gly repair at age two or older with the ICD-9 procedural code for cleft lip repair. Additional characteristics examined across cohorts include length of stay and Consumer Price Index (CPI) adjusted charges. RESULTS: A total of 8,385 discharges for cleft lip repair were reported. In CL patients secondary surgery represented 16.3% (N=134), 14.2% (N=105), and 15.1% (N=129) of surgeries for 2003, 2006, and 2009, respectively. In CLP patients secondary surgery was represented 25.9% (N=500), 24.1% (N=555) for 2003, 2006, and 2009, respectively. From 2003-2009, mean length of stay and CPI-adjusted costs decreased in all cohorts except secondary surgery in CL patients. Results for mean fourth of secondary surgery. The proportion of secondary cleft lip surgery did not differ significantly across years. Once adjusted, costs have decreased for the majority of patients, a finding in contrast to previously published studies.

PND60
THE EFFECT OF MEDICARE PART D ON MEDICATION PRESCRIBING PATTERNS AND DRUG UTILIZATION: THE CASE OF NON-BENZODIAZEPINE SEDATIVE HYPNOTICS
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OBJECTIVES: This study investigated the effect of Medicare Part D on prescribing patterns and drug utilization of non-benzodiazepine sedative hypnotics. METHODS: Time-series analyses were conducted using data from National Ambulatory Medical Care Survey (NAMCS). Subjects were derived from US outpatient visits between 2002 and 2009 where the primary payment source was Medicare and at least one non-benzodiazepine sedative hypnotic drug was prescribed. Data trends were graphically plotted and further analyzed using segmented regression to estimate the effects of the Medicare Part D implementation. RESULTS: A multivariate logistic regression was conducted to predict the maximum likelihood of prescribing pattern associated with patient and physician socioeconomic characteristics. All analyses utilized SAS PROC REG to adjust for the complex sampling design employed by NAMCS database. RESULTS: An estimated 31.52 million of Medicare beneficiaries received at least one non-benzodiazepine hypnotics prescription between 2002 and 2009 during outpatient visits. After Medicare Part D implementation, there was a 24% increase (24%) in Medicare outpatient visits between 2002 and 2009. In the same time period, prescribing of non-benzodiazepine sedatives increased significantly by 46.3%. The results from segmented regression indicate that the implementation of Medicare Part D drug benefits has significantly increased the sedative utilization in Medicare population (β=0.0001). Multivariate logistic regression revealed that patient gender, geography, chronic condition, and physician specialty all play an important role in determining the utilization pattern of non-benzodiazepine sedatives. CONCLUSIONS: Our study indicated that the use of non-benzodiazepine hypnotics increased dramatically after Medicare Part D. Increased utilization may also be related to the switching effect from benzodiazepine formulary exclusion and/or physician recommended off-label use for insomnia pharmacotherapy. These findings show the importance of using data analysis to identify substantial consequences from policy implementation and the need to provide additional guidance to insurers on how to effectively monitor prescribing patterns.

PND61
ANALYSIS OF THE BURDEN OF 30-DAY READmissions AMONG PATIENTS WITH EPILEPSy: A RETROSPECTIVE STUDY IN A COMMERCIALLY-INSURED, UNITED STATES POPULATION
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OBJECTIVES: To evaluate the burden of 30-day readmissions in adjunctively-treated patients with epilepsy. METHODS: The MarketScan® retrospective database (Jan-2006 to Dec-2011) was used. Selected patients had ≥1 diagnosis codes for epilepsy (ICD-9 345.xx), age ≥18, ≥1 hospitalization (index), and received adjunctive AEDs during study period. Eligible patients had 60 days pre- and ≥365 days post-index continuous enrolment. Patients were stratified by type of hospitalization (all-cause or epilepsy-related) and by partial vs. generalized epilepsy diagnosis. Readmissions were defined as any hospitalization occurring <30 days from the preceding hospitalization’s discharge date. RESULTS: Of a total of 504,507 patients, 141,017 (19%; age 51±17.6; 59% female, average follow-up 1,188 days) had ≥1 all-cause hospitalizations, and of these, 91,587 (65%) had an epilepsy-related admission, and 41,453 (29%) had ≥1 all-cause 30-day readmissions. Forty-six percent of patients (8,955) had epilepsy-related readmissions. Among patients with epilepsy-related hospitalizations, 13,115 (21%) had ≥1 all-cause 30-day readmissions, 61% of (11,670) had epilepsy-related readmissions. Partial epilepsy accounted for 9,892 (7%) of the total number of patients hospitalized (all-cause) during the study period, 100% of these patients had one or more epilepsy-related admissions. Among the hospitalized (all-cause) with POS, 1,729 (18%) had ≥1 all-cause readmissions, and of these, 1,140 (66%) had ≥1 epilepsy-related readmissions. Among POS patients with epilepsy-related hospitalizations, 1,503 (15%) had ≥1 all-cause readmissions, and of these, 1,105 (70%) had ≥1 epilepsy-related readmissions. CONCLUSIONS: In this study, approximately one in three patients with epilepsy hospitalized for any reason had a 30-day readmission, with approximately half of these patients presenting 30-day readmissions due to epilepsy. Eighty-six percent of patients with epilepsy had a 30-day readmission due to epilepsy. Patients with partial epilepsy had a greater burden of epilepsy-related hospitalizations and readmissions.

