PN63
THE EVALUATION OF WORK PRODUCTIVITY IN RELAPSING-REMITTING (RRMS) AND SECONDARY PROGRESSIVE MULTIPLE SCLEROSIS (SPMS) PATIENTS IN EUROPE
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OBJECTIVES: Multiple sclerosis (MS) is a chronic neurological disease associated with substantial clinical and socioeconomic burden. MS patients experience increasing levels of disability as their disease progresses and this can represent a major cause for reduced work capacity. This study evaluates work productivity using Work Productivity and Activity Impairment (WPAI) questionnaire for RRMS and SPMS patients across Europe.
METHODS: Data were drawn from the Adelphi MS Disease Specific Programme, a cross-sectional study of 360 neurologists and 3641 patients in France, Germany, Italy, Spain, and the United Kingdom. Patient-reported data was available for 881 RRMS patients and 342 SPMS patients. Fisher’s Exact or Chi-Square test (if more than 2 categories) and Mann-Whitney test were used to determine the significance between differences between RRMS and SPMS patients.
RESULTS: Compared with RRMS patients, SPMS patients differ significantly in employment status (p<0.001). RRMS patients are less likely to be employed in full-time (8.0% vs 50.0%), part-time positions (16.8% vs 17.8%) or students (1.8% vs 7.9%), and are more likely to be unemployed (15.0% vs 9.8%), unable to be employed (23.0% vs 4.0%), retired (23.0% vs 3.4%) or homemakers (12.4% vs 7.2%). Analyses for the WPAI questionnaire included 523 RRMS and 29 SPMS patients. Significant differences were observed between RRMS and SPMS patients in absenteeism (22.2% vs 8.5%; p=0.034), presenteeism (34.4% vs 23.4%; p=0.021) and overall impairment (42.0% vs 25.7%; p=0.004). SPMS patients have a higher mean percentage of daily activity impairment due to the disease (35.4% vs 94.36%; p<0.0003).
CONCLUSIONS: Across Europe, SPMS patients experience a higher burden of illness and significantly greater magnitude of reduced work productivity than RRMS patients. SPMS patients are less likely to be employed full-time, and those that are employed, work and activity impairment are significantly greater in SPMS vs RRMS patients.

NEUROLOGICAL DISORDERS – Health Care Use & Policy Studies
PN64
STUDY OF PHYSICIANS REGARDING APPLICATION AND UTILITY OF PHARMACOMAGNOSICS RESULTS IN THE MANAGEMENT OF CHRONIC MEDICAL CONDITIONS
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OBJECTIVES: To describe the application and perceived utility of pharmacogenomics results in management of a cohort of Medicaid patients with chronic medical conditions.
METHODS: From January 1 2014 through April 30, 2013, genetic results were reviewed from Medicaid patients. Demographic data included patients’ date of birth, age, ethnicity, gender, medication count, ICD-9-CM diagnosis codes, insurance information, and current medications. Patients’ physicians were provided with a standardized report, including CYP3A4, CYP3A5, CYP2D6, CYP2C19, VKORC1, MTHFR1298, MTHFR677, Factor V, and Factor II genotypes, phenotypes, and personalized clinical recommendations. Physicians’ responses to a survey regarding the use of the recommendations were then summarized.
RESULTS: One hundred and ninety-five patients, with a mean age of 66 years (59% female) and a mean diagnoses count of 4.3 medications were reviewed (146/187). All physicians’ responses indicated that the reports were received in a timely manner and 99% (192/194) indicated that they were actionable and easy to understand. Forty-five percent (77/188) made use of the information (74/187) made a therapy modification. Of the respondents (14/137) a medication therapy duration change. Twenty-five percent utilization (46/183) indicated that without the report, no changes would have been made, 38% reflected that their clinical assessment alone would have led to therapy modification.
CONCLUSIONS: Despite timely receipt and ease of understanding, physicians appear reluctant to utilize pharmacogenomic recommendations from an outside source to make changes to medication dosing, regimen, or duration for their patients.

