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on these findings, a framework consisting of key characteristics of an AED scheme was developed and, subsequently, applied to an inventory of existing AED schemes, compiled through a comprehensive review of relevant peer-reviewed and 'grey' literature available as of August 2009. **RESULTS:** The framework contained 11 characteristics of AED schemes grouped into 3, sequential categories: 1) System level (*Decision problem*; *Objective*; *Engagement*; *Evaluation*); 2) Organisational (*Governance; Financing*); and 3) Research design *(Scope; Level of Operation; Test Criterion; Test Implementation; Response to Test Result)*. It was applied to the inventory in the form of a checklist, similar to other critical appraisal tools. In general, information found for each of the schemes was limited and did not address questions comprising the checklist. **CONCLUSIONS:** Information upon which to evaluate AED schemes is sparse, yet necessary for moving forward with efforts to ensure their use represents value for money.

PHP15

EVALUATION OF PATIENT ASSISTANCE PROGRAM AVAILABILITY AND ELIGIBILITY FOR TOP 200 BRAND AND GENERIC DRUGS IN THE UNITED STATES

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OBJECTIVES: This study examines the availability of and eligibility requirements for pharmaceutical patient assistance programs (PAPs) for the most commonly prescribed medications in the United States. **METHODS:** RxAssist.org, an electronic database of PAPs, was utilized to collect information on the availability (brand and/or generic) and eligibility (citizenship, permanent residency, insurance, and income limits) for each of the "Top 200 drugs by dispensed prescriptions" for 2008. Pharmaceutical companies were contacted directly or their websites were searched when additional clarifications were needed. Chi-square analyses were used to assess for differences in eligibility requirements by drug availability (brand or generic). **RESULTS:** Of 136 unique chemical entities, 111 (81.6%) of these drugs were available in RxAsisst.org. 69 (62.2%) of the available drugs were brand only, 29 (26.1%) generic only and 13 (11.7%) had both brand/generic forms. There were differences found in PAP eligibility requirements for citizenship ($p < 0.001$), permanent residency ($p < 0.001$), and private insurance status ($p < 0.001$) by drug availability (brand versus generic), but not for income limits ($p = 0.051$). Some programs allow Medicare Part D patients to apply for PAP; however, each claim is evaluated on case-to-case basis. **CONCLUSIONS:** Both brand and generic drugs are widely available to low-income applications through PAPs, but results suggest that U.S. citizenship and permanent residency are more likely to be required by PAPs for brand versus generic drugs. PAPs also provide some options for the underinsured—those with either private insurance or Medicare Part D coverage.

PHP16

LOW SOCIOECONOMIC STATUS IS A RISK FACTOR FOR CPAP ACCEPTANCE AMONG ADULT OSAS PATIENTS REQUIRING TREATMENT

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OBJECTIVES: To evaluate whether socioeconomic status (SES) plays a role in the patient's decision to accept (purchase) continuous positive airway pressure (CPAP) treatment for obstructive sleep apnea syndrome (OSAS) (according to the Israeli National Health Insurance Law, purchasing CPAP treatment requires an out-of-pocket payment). METHODS: Cross-sectional prospective study in the University-affiliated Sleep Disorder Center in Beer-Sheva, Israel. Adult patients (age > 18 years), suspected of having OSAS, were consecutively recruited between March 2007 and December 2007. Questionnaires were completed prior to diagnosis to elicit socioeconomic status, sleeping habits, and access to sources of information on OSAS and its treatments. At the conclusion of the adaptation period, a second questionnaire was completed to explore the reasons for commencing or declining treatment. RESULTS: Among the newly diagnosed (polysomnographically) adult OSAS patients, 162 required CPAP and underwent attendant titration and a 2-week adaptation period. Only 40% of these patients (n = 65) decided to purchase CPAP therapy. They were older, and typically they had higher apneahypopnea indexes (AHIs) and higher income levels than the patients who declined CPAP treatment. Multivariate logistic regression (adjusting for body mass index and Epworth Sleepiness Scale) revealed that whether a patient purchased CPAP was determined by (OR, 95% CI): income level (2.4; 1.2–4.6), age (+1 year) (1.07; 1.01–1.1), AHI (≥ 35 vs. < 35 events/hr) (4.2, 1.4–12.0), receiving positive feedback about the experiences of family or friends with CPAP (2.9, 1.1–7.5), and sleeping separate from spouse (4.3, 1.4–13.3). CONCLUSIONS: In addition to the already known determinants of CPAP acceptance, patients with low SES were less receptive to CPAP treatment than those with higher SES. CPAP support and patient education programs should be tailored for low SES people in order to increase rates of treatment initiation and adherence.

PHP17

WHAT FACTORS PREDICT FAVORABLE MEDICARE COVERAGE?

