OBJECTIVES: To examine the association between continuity of care and risk of potential drug-drug interactions (DDI) in cancer patients taking non-steroidal anti-inflammatory drugs (NSAID) users. METHODS: Longitudinal National Health Insurance Database 2005 (LHIID2005) which contains one million of randomly sampled beneficiaries from National Health Insurance (NHI) in Taiwan was used to identify continuity of care (CCO) users who were prescribed with NSAID for more than 30 days in 2005. NSAID’s PIMC was defined as if there are significant drug-drug interactions (DDI) event based on Drug Interaction Facts. Continuity of care (CCO) index was used to determine the degree of care for the users. Multiple logistic regression analysis was then applied to estimate the association between continuity of care and PIMC. RESULTS: There were 52,20152 (2% of LHIID2005) beneficiaries using NSAID more than 30 days in 2005, and 20.2% of continuous NSAID users had PIMC. Of which, Beta blocking agents was the most frequently prescribed and accounted for 8.79% of total PICM. Compared with lower level of CCO, the odds ratios of PICM were 0.89 (95% confidence interval 0.84-0.94) and 0.76 (95% confidence interval 0.71-0.80) respectively for medium and high levels of continuity of care when personal, physician and institutional characteristics were controlled in logistic regression. CONCLUSIONS: CICM was common for continuous NSAID users in Taiwan, especially in those who had lower level of CCO. Continuity of care was associated with lower risk of potential drug interactions in NSAID users.

PS65
REAL WORLD TREATMENT PATTERNS IN CHRONIC LYMPHOCYTIC LEUKEMIA PATIENTS IN THE UNITED STATES - RITUXIMAB, THE MOST COMMONLY USED AGENT
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OBJECTIVES: CLL is an indolent incurable lymphoma with a widely variable disease course. Its treatment is therefore quite heterogeneous. The goal of this project was to examine the use of rituximab in the treatment of individual combination regimens across all lines of therapy in CLL during the years 2010-2013 in order to understand the current treatment paradigm of CLL. METHODS: Treatment records for 110,000 cancer patients and over 6 million drug administrations were evaluated between August 2010 and 2013. All chemotherapy regimens, and other cancer care facilitators in the nationwide, commercially available chemotherapy order entry system called IntelliDose®. IntelliDose® captures patient demographics, stage, and details of chemotherapy treatment. The composition of the hematologists who use IntelliDose® in the US were identified. The population of oncologists in the US, including 54% in private practice and 41% community hematologist/oncologists. The CLL patients sampled by IntelliDose® were projected to a national level for the interpretation of the results. RESULTS: The average number of treatment regimens for the 3,380 CLL patients undergoing any line of treatment was 7.78 (SD=5.66). Of the 3,380 patients receiving first line therapy, the majority of patients (n=815; 24%) were receiving Bendamustine-Rituximab (BR), followed by Fludarabine-Cyclophosphamide-Rituximab (FCR) (n=716; 21%). For relapsed CLL, BR was also the most common regimen (18-33% of monthly use), followed by R monotherapy (7-16% of monthly use). Across all lines of therapy, BR is the most common regimen used (14-32% monthly use) by followed by R alone as the second most common regimen (16-24% of monthly use). CONCLUSIONS: BR is the most commonly used agent either as a single agent or in combination, in all lines of CLL treatment in the US. Single agent Rituximab is commonly used in CLL therapy in 2nd line and above, despite low reported response rates in the literature.

PS66
EIGHT YEARS EXPERIENCE WITH AVAILABILITY AND UPTAKE OF ORPHAN DRUGS WITH OR WITHOUT PRIOR EU ORPHAN DESIGNATION IN SLOVAKIA
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OBJECTIVES: The study currently evaluated 68 orphan drugs with European marketing authorization with orphan designation and 75 orphan drugs without prior orphan designation in EU. Current Health technology appraisal recommendations in Slovak Republic do not include any specific guidelines for reimbursement of orphan drugs (OD). Orphan drug reimbursement decisions are made on case-to-case basis and no clear rules are currently present. We evaluated market uptake of selected 90 orphan drugs and compared it to total market evolution from 2005 to 2012. METHODS: Our analysis include volume and sales evolution of 80 orphan drugs in Slovak Republic from 2005 to 2012 using Health database and publicly available data. RESULTS: Results show that cumulative 8-years expenditure for selected list of ODs is over 1 billion EUR. The peak sale was reached in 2012 and that sale accounted for 18.6% from total pharmaceutical spending in 2012. The highest sales growth was in 2006 with 33.4% compared to previous year. Until 2009, we have seen strong double digit growth following by still high single digit growth in 2010 (6.1%) and 2012 (7.6%). Total expenditure represented 10.7%, 12.4%, 12.8%, 13.5%, 14.7%, 15.2%, 16.5% and 18.6% of total medicine expenditure from 2005 to 2012 in SK, respectively. The highest expenditure burden lies on one ATC category: L- antineoplastic and immunomodulating agents with 57% share. The highest growth of a specific group drugs is according to EU standards very high, but it must be noted that many ODs are locally off-patent and generics expand the market. Secondly, we included into our study all ODs with and without orphan designation. Nevertheless, it is important to make more detailed analysis and advocate for prudent reimbursement rules for orphan drugs, mainly from local HTA perspective.

