complete claims 180 days pre and 720 days post index. Biologic claim clean period was 180 days pre-index. SQ biologic users with repeated supplies that were <7 or >90 days were excluded. Duration of action for infusion products was based on package inserts. Patients were censored after a gap of at least 90 days beyond the next expected re-infusion interval. Results describe median time to discontinuation (Kaplan-Meier survival) and Cox models. Chi square was used for IV vs SQ hazard ratio. Results: 1830 IV and 5934 SQ patients were identified. Diagnoses in the IV cohort included 29.9% IBD, 50.4% RA, 3.2% PsA and 16.5% any combination or unclassified diagnoses. In 37% of cases the IV was equal to the SQ and 30.7% respectively. IV and SQ cohorts were similar for gender and co-morbidities, and IV cohort was slightly older with slightly higher use of concomitant metotrexate and steroids than SQ cohort in RA and PsA. Overall, median time to discontinuation for IV was 188 days vs SQ at 191 days, and was significantly longer for IV vs SQ across all indications. Within SQ cohort, RA patients (203 days) had the longest persistence vs other indications. For IV cohort, it was PsA patients (471 days). IBD patients (138 days) and 27% of the shortest persistence was observed. Conclusions: For SQ discontinuation 1.61 (CI: 1.51-1.72) times greater than for IV, controlling for age, gender and co-morbidities. Conclusions: IV consistently demonstrated longer times to discontinuation vs. SQ across indications studied.

PHP37 EXAMINING THE EFFECT OF PHARMACISTS’ VISITS TO HOMEBOUND PATIENTS ON THE ELIMINATION OF UNUSED DRUGS – A REPORT FROM A HEALTH AND LABOUR SCIENCES STUDY

Onda M,1 Kasuga M,1 Fujii S,2 Nanao Y,3 Imai H1
1Osaka University of Pharmaceutical Sciences, Takatsuki, Osaka, Japan, 2Advanced Pharmaceutical Research Office, National Institute of Public Health, Wako, Saitama, Japan
Methods: This study sought to examine the effect of pharmacists’ visits to homebound patients on the elimination of unused drugs. The study included patients who were discharged from hospitals, purchasing hospital pharmacies, and visiting home pharmacists. In total, 5,447 patients were recruited from 1,890 pharmacies throughout Japan (collected 2012). A case control study was conducted to choose the case that impressed them most and describe chronologically the unused drugs involved, the action taken, and what followed the action.

Results: Data on 5,447 patients was collected from 1,890 pharmacies throughout Japan (collection 2012). A case control study was conducted to choose the case that impressed them most and describe chronologically the unused drugs involved, the action taken, and what followed the action. 1,718 patients (3,593 cases) were qualified for analysis. In 2,334 cases (65%), the action taken was “prescribed for discontinued use.” In 1,781 cases (3,562 cases) the unused drugs were discarded, while in 2,624 cases (73.0%), the unused drugs were prescribed for discontinued use. Conclusions: Unused drugs were more likely to be discarded by female and senior patients, while fewer senior patients were prescribed for discontinued use of unused drugs. Medication management for unused drugs is critically important and a one-size-fits-all approach may not be the best method.

PHP41 A COLLABORATIVE APPROACH TO PROGRAM DECISION MAKING: A RANDOMIZED TRIAL OF A PBM VENDOR SOLUTION

Smith-Celeno LA,1 Zhang B,2 Estes E,2
1Independence Blue Cross, Philadelphia, PA, USA, 2Catamaran, Schaumburg, IL, USA

Objectives: (1) To examine the impact of two medication review programs designed to decrease overall health care costs through optimizing medication therapy. The intervention included longer prescriber education, additional medication literature and national guidelines and counsel individual members with regard to their medication regimen. (2) To explore the use of randomized clinical trials to test the effectiveness of improving health care utilization, and drug spending measures. Methods: Independence Blue Cross and their Pharmacy Benefit Manager, Catamaran, jointly designed a randomized controlled trial to test the efficacy of two medication review programs. Medical and pharmacy claims data for members assigned to our intervention analyses was analyzed descriptively and using t-tests based on a complex set of rules. The rules identify members who may benefit from one or more of 14 potential therapy adjustments including drug-drug and drug-disease interactions, dose optimization, appropriateness of therapy, high risk medication in the elderly, and generic interchange. Once identified, Catamaran contacted prescribers via fax to recommend therapy adjustments. Verification of therapy changes were determined through claims reviews and prescriber feedback. The study randomly assigned 39,186 members to either the intervention or control. Results: show that 28% of the clinical recommendations were adopted resulting in a reduction in pharmacy spend of $72,747 and a reduction in medical spend of $1 million. Conclusions: Catamaran’s medication review programs show significant medical and pharmacy cost savings while improving population health through appropriate management of prescription drugs. These programs are intended to help members avoid inappropriate or potentially dangerous medications that increase medication adherence, dose gaps in therapy, and lower medical costs. Moreover, we demonstrate that a collaborative approach to evaluating a proposed vendor solution resulted in a cost effective RCT that offers maximum benefit to members and the health plan.

PHP42 TRENDS IN MEDICAID FEES-FOR-SERVICE OUTPATIENT DRUG UTILIZATION, EXPENDITURES AND PHARMACY REIMBURSEMENT RATES (2010-2012)

Balbhi B,1 AlShehri A,1 Seibnach SL,2 Sevan-Vazquez E2
1International Center for Pharmaceutical Economics and Policy, Massachusetts College of Pharmacy and Health Sciences, Boston, MA, USA, 2Ohio State University, Columbus, OH, USA

Objectives: This study assessed trends in state-level, fee-for-service Medicaid generic and brand drug utilization and expenditures, and pharmacy reimbursement rates in the period 2010-2012. Methods: Medicaid fee-for-service outpatient pharmacy utilization and expenditures, and reimbursement rates (ingredient cost and dispensing fee) for the years 2010-2012 were extracted from State-level data provided from the Centers for Medicare and Medicaid Services. Current dollars were converted to 2012 dollars using the U.S. consumer price index. Descriptive analyses were performed for all variables. Confidence intervals (95%) were calculated for continuous variables. Linear regression analysis was performed to assess the relationship between ingredient costs, dispensing fees and drug utilization. The significance level for variables was 0.05. Results: Fee-for-service Medicaid expenditures (n=42 states) decreased from $23.0 billion in 2010 to $18.7 billion in 2012 (14.9% decrease) and drug utilization decreased from 351.2 to 281.4 million claims (23.8%). Significant differences existed in the types of drug classes frequently used and drug categories across the two groups were observed. There are significant differences in demographic, morbidity, health care utilization, and drug spending measures across the elderly vs. disabled duals. Recognizing the differences between sub-populations of dual eligibles is critically important and a one-size-fits-all approach may not be the best method.