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OBJECTIVES: There is a lack of understanding and empirical basis regarding what factors are important in the Medicare National Coverage Determination (NCD) decision making process. The objective of this study was to determine what factors predict favorable coverage decisions. **METHODS:** NCDs from 1999 through 2007 were reviewed using publicly available decision memoranda posted on the CMS website (n = 140). Data abstracted from decision memoranda were supplemented with cost-effectiveness information identified from an independent literature review. When a decision memo included coverage decisions for multiple technologies or indications, an entry was made for each coverage decision in the memorandum. The United States Preventative Services Task Force (USPSTF) guidelines were used to grade the supporting clinical evidence. We created a dataset with the following variables: quality of supporting clinical evidence; availability of alternative interventions; cost-effectiveness of intervention; intervention type, and coverage requestor. Logistic regression was used to determine what variables predicted favorable coverage. **RESULTS:** Good quality supporting clinical evidence was associated with an odds ratio (OR) of favorable coverage (95% CI) of 12.74 (3.02–53.74). Interventions estimated to be dominant, i.e. less costly and more effective, or have an estimate of cost-effectiveness of < $50k per QALY were associated with an OR of 18.86 (4.62–77.00) and 3.91 (1.00–15.40) respectively. Availability of alternative interventions for the same indication was associated with a decreased likelihood of coverage with an OR of 0.01 (0.03–0.33). Type of intervention, and coverage requestor were not significant predictors. **CONCLUSIONS:** The findings suggest that good quality supporting clinical evidence and favorable estimates of cost-effectiveness predict favorable CMS coverage decisions. The availability of alternative interventions for the same indication reduced the likelihood of a favorable coverage decision. The findings indicate that Medicare's coverage process is evidence and value-based, though more research is needed on the impact of decisions.

PHP18

EVALUATION OF MEDICARE PART D PHARMACY AND MEDICAL UTILIZATION PATTERNS BY COVERAGE PHASE FOR COMMON CHRONIC DISEASES

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OBJECTIVES: To evaluate the percent of patients reaching the coverage gap and catastrophic phase and their pharmacy and medical utilization for the treatment of common conditions (asthma, COPD, coronary artery disease, depression, diabetes, hyperlipidemia, hypertension (HTN), heart failure (HF)) among patients enrolled in Medicare Advantage with Part D coverage (MAPD). **METHODS:** Retrospective claims analysis using medical/pharmacy claims and enrollment data from a large National US Plan offering MAPD benefits. Patients with full-year enrollment in 2007 and ≥1 select condition based on claims in 2006 were identified. Phase transitions were based on pharmacy expenditures and low income subsidy and dually eligible patients were excluded. Outcomes included the proportion of patients filling any medication per national guidelines, proportion of days covered (PDC) for patients filling ≥1, compliance (MPR) for patients filling ≥2 and medical utilization/costs overall and by phase. **RESULTS:** The percentage of patients reaching the coverage gap ranged by condition from 18%–36% with 2%–6% reaching catastrophic. For all conditions, pharmacy utilization was lower in the coverage gap however, patients filling medications in the gap spent on average 8%(HTN) to 160%(depression) more out-of-pocket compared to their coinsurance phase. As with pharmacy utilization, medical also decreased during the coverage gap. Overall, the proportion of patients filling any acceptable medication for their condition ranged from 40%(COPD) to 95%(HF). The proportion of those with ≥80% PDC ranged from asthma(19%) to HF(76%) while compliance rates for patients refilling (MPR ≥ 80%) ranged from Asthma(37%) to HF(87%). **CONCLUSIONS:** A fairly high percent of patients reached the coverage gap in 2007 and incurred substantially larger out-of-pocket expenses. Once in the gap, both medical and pharmacy utilization on average decreased. Medication compliance/persistence was less than optimal overall and with up to one-third of patients reaching the gap there is further potential for reduced quality care that could negatively impact the health of an aging population.

PHP19

PREVALENCE AND PREDICTORS OF ANTIDEPRESSANT PRESCRIBING IN ELDERLY NURSING HOME RESIDENTS IN THE UNITED STATES

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OBJECTIVES: This study examined the prevalence of antidepressant drug use and factors associated with their use among elderly nursing home residents in the Unites States using the 2004 National Nursing Home Survey (NNHS) data. **METHODS:** The study involved analysis of prescription and resident files of a nationally representative sample of residents aged ≥65 years from the 2004 NNHS data. The analysis focused on the prescribing of any antidepressant, including selective serotonin reuptake inhibitors (SSRI), tricyclic antidepressants (TCAs), serotonin modulators, serotonin-norepinephrine reuptake inhibitor (SNRI), MAO (Monoamine oxidase) inhibitors and 'other' antidepressants such as mirtazapine and bupropion. A descriptive weighted analysis was performed to examine the prevalence patterns. Multiple logistic regres-