and severe (n = 25; 31%). CONCLUSION: Constipation was reported by approximately 25% of the hospice patients, a third of whom rated their constipation as severe. A substantial number of hospice patients may require aggressive management of constipation. This information may be useful as a process indicator of quality of care.

GASTROINTESTINAL DISORDERS—Health Care Use & Policy Studies

PGI24

RACIAL, SOCIAL, AND ECONOMIC DISPARITIES IN KNOWLEDGE AND CARE SEEKING BEHAVIORS FOR GASTRO-ESOPHAGEAL REFLUX DISEASE (GERD)

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OBJECTIVE: Assess knowledge and care seeking behaviors for gastro-oesophageal reflux disease via a population-based approach. Identify variations in knowledge, attitude, and care seeking patterns between racial groups, while also investigating socio-economic disparities. METHODS: A questionnaire based upon previous work (Srinivasan, J Clin Gastro) was developed to assess knowledge, attitudes, and care seeking patterns for GERD and was translated into Chinese and Spanish. We worked with community and faith-based leaders to identify events for data collection. Four ethnic groups (White, Black, Asian, Hispanic) were compared. All descriptive and multivariate analyses were done using SAS 9.1. RESULTS: Although Hispanics had the highest prevalence rate for GERD, their familiarity with the condition was lower (61.2%), compared to Whites (68.9%) and Blacks (63.7%); Asians were the least familiar with GERD (44.6%) (P < 0.0001). There was a positive correlation between increased education level and awareness for GERD (P < 0.0001). In general, Whites were the most likely to recognize GERD symptoms and behaviors to control GERD, while Asians were the least likely. Blacks and Hispanics were more likely to go to the Emergency Room for severe heartburn compared to Asians and Whites (P < 0.0001). Asians were least likely to see a doctor when presented with a complication of heartburn (P < 0.0001). A total of 40.8% of Asians and 35.5% of Hispanics indicated that cost and the lack of health insurance would prevent them from seeing a doctor, higher rates than Whites and Blacks (P = 0.0073). CONCLUSION: Minorities lack an equal understanding of GERD, compared to Whites. Asians were particularly inaccurate in assessing symptoms for GERD and were least likely to see a doctor. Further research should focus on improving minority understanding of GERD symptoms and at what point to consult a physician. The impact of cost and lack of insurance on care seeking behaviors amongst Hispanics and Asians should also be examined.

PGI25

COSTS OF A PRIOR AUTHORIZATION ON LUBIPROSTONE FOR ELDERLY (AGE > 65) PATIENTS WITH CHRONIC CONSTIPATION IN A MEDICARE PART D POPULATION

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OBJECTIVE: To examine pharmacy costs of a Prior Authorization (PA) restriction on lubiprostone for chronic constipation (CC) patients in a Medicare Part-D plan. METHODS: Cost impact of PA was calculated by estimating annual pharmacy cost differences with PA (PA administration costs + medication costs) and without PA (medication costs only). Model inputs included published estimates of CC prevalence; lubiprostone utilization from IMS Health, 2007; average PA approval rate, PA costs and co-payment from payer interviews; and lubiprostone wholesale acquisition costs. Annual medication costs in both scenarios included costs and utilization of lubiprostone less co-payment, assuming third-tier placement for lubiprostone. All previously rejected prescriptions were assumed to be accepted after lifting PA, resulting in 21.24% increase in prescription volume. Sensitivity analyses were performed on PA cost, PA approval rate, and expected increase in prescription volume after lifting PA. RESULTS: CC prevalence was 14.7%, of which 1.14% were lubiprostone users. For a 1-million member plan, this resulted in 1264 PA requests costing $27 each. Annual cost of PA administration was $34,130. PA approval rate for the elderly was 77.7% (982 accepted users). Average number of fills per person per year was 3.8. A 30-day lubiprostone prescription cost $24.80 ($86.40 WAC-$60 co-payment + $2 dispensing fee). Drug costs were $105,997, resulting in total annual cost with PA of $140,127. Total annual costs without PA were $128,506, based on an additional 209 users, resulting in annual savings of $11,621. Sensitivity analyses indicated break even scenarios from removing PA on lubiprostone when cost per PA > $17.81 or PA approval rate > 69.18%, or expected increase in prescriptions from lifting PA < 32.20%. CONCLUSIONS: PA program for lubiprostone offers no financial savings to a Medicare plan based on current approval rates and annual utilization for elderly patients with CC in the base case as well as in sensitivity analyses.

