treatment regimen. Here, BDD-rFVIII patients consumed a median of 6,204 IU/kg per year while matched FL-rFVIII patients utilized a median of 4,118 IU/kg (p = 0.03). This difference could not be attributed to a higher prescribed prophylaxis dose. CONCLUSIONS: This analysis shows that BDD-rFVIII-treated patients were associated with utilizing more IU/kg/year of FVIII while on a prophylactic regimen than matched FL-rFVIII-treated patients. Further research is required to determine whether greater utilization of BDD-rFVIII during prophylaxis is associated with increased risk of breakthrough bleeds.

A POPULATION STUDY ON THE AGE-SPECIFIC RELATIONSHIP BETWEEN BODY MASS INDEX, METABOLIC DISORDERS, AND UTILIZATION OF AMBULATORY SERVICES

Chang HY1, Liu WL1, Chu NP2, Hsiao CF3
1National Defense Medical Center, Taipei, Taiwan

OBJECTIVES: The objective of this study was to examine the age-specific relationship between body mass index (BMI), prevalence of metabolic disorders, and utilization of outpatient services. METHODS: Data for this study came from the National Health Interview Survey in Taiwan, which was conducted in 2001. With the consent of the respondents, the interview data were linked to their claims in the National Health Insurance database. The self-reported weight and height were used to calculate BMI. Diseases and utilization of outpatient services were identified from the claims data. RESULTS: A linear trend of prevalence was observed with increments of BMI. The same trend was observed for the number of visits to outpatient clinics. The BMI-related medical expenditures did not reach statistical significance. Nevertheless, age was an important factor. After controlling for the number of chronic diseases, the relationship between BMI and utilization of outpatient services disappeared. CONCLUSIONS: The BMI-related medical expenditures pertained to metabolic disorders, such as hypertension, diabetes, and ischemic heart diseases. A health promotion program should prevent the diseases, thus reducing medical expenditures.

A NATURAL EXPERIMENT TO ESTIMATE THE IMPACT OF A PREFERRED DRUG LIST POLICY FOR LONG ACTING NARCOTIC ANALGESICS ON COSTS AND UTILIZATION

Flannagin K1, Martin BC2
1Division of Pharmaceutical Evaluation and Policy, University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA

OBJECTIVES: On October 26, 2005, Arkansas Medicaid implemented a preferred drug list (PDL) policy for long acting narcotic analgesics (LANA) where only generic long-acting morphine and methadone could be obtained without prior-approval. The objec-