PS67
JUDICIARY BRANCH IN BRAZILIAN ANALYSIS OF JUDICIAL DECISIONS INVOLVING ETANERCEPT, INFliximab AND ADAliMUMAB
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OBJECTIVES: This study evaluated the impact of increasing patient access restrictions to branded oxycodone hydrochloride controlled-release tablets (OXY) on physician office visits, pharmacy utilization and costs. METHODS: This retrospective case-control study of IMS’s medical/pharmacy claims and Formulary Focus database analyzed adult patients with ≥ 13 years of age treated with OXY or its generic equivalent. The study included patients in commercial or Medicare plans imposing access restrictions (tier change [TC] or prior-authorization [PA]) in the treatment of patients with autoimmune disease. Patient-level variables including age, gender, diagnosis (160 ICD-9 codes), and pharmacy and medical utilization during a 18-month pre-restriction or post-restriction periods were analyzed. RESULTS: 69,756 patients were included in the study. There was a significant increase in 6-month office visits (p<0.001) and pharmacy fills (p<0.001) for patients on OXY pre-restriction or post-restriction periods were analyzed. CONCLUSIONS: This study found that tier change and prior-authorization were associated with an increase in office visits and pharmacy fills in patients with autoimmune disease treated with OXY. Whether it is a positive development depends on its costs and health implications.

PS68
CHANGES AND VARIATION IN CONDITIONS FOR NEWBORN SCREENING- SPECIFIC CONDITIONS SCREENED VERSUS ACMG RECOMMENDATIONS CONTRASTED WITH EUROPE
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OBJECTIVES: The American College of Medical Genetics (ACMG) recommended expanding and standardizing the group of rare conditions in newborn screening (NBS) in 2006. This research examines the correspondence between ACMG recommendations and state implementation and contrasts this with Europe. METHODS: We collected screening records on newborn screens in the US and European countries as defined conditions as Recommended (R list) determined the need for forensic expertise. Out of the 73 decisions examined, 65 did not rely on scientific evidence. Another 2 referred to evidence-based medicine, without, however, taking it as a plea for the decision-making process. Only 2 decisions considered evidence as a basis for decisions. In other words, just 4 decisions referred to expert medical opinions. CONCLUSIONS: The judiciary branch does not rely on scientific evidence or health technology assessment as a tool to the decision-making process. In order to preserve the right to health and the public health system’s sustainability, it is necessary to employ medical evidence methods in judicial decisions.

PS69
CONSEQUENCES OF PATIENT ACCESS RESTRICTIONS TO BRANDED OXOCODONE HYDROCHLORIDE CONTROLLED-RELEASE ON HEALTH CARE UTILIZATION AND COSTS: CASE-CONTROL STUDY OF UNITED STATES HEALTH PLANS
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OBJECTIVES: This study evaluated the impact of increasing patient access restrictions to branded oxycodone hydrochloride controlled-release tablets (OXY) on physician office visits, pharmacy utilization and costs. METHODS: This retrospective case-control study of IMS’s medical/pharmacy claims and Formulary Focus database. The sample included adult patients with ≥ 13 years of age treated with OXY or its generic equivalent. The study included patients in commercial or Medicare plans imposing access restrictions (tier change [TC] or prior-authorization [PA], including four forms: commercial PA (Com-PA), commercial TC (Com-TC), Medicare PA (MC-PA) and Medicare TC (MC-TC). Controls were selected from plans without access restrictions and were matched based on demographic, clinical characteristics, payer type and index quarter. Pharmacy and office visit utilization and costs were measured for 6 months following each patient’s index date, comparing the pre-restriction or post-restriction periods were analyzed. Patients were stratified in resource utilization and costs.

RESULTS: The study groups were approximately balanced in terms of conditions not on the R list. All US geographical screen for more than 20 conditions. In contrast, recent European data indicate a range from 1 to 29 conditions among 37 geographical reporting data (mean±8), with only 6 geographical reports reporting 20 or more conditions. A total of 98 conditions was included in the list of correspondence with ACMG recommendations with 20 of the 51 US geographical regions adhering to at least 50 of the original 54 ACMG recommendations. The contrast between European geographies raises question about the validity of the original recommendations. Whether it is a positive development depends on its costs and health implications.