amining predictors of medication class prescribed. RESULTS: There were 4,916 individuals in the study (1,788 in DA cohort, 646 in MAO-B, and 2,482 in LD). RESULTS: Of those, the proportion reporting that older patients were significantly less likely to receive DA (OR = 0.977; 95% CI 0.966–0.988) or a MAO-B (OR = 0.986; 95% CI 0.954–0.983), compared to LD. Compared to LD cohort, patients who received a MAO-B were significantly less likely to be diagnosed with psychoses (MAO-B vs DA: OR = 0.220; 95% CI 0.105–0.459; DA: OR = 0.732; 95% CI 0.542–0.989). Furthermore, results revealed that patients diagnosed by a neurologist were significantly more likely to receive a DA (OR=1.651; 95% CI 1.390–1.965) or a MAO-B (OR=1.607; 95% CI 1.193–2.165), compared to LD. Region of residence and health plan membership were also found to predict medication class. CONCLUSIONS: These analyses indicate that patient characteristics, health status, diagnosing physician and access disparities all impact initial therapeutic class of medication prescribed for patients with FD.

PND2
ACCESS, UPTAKE AND UTILIZATION MANAGEMENT OF MULTIPLE SCLEROSIS PRODUCTS IN THE UNITED STATES
Aggarwal S
Novel Health Strategies, Bethesda, MD, USA
OBJECTIVES: To identify and explore how reimbursement decisions for natalizumab, a treatment for multiple sclerosis (MS), were overturned from an initial rejection. This analysis was undertaken in conjunction with a wider review of the global reimbursement landscape for MS therapies. We reviewed reimbursement decisions or recommendations from global payer decision-making agencies, including any decisions where an initial rejection was later overturned. RESULTS: A systematic literature search identified 405 references, of which 24 relevant payer recommendations or decisions for natalizumab were identified. We reviewed the payer recommendations and decisions for natalizumab in 21 countries and regions. Among these, 9 recommendations or decisions were overturned, and included 16 different MS products. CONCLUSIONS: The review of payer decisions in the context of a systematic review of the global landscape indicates that payer recommendations are subject to change over time and are dependent on changes in the evidence base. Further, the review indicates that payer recommendations are subject to change over time and that there is significant variability in the approach to managing MS therapies. The results of this analysis can help inform the development of evidence-based guidelines for the management of MS in different regions.

PND3
MULTIPLE SCLEROSIS IN GERMANY: OUTPATIENT HEALTH CARE PATTERNS
Hoer A1, Schlichting C1, Flaschke J1, Gehringer L2, Ahrens H1, Carl G1, Sigel K1, Osowski U1, Blei IH1
1IGES Institut Gmbh, Berlin, Germany, 2Kassenärztliche Vereinigung Bayerno, Munich, Germany
OBJECTIVES: To map the health care utilization of multiple sclerosis (MS) patients in outpatient care. METHODS: The study was based on IMS Health 2007–2011 data. Access and utilization management trends were analyzed using preferred drug list and coverage policies of top US health plans. RESULTS: Persistence for these drugs (excl. natalizumab) varied between 12 months (glatirameraceta, 14 months (interferons). The median MPR varied between 0.69 and 0.80. Significant majority (84%) of these products were covered by medication) were calculated for DMD.

PND4
HOW HAVE MANUFACTURERS OVERTURNED NEGATIVE REIMBURSEMENT DECISIONS? A CASE STUDY USING NATALIZUMAB FOR MULTIPLE SCLEROSIS
Philips Z, Guarneri C, Brown A
Abacus International, Manchester, UK
OBJECTIVES: To identify and explore how reimbursement decisions for natalizumab, a treatment for multiple sclerosis (MS), were overturned from an initial rejection. This analysis was undertaken in conjunction with a wider review of the global reimbursement landscape for MS therapies. We reviewed reimbursement decisions or recommendations from global payer decision-making agencies, including any decisions where an initial rejection was later overturned. RESULTS: A systematic literature search identified 405 references, of which 24 relevant payer recommendations or decisions for natalizumab were identified. We reviewed the payer recommendations and decisions for natalizumab in 21 countries and regions. Among these, 9 recommendations or decisions were overturned, and included 16 different MS products. CONCLUSIONS: The review of payer decisions in the context of a systematic review of the global landscape indicates that payer recommendations are subject to change over time and are dependent on changes in the evidence base. Further, the review indicates that payer recommendations are subject to change over time and that there is significant variability in the approach to managing MS therapies. The results of this analysis can help inform the development of evidence-based guidelines for the management of MS in different regions.

