater among cases with ALD than controls ($4,937 vs $1,730, P < .001). CONCLUSIONS: HCV patients with ALD had a 2.9-fold higher economic burden in Florida Medicaid from 7/99 to 6/07 than the controls in the first year following ALD diagnosis: Preventing or delaying ALD onset in HCV patients could potentially help reduce this economic burden. Further study is necessary.