PGI26

FINANCIAL IMPACT OF LIFTING A PRIOR AUTHORIZATION ON LUBIPROSTONE FOR CHRONIC CONSTIPATION PATIENTS IN A COMMERCIAL MANAGED CARE POPULATION (AGE < 65 YEARS)

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OBJECTIVE: To examine pharmacy costs of a Prior Authorization (PA) restriction on lubiprostone for chronic constipation (CC) patients in a commercial managed care plan. METHODS: Cost impact of PA was calculated by estimating annual pharmacy cost differences with PA (medication costs + PA administration) and without PA (medication costs only). Model inputs included CC prevalence estimates from the literature; lubiprostone utilization from IMS Health, 2007; average PA approval rate, PA costs and co-payment from managed care interviews; and lubiprostone wholesale acquisition costs. Annual medication costs in both scenarios included costs and utilization of lubiprostone less co-payment, assuming third-tier placement for lubiprostone. All previously rejected prescriptions were assumed to be accepted after lifting PA, resulting in 11.36% increase in prescription volume. Sensitivity analyses were performed on cost per PA, PA approval rate, and expected increase in prescription volume after lifting PA. RESULTS: CC prevalence was 14.7%, of which 1.14% were lubiprostone users. For a 1-million member plan, this resulted in 1264 PA requests costing $27 each. Annual cost of PA administration was $34,130. PA approval rate for the elderly was 77.7% (982 accepted users). Average number of fills per person per year was 3.8. A 30-day lubiprostone prescription cost $24.80 ($86.40 WAC-$60 co-payment + $2 dispensing fee). Drug costs were $105,997, resulting in total annual cost with PA of $140,127. Total annual costs without PA were $128,506, based on an additional 209 users, resulting in annual savings of $11,621. Sensitivity analyses indicated break even scenarios from removing PA on lubiprostone when cost per PA > $17.81 or PA approval rate > 69.18%, or expected increase in prescriptions from lifting PA < 32.20%. CONCLUSIONS: PA program for lubiprostone offers no financial savings to a Medicare plan based on current approval rates and annual utilization for elderly patients with CC in the base case as well as in sensitivity analyses.
scenarios from removing a PA on lubiprostone when cost per PA >$15.34 or PA approval rate >74.83%, or expected increase in prescriptions from lifting PA <19.99%. CONCLUSION: PA program for lubiprostone offers no financial savings to a health plan based on current approval rates and annual utilization for patients suffering from CC in the base case as well as in sensitivity analyses.

PGI27

INFLAMMATORY BOWEL DISEASES (IBD) PATIENTS' PROFILE: FACTS EXTRACTED FROM A MULTICENTER RETROSPECTIVE STUDY
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OBJECTIVE: Access the Brazilian inflammatory bowel diseases patients’ profile METHODS: A retrospective database study was performed in 23 IBD treatment centers in 14 Brazilian reference cities. The centers collected data from the last 5 years about personal data, disease important aspects (like race and smoking habits), diagnosis and disease treatment. RESULTS: A total of 2529 medical records were analyzed. Crohn’s disease was the most prevalent (49%) IBD. Sixty-five percent of the patients are Caucasian and 9% are smokers. The median weight of the patients are 62.5 kg and the median age 40.18% of the patients came to the actual medical center with a previous IBD diagnostic and 64% of this diagnosed group came with a previous treatment. CONCLUSION: This is the first time that significant information about the Brazilian IBD patient profile is evaluated. Knowledge of the IBD could be a useful tool for supply policy interventions. Combined with clinical data, this patient profile could contribute to the qualitative and quantitative evaluation of disease management policy for this group pf illness.