PRS1
THE USE OF MONTELUKAST AND NEUROPSYCHIATRIC DISTURBANCES AMONG PEDIATRIC ASTHMATICS: A NESTED CASE-CONTROL STUDY
Ali MM1, O’Brien C1, Cleves M2, Martin R3
1University of Arkansas for Medical Sciences College of Medicine, Little Rock, AR, USA, 2UMAS College of Medicine, Little Rock, AR, USA
OBJECTIVES: To determine if the use of montelukast was associated with neuropsychiatric disturbances. We sought to do this in the context of a case control study. METHODS: We conducted a retrospective nested case-control study using data from the Link Health life link health plan claim data. The primary outcome was the occurrence of neuropsychiatric disturbances among children with asthma. RESULTS: A 100% sample of the Link Health life link health plan claim data was used to identify subjects less than 18 years of age with a primary diagnosis of asthma between Jan 1, 1998 and Dec 31, 2009. Multiple case definitions for neuropsychiatric disturbances were formulated ranging from narrow to broad measures based on the diagnoses of neuropsychiatric related disorders or use of a psychotrophic medication. We used a nested case control design and each case was matched to 3 controls on age, gender and geographic region and were assigned according to the method rate to montelukast was measured as any exposure during the year, recency of exposure, cumulative duration of exposure and cumulative dose of exposure during the 30 days and 365 days prior to the outcome. Conditional logistic regression was used to estimate the unadjusted and the adjusted odds ratios after controlling for confounders. RESULTS: The broadest definition for neuropsychiatric disturbances, 1,920 cases and 5,760 matching controls were identified. Cases were more likely to be diagnosed with epilepsy, diabetes, cancer and hypothyroidism, and were more likely to use inhaled corticosteroids, long-acting beta agonists, systemic corticosteroids and metoclopamamide. Subjects exposed to montelukast during the year had an unadjusted OR of 1.085 (CI 0.962 – 1.223) and a adjusted OR of 1.032 (CI 0.909 – 1.172) for experiencing a neuropsychiatric disturbance. None of the other montelukast exposure measures showed a positive association except a cumulative dose of exposure between 31 and 150 days (OR 1.173; 95% CI 1.085 – 1.261).

CONCLUSIONS: Preliminary results do not suggest a consistent positive association between montelukast and neuropsychiatric disturbances.

PRS2
A RETROSPECTIVE EPIDEMIOLOGIC REVIEW OF COPD IN KOREA
Joo H1, Jung KF2, Park J3
1Yonsei Korea Co., Ltd., Seoul, South Korea, 2Hallym University Sacred Heart Hospital, Gyeonggi-do, Dongan-gu, South Korea
OBJECTIVES: COPD is an important cause of morbidity and mortality. Statistics presented in 2009 the mortality of COPD was 9.4 per one hundred thousand marking the disease as one of the 10 major death causes in Korea. This study was performed to investigate epidemiologic data especially incidence and risk factors associated with COPD exacerbations in Korea. METHODS: A retrospective observational study was carried out on 1,112 COPD patients from 47 medical centers throughout Korea. The data collection was performed at enrollment and a past year from the enrollment. The COPD patients were defined by GOLD criteria 2010. Also we investigated demographic characteristics, COPD exacerbation, Lung function Test, Comorbidity, COPD assessment test (CAT), and COPD medication. RESULTS: Among 1,112 patients, more than half of the respondents were more than 70 years old, 91% (n=1,011) were male, mean BMI was 22.2 (SD 3.3) kg/m2, mean COPD duration was 5.8 years, and 55.5% (n=616) were classified as chronic bronchitis. The occurrence of exacerbation was 3.9% (n=39), the occurrence of exacerbation in past year was 0.67 (SD 2.8), and decrease of FEV1/FVC results align with GOLD stage was statistically significant (p<0.0001). The most frequently reported comorbidities was hypertension (36.0%, n=400) and bronchial asthma (16.6%, n=180). CAT scurt score was 16.8 (SD 9.3). The most frequently used COPD medication was long-acting muscarinic antagonist (47.9%). Multivariate logistic regression results showed the effect on exacerbation in the subjects who had only pulmonary emphysema was 0.7 times than the subjects who had only chronic bronchitis (95%CI [0.49–0.96], p-value =0.001), and subjects with history of pneumo-onio were 11.1 times higher than in the subjects without history of pneumonia (95% CI [6.89–17.87], p-value =<0.0001). CONCLUSIONS: Our results suggested that the