CHARACTERISTICS OF PATIENTS WITH RELAPSING REMITTING MULTIPLE SCLEROSIS TAKING ONCE DAILY FINGOLIMOD CAPSULES IN THE UNITED STATES
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OBJECTIVES: The objective of this study is to assess the characteristics of RRMS patients taking fingolimod capsules in the US. METHODS: A large US administrative retrospective claims database was used to identify patients diagnosed with RRMS and were prescribed fingolimod between January 2010 to December 2012 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan for a year. Descriptive statistics and chi-square tests were performed on the data and statistical significance level was set a priori at 0.05. RESULTS: There were a total of 28,647 patients that met the study inclusion criteria. Females enrollees outnumbered males for over-prescription needs to be discussed elsewhere. Whether marketing or patient demand is responsible for over-prescription needs to be discussed elsewhere.

CHARACTERISTICS OF PATIENTS WITH RELAPSING REMITTING MULTIPLE SCLEROSIS TAKING DISEASE MODIFYING AGENTS
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OBJECTIVES: The objective of this study is to assess the characteristics of RRMS patients taking disease modifying therapies (DMTs) in the US. METHODS: A large US administrative retrospective claims database was used to identify patients diagnosed with Multiple Sclerosis (MS) and were prescribed DMTs between January 2010 to December 2012 were included in the study. All patients were ≥ 18 years of age and continuously enrolled in the same health plan for a year. Descriptive statistics and chi-square tests were performed on the data and statistical significance level was set a priori at 0.05. RESULTS: There were a total of 28,647 patients that met the study inclusion criteria. Females enrollees outnumbered males for over-prescription needs to be discussed elsewhere. Whether marketing or patient demand is responsible for over-prescription needs to be discussed elsewhere.

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OBJECTIVES: Multiple sclerosis (MS) is an acquired chronic immune-mediated inflammatory condition of the central nervous system. It is the most common cause of serious physical disability in adults of working age. Inequalities in access to treatment for MS have been recognized in the UK and the US. This study compared with Europe eg. 69% of patients in Germany have access to disease modifying therapies versus 21% of patients in the UK. Recent NICE guidance has increased the access to care. However, the uptake of NICE Guidance is not uniform across the country, leading to delays and restrictions in access to treatment for patients in some areas. This paper aims to assess the variations in access to treatment for MS in England. METHODS: Prescribing of fingolimod for MS in England was examined using the NHS England Innovation Scorecard for Key Secondary Care Medicines per 100,000 population. Uptake of fingolimod across the 25 area teams was examined. RESULTS: Despite positive NICE guidance for fingolimod issued in April 2012 there are major differences in the uptake of fingolimod in England. The highest uptake can be seen in the London area and in other area team geographies in the south. Uptake in these areas is at least 3 fold and in some cases 7 fold greater than that seen in area team geographies in the North West. Some of this variation may be explained by proximity to specialist care centres, however the existence of these centres does not explain the extent of the variation. CONCLUSIONS: Variations in access to treatment for MS in England persist despite NICE guidance and NHS reform aimed at addressing these inequalities.

Natalizumab Use in Multiple Sclerosis: A REAL WORLD EVIDENCE (RWE) ANALYSIS OF ITS IMPACT ON NHS RESOURCES IN ENGLAND
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OBJECTIVES: Multiple Sclerosis (MS) is a progressive and debilitating condition with lifelong implications for resource use and disease modifying biologic used in MS and administered by intravenous infusion every 28 days. This analysis evaluated the impact of natalizumab on hospital activity using Hospital Episodes Statistics (HES) data. METHODS: A retrospective analysis was undertaken using data for the specific period January 2009 to December 2012 (29 consecutive months). Data after May 2012 was not used due to the introduction of a second drug which could not be differentiated from natalizumab. A systematic HES coding search identified patients via ICD and OPCS codes and patterns of hospital attendance. Attendances were collated for the period from 6 months pre- and 6 months post- natalizumab initiation. Healthcare utilisation metrics included: number of planned & unplanned hospital visits, planned & unplanned bed days, and outpatient appointments. RESULTS: Comparing pre- with post- natalizumab periods there was a 50.0% reduction in mean unplanned hospital visits per patient (p = 0.010) and a 49.6% reduction in the mean number of bed days per unplanned visit (p = 0.027). Other observations included a 74.8% reduction in the mean number of unplanned bed days per patient (p = 0.138) and a 44.8% increase in mean outpatient appointments per patient (p = 0.351) however these were not statistically significant. As expected, natalizumab was associated with an increase in unplanned admissions although the mean number of bed days per planned admission was reduced by 87.0% (p = 0.004). The changes to in-patient admissions were estimated to deliver a small reduction in healthcare expenditure. CONCLUSIONS: The pattern of changes in hospital activity associated with natalizumab support the expected positive clinical outcomes. Confounding factors were an identification bias in the non-random sampling and the potential for a regression to the mean effect.