PGI28

IMPORTANT FACTORS WHEN CONSIDERING TREATMENT FOR ULCERATIVE COLITIS
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OBJECTIVE: To quantify preferences that ulcerative colitis (UC) patients place on treatment attributes when making therapy choices. METHODS: A telephonic survey of patients with UC >18 years old who requested information from the website www.LivingWithUC.com from January to April 2006. Patients were presented with nine factors that might impact a UC patient’s decision-making process regarding whether to use a biologic medication such as infliximab. A discrete choice methodology was employed using a complete block design, which presented 9 factors being tested in 36 discreet pairs and patients were asked to select the more important factor from each pair presented. RESULTS: A total of 427 UC patients were contacted to get 294 completed interviews. The median age was 50 years and 204 (69.4%) were female. Of respondents currently on medication, 71% indicated their symptoms were under control and 75% of these respondents were experiencing ≥2 flares per year. One third (34%) of respondents classified their UC as being moderate to severe. When asked about treatment options presented by their doctor, 42% had discussed surgery and 18% said doctors indicated surgery was a cure for UC. Half (50%) recalled their doctor presenting only one drug option, and of those presented with several options, 20% recall the physician emphasizing a particular drug. Respondents indicated healing the damage of the intestinal lining (74%) and avoiding surgery (73%) were important characteristics when deciding to use a product like infliximab to treat UC. Method of administration (23%) and cost of co-pay (19%) were given least importance. CONCLUSION: While doctors may focus on surgery as a cure for UC, patients in this study state healing intestinal damage and avoiding surgery would be their most important reasons to use a medication. Doctors and patients may need to discuss a wider variety of therapeutic options for treating UC before surgery is considered.

INFECTION—Clinical Outcomes Studies

P101

TREATMENT OF HEPATITIS C INFECTION FOR CURRENT OR FORMER SUBSTANCE ABUSERS IN A COMMUNITY SETTING
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OBJECTIVE: The Ontario Addiction Treatment Centres (OATC) operates 26 clinics offering methadone maintenance treatment (MMT) to clients with a dependence on opiates. Until recently, MMT was a contraindication to antiviral therapy for the treatment of Hepatitis C virus (HCV) infected patients. The purpose of this study was 1) to describe a care model for treating HCV infected MMT clients in a community-based setting, 2) to describe clinical and demographic characteristics of these clients, 3) to assess rates of adherence to antiviral therapy, and 4) to assess rates of sustained virological response (SVR). METHODS: A review of patient medical records was employed. Clients considered for antiviral therapy at the OATC had achieved “functional stability”, characterized by stable housing and a low frequency of substance abuse, in addition to meeting clinical criteria. Clients were followed by a hepatitis nurse, clinic physician or infectious disease specialist at the clinic where they received methadone. Use of illicit substances was monitored before, during and after antiviral therapy with regular urinalysis. RESULTS: Between November 2002 and January 2006, 109 clients (75 with genotype 1/4 and 33 with genotype 2/3) received at least one injection with pegylated interferon. The majority of clients were single (60%), living in a permanent apartment or house (94%), with a high frequency of self-reported psychiatric disorders (68%). A large proportion had a criminal history (71%) and many had been incarcerated (52%). Rates of adherence to treatment of 57% and 70% were achieved for genotypes 1/4, and 2/3, respectively. Rates of SVR in an intention to treat analysis were 51% for genotypes 1/4 and 64% for genotypes 2/3. Six clients discontinued therapy due to on-going problems with substance abuse. CONCLUSION: HCV antiviral therapy for current or former substance abusers can be successful in the context of specialized care for substance abuse.

P102

A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF PEGYLATED INTERFERON, LAMIVUDINE, ADEFOVIR AND ENTECAVIR FOR THE TREATMENT OF HEPATITIS B
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OBJECTIVE: To systematically review the effectiveness of pegylated interferon (PEG), lamivudine (LAM), adefovir (ADF) and entecavir (ENT) in treating CHB. METHODS: Pubmed, Embase, Cochrane, and Econlit were searched for randomized controlled trials assessing the efficacy of the selected drugs for treating CHB.