PND62
NATIONAL ESTIMATES OF PRIMARY AND SECONDARY CLEFT PALATE SURGERY: RESULTS FROM THE KIDS’ INPATIENT DATABASE
OBJECTIVES: This study investigated the effect of Medicare Part D on prescribing patterns and drug utilization of non-benzodiazepine sedative hypnotics. METHODS: Time-series analyses were conducted using data from National Ambulatory Medical Care Survey (NAMCS). Subjects were derived from US outpatient visits between 2002 and 2009 where the primary payment source was Medicare and at least one non-benzodiazepine sedative hypnotic drug was prescribed. Data trends were graphically plotted and further analyzed using segmented regression to estimate the effects of the Medicare Part D implementation. RESULTS: A multivariate logistic regression was conducted to predict the maximum likelihood of prescribing pattern associated with patient and physician socioeconomic characteristics. All analyses utilized SAS PROC REG to adjust for the complex sampling design employed by NAMCS database. RESULTS: An estimated 31.52 million of Medicare beneficiaries received at least one non-benzodiazepine hypnotics prescription between 2002 and 2009 during outpatient visits. After Medicare Part D implementation, there was a 24% increase (24%) in Medicare outpatient visits between 2002 and 2009. In the same time period, prescribing of non-benzodiazepine sedatives increased significantly by 46.3%. The results from segmented regression indicate that the implementation of Medicare Part D drug benefits has significantly increased the sedative utilization in Medicare population (β=0.0001). Multivariate logistic regression revealed that patient gender, geography, chronic condition, and physician specialty all play an important role in determining the utilization pattern of non-benzodiazepine sedatives. CONCLUSIONS: Our study indicated that the use of non-benzodiazepine hypnotics increased dramatically after Medicare Part D. Increased utilization may also be related to the switching effect from benzodiazepine formulary exclusion and/or physician recommended off-label use for insomnia pharmacotherapy. These findings show the importance of using data analysis to identify substantial consequences from policy implementation and the need to provide additional guidance to insurers on how to effectively monitor prescribing patterns.

PND63
PRIORITY DISEASE-MODIFYING DRUG USE AMONG PATIENTS WITH MULTIPLE SCLEROSIS
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OBJECTIVES: This study investigated the effect of Medicare Part D on prescribing patterns and drug utilization of non-benzodiazepine sedative hypnotics. METHODS: Time-series analyses were conducted using data from National Ambulatory Medical Care Survey (NAMCS). Subjects were derived from US outpatient visits between 2002 and 2009 where the primary payment source was Medicare and at least one non-benzodiazepine sedative hypnotic drug was prescribed. Data trends were graphically plotted and further analyzed using segmented regression to estimate the effects of the Medicare Part D implementation. RESULTS: A multivariate logistic regression was conducted to predict the maximum likelihood of prescribing pattern associated with patient and physician socioeconomic characteristics. All analyses utilized SAS PROC REG to adjust for the complex sampling design employed by NAMCS database. RESULTS: An estimated 31.52 million of Medicare beneficiaries received at least one non-benzodiazepine hypnotics prescription between 2002 and 2009 during outpatient visits. After Medicare Part D implementation, there was a 24% increase (24%) in Medicare outpatient visits between 2002 and 2009. In the same time period, prescribing of non-benzodiazepine sedatives increased significantly by 46.3%. The results from segmented regression indicate that the implementation of Medicare Part D drug benefits has significantly increased the sedative utilization in Medicare population (β=0.0001). Multivariate logistic regression revealed that patient gender, geography, chronic condition, and physician specialty all play an important role in determining the utilization pattern of non-benzodiazepine sedatives. CONCLUSIONS: Our study indicated that the use of non-benzodiazepine hypnotics increased dramatically after Medicare Part D. Increased utilization may also be related to the switching effect from benzodiazepine formulary exclusion and/or physician recommended off-label use for insomnia pharmacotherapy. These findings show the importance of using data analysis to identify substantial consequences from policy implementation and the need to provide additional guidance to insurers on how to effectively monitor prescribing patterns.

RESEARCH POSTER PRESENTATIONS - SESSION II
DISEASE-SPECIFIC STUDIES
CANCER – Clinical Outcomes Studies
PCN1
META-ANALYSIS OF ANASTOMOTIC LEAK RATES FOLLOWING HAND-SEWN SUTURE VERSUS STAPLED ANASTOMOSES DURING RIGHT COLON SURGERY
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OBJECTIVES: Local anastomoses are commonly performed for right-sided colon cancer and Crohn’s disease. Anastomotic leak complications are a significant source of patient morbidity and mortality and have a major impact on healthcare costs. The objective of this analysis was to compare anastomotic leak rates following hand-sewn ileocolic anastomoses demonstrated a significantly lower rate of anastomotic leak. The objective of this analysis was to compare anastomotic leak rates following hand-sewn ileocolic anastomoses demonstrated a significantly lower rate of anastomotic leak.