only reviewed oncology orphans thereby resulting in inconsistent access. Alternative funding mechanisms sometimes provide a temporary solution to access fix in the UK. Ex- factory pricing varied by country both at launch and over time. CONCLUSIONS: Significant differences exist between the number of orphan drug approvals and time to access in the US vs. EU. The US is notably faster than the EUS and Germany is in between. For pricing, the US is not only way the high price country. Furthermore, there appears to be an inverse relationship between size of the indicated patient population and reimbursed price.

PSY78

DRIVERS OF HEALTHCARE RESOURCE UTILIZATION AND FACTORS ASSOCIATED WITH INCREASED RESOURCE USE IN PATIENTS WITH FIBROMYALGIA: AN EVALUATION USING ELECTRONIC HEALTH RECORDS

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OBJECTIVES: To explore use of electronic medical records (EMR) for identifying drivers of all-cause healthcare resource utilization and factors associated with increased resource use in patients with fibromyalgia (FM). METHODS: This retrospective study used de-identified EMR data from the Humedica database including demographics, clinical characteristics, healthcare resource utilization, and prescriptions. Adults (≥18 years) with FM were identified based on ≥2 ICD-9 codes (FM) (729.1) ≥30 days apart between January 1, 2008 and December 31, 2012, and were required to have ≥12 months continuous enrollment pre- and post-index; the first FM diagnosis was the index event. Multivariate analysis using generalized linear models evaluated how demographic and clinical characteristics relate to 12-month healthcare resource utilization. RESULTS: Patients predominantly female (81.4%), Caucasian (87.7%), with a mean age of 54.4±14.8 years. Primary drivers of resource utilization were “medication orders” and “physician office visits,” used by 91.6% and 87.5% of patients, respectively; with 12-month post-index means of 21.2±15.5 drug orders/patient and 15.1±18.1 office visits/patient, the latter accounting for 73.3% of all healthcare visits. Opioids were the most common prescription.

PSY79

SUGAR-SWEETENED BEVERAGES CONSUMPTION AND PRICE SENSITIVITY AMONG BRAZILIAN ADULTS: IMPLICATIONS FOR OBESITY POLICIES

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OBJECTIVES: In this context, the challenge of this essay is to estimate the price elasticity for soda and fruit drink in Brazil and the price effects on weight outcomes and obesity prevalence. METHODS: The elasticity was measured through a two-part moderate income (15-24 years) and the high income (≥8 years) with FM were identified based on ≥2 ICD-9 codes (FM) (729.1) ≥30 days apart between January 1, 2008 and December 31, 2012, and were required to have ≥12 months continuous enrollment pre- and post-index; the first FM diagnosis was the index event. Multivariate analysis using generalized linear models evaluated how demographic and clinical characteristics relate to 12-month healthcare resource utilization. RESULTS: Patients predominantly female (81.4%), Caucasian (87.7%), with a mean age of 54.4±14.8 years. Primary drivers of resource utilization were “medication orders” and “physician office visits,” used by 91.6% and 87.5% of patients, respectively; with 12-month post-index means of 21.2±15.5 drug orders/patient and 15.1±18.1 office visits/patient, the latter accounting for 73.3% of all healthcare visits. Opioids were the most common prescription.

CONCLUSIONS: The likelihood of a drug gaining orphan drug status in either the US or the EU is dependent on a number of different factors. If the trends persist, it is likely that the organizations will designate a similar number of products as orphan drugs each year, although the approved products may differ. These may affect which organization manufacturers choose to submit applications to first.

PSY80

WHY ASK IF YOU KNOW? ACMG’S POTENTIAL ERRORS IN MAKING NEWBORN SCREENING (NBS) RECOMMENDATIONS FROM USING SURVEYED OPINIONS FOR INCIDENCE SCORING WHEN ALLELE DATA ARE AVAILABLE

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OBJECTIVES: In 2006, the American College of Medical Genetics (ACMG) recommended expanding NBS, relying largely on scoring from a stakeholder survey on 19 attributes of 84 rare conditions. Points were scored according to mean answers from the responders. Sums of scores resulted in 3 different entry points into an algorithm (Score Algorithm) that determined ACMG final screening recommendations. This research examines one of the survey questions about condition incidence and compares the ACMG use of surveyed opinions versus the actual facts that they were asked to report. METHODS: The report indicated each condition’s mean scores for the three ACMG recommended entry points into the Score Algorithm. RESULTS: Our main findings suggest that tax policy might be an effective tool to reduce the soda and juice drink consumption and body weight. We also identified that subgroups who consume high amounts of SSB are relatively more price sensitive and in these cases pricing policies have an expressive potential in reducing SSB consumption and body weight.

PSY81

TUNING OF EUS & US ORPHAN DRUG APPROVALS AND PRMA BETWEEN 2009 AND 2013

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OBJECTIVES: To examine pricing, reimbursement and market access of orphan drugs approved by EMA and FDA between January 2009 and December 2013. METHODS: Analysis of orphan drugs approved by FDA and EMA between Jan 1, 2009 to Dec 31, 2013, by country (US & EU) regarding; time to market, benefit evaluations, pricing and reimbursement differences, as well as any similarities or differences by size of populations. RESULTS: In the time frame of 2009-2012, the drugs were approved in the US vs. just 31 by the EMA. Of those, only 13 orphan drugs were approved by both agencies. For these 13 drugs, approval took an average of 66 weeks from filing with the EMA and 45 weeks with the FDA. Average US time to launch from approval was 9 weeks vs. 3 weeks in Europe (P<0.001). Only 13 of 156 US drug approvals were designated as orphans. In the UK, SME recommendations for orphan drugs were often negative, and NICE