PN65
TWENTY YEARS OF TRIPTONS IN THE UNITED STATES MEDICARE PROGRAM: UTILIZATION AND REIMBURSEMENT TRENDS FROM 1993-2013
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OBJECTIVES: The utilization and reimbursement trends for triptans over the last two decades in US Medicare programs. METHODS: Utilization of triptans was measured by claims and status epilepticus. In this retrospective chart review, use of rescue medication, associated healthcare resource utilization, and costs of seizure clusters were evaluated. METHODS: An online, retrospective chart review of patients with epilepsy and seizure clusters was conducted among 186 US neurologists. Adults (≥18 years old) who were diagnosed with seizure clusters at least 12 months prior to chart represented less than 0.5% of Medicaid spending in 2013 so cost-containment strategies targeting triptans could not have had a large impact on the Medicaid budget. The large increase in triptan prescriptions in 2010 is suggestive of reduced access to these medications for many years by Medicaid beneficiaries. Even prior to generic sumatriptan entry in the market, sumatriptan held the highest market share in Medicaid. This finding is plausibly explained by superior safety or effectiveness relative to the other triptans.

PN67
SPECIALTY TIER COST SHARING AND USE OF DISEASE MODIFYING THERAPIES AMONG MEDICARE BENEFICIARIES WITH MULTIPLE SCLEROSIS
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OBJECTIVES: Specialty tiers under Medicare Part D can require a coinsurance of up to $126 per month or 25%, whichever is less, to the patient. The objective of this study was to examine the impact of such high cost sharing on use of disease modifying therapies (DMTs) in Medicare beneficiaries with multiple sclerosis (MS).
METHODS: Using the 2007-2010 Medicare files we identified MS patients (CD2-9 CM 340). Claims data with continuous fee-for-service Part D coverage and potential eligibility for DMTs in each year based on evidence of disease activity (any DMT use or relapse in previous year [N=3,975]). Outcomes included any fill, adherence (proportion of days covered=0.80), and continuous 30-day gap for Part D-covered DMTs in the initial coverage limit (ICL) period wherein patients not receiving low-income subsidies (non-LIS) faced specialty tiers (25%-33% coinsurance). Similar outcomes for Part B-covered and all DMTs allowed examination of impact on substitution and overall utilization. Specifically LIS faced mandatory LIS DMTs ($5-$5 copay). In the Part D ICL period served as controls. Logistic regressions with formulaic fixed-effects compared outcomes across non-LIS and LIS patients with active MS facing the same formulary and utilization management tools (but different cost sharing levels) while controlling for a series of patient confounders.
RESULTS: In comparison to LIS patients, non-LIS patients were significantly less likely to use Part B DMTs (+0.16) and non-LIS had significantly lower adherence (+0.42, gap=0.001 for all ORs). Non-LIS patients were more likely to use Part B DMTs; however, the higher use of Part B DMTs did not fully compensate for the lower use of Part D DMTs. As a result, non-LIS patients had lower use of any DMTs during the ICL period (ORs for any fill=1.73, adherence +0.16, gap +0.42, p<0.05 for all ORs).
CONCLUSIONS: Part D specialty tier cost sharing was associated with lower likelihood of filling, adherence, and continuation of DMTs.

PN68
TRENDS ASSOCIATED WITH IMPLEMENTING AND LIFTING A STEP THERAPY POLICY FOR PREGABALIN IN THE HUMANA MEDICARE POPULATION: AN INTERRUPTED TIME SERIES ANALYSIS
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OBJECTIVES: Humana implemented a step therapy (ST) policy on pregabalin for Medicare and commercial plans effective January 2009, and lifted the policy for Medicare plans only in April 2013. This study examined the impact of the ST policy (ST) and lift on diabetics, and Medicare members, while its lift resulted in a marginally significant increase (level change after ST: 158.2 P100KMPM [p=0.03]); level change after lift: -50.5 P100KMPM [p=0.072]) in pregabalin use by Medicare members. There was no change over time after the ST implementation or lift. As a comparator, the level change for commercial members was -107.3 P100KMPM (p<0.001) but remained flat following the lift (p=0.73). Utilization of anticonvulsants in Medicare, which contains the ST prerequisite therapy gabapentin, saw a consistent increase following the implementation of the pregabalin ST (trend change after ST: 158.2 P100KMPM [p=0.03]); level change after lift: 289.5 P100KMPM [p<0.001], and trend change after lift: -22.1 P100KMPM [p<0.001]. Medical expenditures for DPN, PHN, and FM among the Medicare population increased throughout the study period, but did not appear to be impacted by the pregabalin ST (p=0.362, P=0.361, P=0.778 for DPN, FM and PHN respectively for level change following implementation).
CONCLUSIONS: Humana’s ST edit policy has shifted members away from pregabalin but without significant impact on disease-related medical costs.