ber 2009 using SDI’s VONA and VOPA databases. Statistical analyses were performed using one-way ANOVA; significant results had p < 0.05. RESULTS: Although indi-
viduals ages 55–64 did not dominate the NPIs—ranging from 15% to 26%—this group was the second-largest contributor to all prescriptions (TRxs) for all the drug
classes, ranging from 20% to 93%. The average size of prescriptions for each 
class range was statistically equivalent to the average size for the 365 population, indicating that prescriptions were refilled equally frequently in both populations. Medicare beneficiaries paid significantly less, on average, for drugs in the five classes compared to others by a margin of 20% to 93%.

CONCLUSIONS: Individuals approaching Medicare eligibility are a demographic with significant demand for coverage. They show consistently high drug demand; prescription sizes are equal to patients over 65 and costs significantly higher Medicare patients, resulting in a great expenditure for covering these populations. From the consumer perspective, it is important to recognize that the combination of higher OOP and high prescription demand creates a significant cost burden.

ASSESSING TRENDS IN UTILIZATION AND COST OF THE SIX PROTECTED MEDICATION CLASSES IN THE PART D PROGRAM
Blackwell S, Waldron C
Centers for Medicare & Medicaid Services, Baltimore, MD, USA
OBJECTIVES: To assess trends in the utilization and cost of the six protected medica-
tion classes in the Part D Program between calendar years 2006 and 2007. METHODS: The primary data sources were the prescription drug event data in the Chronic Condi-
tion Warehouse (CCW) matched to the Beneficiary Annual Summary for 2006 and 2007. Costs were inflation-adjusted for 2007. RESULTS: Results are based on analysis of 100% data for Medicare beneficiaries in the CCW. The six protected medication classes under study were anticonvulsants, antidepressants, antineoplastics, antipsy-
chotics, antiretrovirals, and immunosuppressants. RESULTS: Immunosuppressants were the seventh and the fewest number of beneficiaries for 2006 and 2007 (1,974 and 80,187, respectively); antidepressants were utilized the most (6,040,698 and 6,645,639, respectively). Immunosuppressants had the lowest aggregate ingredient costs for both years ($204 million and $119 million, respectively). Antipychotics had the highest ($4,161 million and 4,807 million, respectively). Ingredient costs to total Medicare expenditures ranged from 4.2% for antidepressants to 25.2% for antiretro-
virals in 2006. Results were similar for 2007 (4.5% for antidepressants to 29.4% for antiretrovirals). From 2006 to 2007, antidepressants had the lowest increase and antipsychotics the highest. Regarding ingredient cost payment per beneficiary, antiretro-
virals had the highest increase from 2006 to 2007 at 17.6% while immunosuppres-
sants decreased by 0.510%.

CONCLUSIONS: The share of prescriptions for antipsychotics and antiretro-
virals increased, but completed the highest annual increase from 2006 to 2007. immunosuppressants decreased by 0.510%. This may imply a change in the utilization pattern.

EPISODES OF CARE AND INPATIENT MORTALITY FOLLOWING POISONINGS FROM OVER-THE-COUNTER MEDICATIONS IN THE UNITED STATES
Hurwit J, Szkupinski C
University of Arizona College of Pharmacy Center for Health Outcomes and PharmacoEconomic Research, Tucson, AZ, USA
OBJECTIVES: To assess and describe episodes of care and inpatient mortality follow-

ing poisonings from over-the-counter (OTC) medications that resulted in hospital inpatient admissions in the United States from 2002–2006. METHODS: This retro-

spective study used the nationally-representative sample of hospital discharge records from the Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost Utilization Project (HCUP) Nationwide Inpatient Sample. Cases with any ICD-9 diagnoses related to poisoning from OTC medications (e.g., codes 965.4, E830.3, E943.4) were included for analysis. Descriptive approaches and logistic regression were used to assess patient- and hospital characteristics, costs, mortality and hospital utilization, potential disparities of care, and inpatient mortality rates. RESULTS: A total of 360,636 inpatient admissions associated with poisonings from OTC medica-
tions occurred from 2002 through 2006. Cases averaged 43.4 ± 20.0 years of age, 3.5 ± 4.6 days length of stay, and $1,888 ± 2,486 in charges. Risk of inpatient mortality was estimated based on patient age, sex, payer, location of hospital services, and regional location of hospitals in the United States, and increased case-mix severities. Conversely, decreased odds of inpatient mortality were associated (p < 0.05) with shorter lengths of stay, bed-sizes of hospitals, hospital urban settings, and teaching hospitals. CONCLUSIONS: Inpatient hospitalizations associated with poisonings from OTC medications accounts for a substantial burden of illness often exceeding 50,000 cases per year and summing to $5.25 billion over five years. Despite a small percentage of inpatient mortality, further research is needed in understanding and controlling the outcomes following discharge, as well as those treated and released solely in emergency departments, and OTC poisonings among children.

PHSP29

Spatial dependence (or cluster) in total number of prescription drugs filled at retail pharmacies in US
Kim J, Nickmann N
University of Utah, Salt Lake City, UT, USA
OBJECTIVES: To examine the presence of spatial clusters across states in total number of prescription drugs filled at retail pharmacies in US METHODS: Using data on total number of prescription drugs filled at retail pharmacies by each state in US from Vector One and National by Verispan, LLC in 2008, Moran’s I statistic for global spatial dependence (i.e. cluster) was used to identify if clusters existed. In Moran’s I, positive values indicate a clustering of high and low values of total number of prescription drugs filled, while negative values indicate a clustering of high and low values of total number of prescription drugs filled. In order to test the results statistically, we used the global Moran’s I test with Monte Carlo simulation. The significance level for the test was set at p = 0.05. RESULTS: Moran’s I statistic showed significant global spatial dependence for total number of prescription drugs filled at retail pharmacies across US in 2008. Conclusion: The results suggest that there are spatial clusters in the distribution of prescription drugs filled at retail pharmacies across the US. This may imply that pharmacies should consider clusters when they make a decision for health care distributions.