providers in better understanding the needs of the caregivers, thereby, ensuring optimal outcomes for their patients.

**PND42**

**MEASUREMENT OF HEALTH RELATED QUALITY OF LIFE USING EQ-SD IN PATIENTS WITH STROKE IN INDIA**

**OBJECTIVES:** To assess the impact of stroke on patients’ health related quality of life (HRQoL) using EQ-5D. METHODS: A convenient sample of 300 patients were recruited from six medical centers across three cities (Mumbai, Bangalore, and Delhi) in India. Patients older than 18 years diagnosed with stroke between June 2011 to June 2012 who were receiving therapy for stroke were included in the study. In addition to socio-demographics, diagnosis, DALYs, and their associated costs, complications, were collected using a paper-based case report form. PATIENTS: The mean age of patients in the study was 58 (SD 14.45) and majorities (70%) of the patients were males. Of the 300 patients, 60% had ischemic stroke. The mean EQ-5D score was 66 (SD 3.09). Age and socioeconomic status were significant predictors (p<0.05, p<0.001 respectively) of EQ-5D score. However, these variables were negatively correlated with the EQ-5D score indicating that patients who were older and from an upper socioeconomic strata rated their overall health to be lower. Additionally, the frequency of problems was higher among older patients on mobility and usual care domains of the EQ-5D score. CONCLUSIONS: These findings suggest the value of measuring health status among stroke patients in addition to assessing clinical symptoms as it enables comprehensive evaluation of a patient’s health condition.

**PND43**

**IMPACT OF VELAGLUCERASE ALFA ON QUALITY OF LIFE OF ADULT PATIENTS WITH TYPE-I GAUCHER DISEASE**

**OBJECTIVES:** To compare adherence rates, defined as the Medication Possession Ratio (MPR), for patients using alternative disease modifying therapies (DMTs) to treat multiple sclerosis (MS) that are enrolled in either a commercial insurance plan or through the Part D Medicare Part A/D program. METHODS: Study patients had >1 pharmacy DMT claim interferon, glatiramer acetate (GA), fingolimod or natalizumab) and were enrolled in either a commercial health plan or Part D program between the dates of January 2010 and October 2012 for patients using interferon, GA or natalizumab and between the dates of October 2010 and October 2012 for patients using fingolimod. Mean monthly MPR rates were calculated as the percentage of time the patient had access to a specific therapy. RESULTS: Adherence rates for commercial enrollees were similar across disease modifying therapies ranging from 75.4% for a once daily oral therapy to 79% for natalizumab. However, adherence in Medicare Part D beneficiaries was consistently lower than patients enrolled in commercial plans ranging from a reduction in MPR of 0.27% for GA to 7.4% in patients taking once daily oral natalizumab treatment. CONCLUSIONS: Results of the Medicare Part D study suggest lower rates of adherence compared to MS patient enrolled in commercial plans which could present a unique opportunity for medication management programs offered through pharmaceutical companies, health plans or specialty pharmacies.

**PND44**

**CLINICAL AND ECONOMIC EVIDENCE THRESHOLDS FOR ORPHAN DRUGS: ARE REQUIREMENTS FOR FAVORABLE HEALTH TECHNOLOGY ASSESSMENT AND REIMBURSEMENT INCREASING?**

**OBJECTIVES:** Orphan drugs are therapies for low prevalence or neglected diseases with high unmet need. Many drugs have received orphan status globally, and benefited from 5-10 year marketing exclusivity, reduced stakeholder evidence requirements with unmet need weighing heavily into the health technology assessment (HTA) and reimbursement decision-making, and largely uncontested pricing. Given tightening health system budgets, the proliferation of orphan drug approvals in the United States (US) and EU have caused these therapies to come under increased scrutiny from HTA agencies and payers to demonstrate value. To gain insight into evolving market access requirements, we conducted a multimarket assessment of orphan drug HTAs and to compare HTA decision-making and coverage requirements comparing them to top selling non-orphan drugs in the US and EU. METHODS: Global HTAs and coverage decisions for orphan and blockbuster drugs were characterized and compared based on health economic, clinical and other value-based requirements. An analysis of orphan drug pricing was also conducted where pricing was available. RESULTS: More than 20 orphan drug HTAs were identified, including those for genetic and central nervous system disorders, cancer and cardiovascular disease. HTA agencies and payers scrutinized the robustness of clinical evidence and lack of comparator data.

**PND45**

**EFFECT OF NEUROLOGIST AMBULATORY VISITS ON USE OF DISEASE-SPECIFIC PHARMACOTHERAPIES FOR CHRONIC NEUROLOGICAL CONDITIONS**

**OBJECTIVES:** To determine whether neurologist ambulatory visits influence the use of disease-specific pharmacotherapies, but any licensed medical provider can prescribe these medications. Therefore, we evaluate effect of neurologist care on use of disease-specific pharmacotherapies for chronic neurological conditions. METHODS: Survey respondents from the 2002-2010 Medical Expenditure Panel Survey(MEPS), an annual representative dataset of the civilian non-institutionalized US population, were identified for multiple sclerosis, Parkinsonism, epilepsy, and dementia. Data collection included prescription classes and sub classes (from Cerner Multum) for determining immuno-modulatory, antiparkinsonian, anticonvulsant, and antidementia medications, identified neurologist ambulatory visits, age, illness duration, race, income, gender, education, comorbidities, region and year of care. Survey-weighted multivariate logistic and ordinary least squares regressions were performed on the outcomes of disease specific prescriptions and costs for the calendar year. RESULTS: A total of 4948 MEPS respondents (weighted sample: 5.1 million US citizens, 95% CI 4.8m-5.4m) reported one or more index conditions. Only 27% reported a neurologist ambulatory care visit. Neurologist care was associated with increased use of disease-specific pharmacotherapies for chronic neurological conditions when a neurologist is involved with their care. Policy makers and pharmaceutical companies should consider specialist physician involvement in care as a factor in determining the disease-specific medicines.