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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 was used to examine differences in the use of each of the four therapeutic strategies (tablet, oral disintegration tablets, injectables, and sprays) among the Medicare population increased throughout the study period, but did not appear to be impacted by the pregabalin ST (P=0.062, P=0.032). Level change for commercial members was -107.3 P100KMPM (P=0.031), level change after lift -5.0 P100KMPM (P=0.003), and trend change after lift -22.1 P100KMPM (P=0.002). 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=0.42, P=0.730). Segmented regression analyses allowed for two change points: January 2009 and April 2013 accounting for policy implementation and lift, respectively. RESULTS: In comparison to LIS patients, non-LIS patients were significantly less likely to use Part D odds ratios for any fill = 0.52 (P<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 = 0.62; gap = 1.68, 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 INTRA-PAYOR TIME SERIES ANALYSIS

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OBJECTIVES: Specialty tiers under Medicare Part D can require a co-insurance of up to 50%, which is often more than patients can afford. 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 2007–2015 Medicare files we identified MS patients (CD-9-CM 340.4–9); we then used segmented regression analyses to examine trends in new fill rates and their change after the implementation of step therapy policy. RESULTS: For commercial members with new fill, the trend change after the step therapy policy was -0.5 (P=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 = 0.62; gap = 1.68, 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.

PN69
HEALTHCARE RESOURCE UTILIZATION ASSOCIATED WITH RESCUE MEDICATION USE IN ADULT PATIENTS WITH SEIZURE CLUSTERS: A RETROSPECTIVE CHART REVIEW

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OBJECTIVES: Seizure clusters, defined as multiple distinct seizures that occur over a 24-hour period, are serious medical events that may progress to prolonged seizures 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 likely 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 co-insurance of up to 50%, which is often more than patients can afford. 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 2007–2015 Medicare files we identified MS patients (CD-9-CM 340.4–9); we then used segmented regression analyses to examine trends in new fill rates and their change after the implementation of step therapy policy. RESULTS: For commercial members with new fill, the trend change after the step therapy policy was -0.5 (P=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 = 0.62; gap = 1.68, 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.