

RESULTS: In the 2nd quarter of 2006 (quarter prior to the switch), LifeScan meters had a 99.8% market share with the MCO. During the 3rd quarter of 2006 (conversion quarter), market shares were 45.6% for LifeScan, 54.3% for ADC, and 0.1% for other test strips. In the 4th quarter of 2006 (first quarter after conversion), ADC had 99.2% of the market share. Total prescription volumes for the 2nd, 3rd, and 4th quarters of 2006 were 4,542, 4,953, and 4,594, respectively. The higher volume during the 3rd quarter was due to members filling prescriptions for both brands of test strips during the conversion period. Actual savings reported from 2007 estimated annual savings of approximately \$600,000 due to lower acquisition costs, higher rebates, high product satisfaction, and full conversion. Average A1C values for the MCO diabetes population remained the same at 7.2% for several quarters prior to and after the conversion.

CONCLUSIONS: Efforts to proactively work with providers and members can make a full conversion to a new test strip manufacturer a much easier process. Further, working with thought leaders prior to making recommendations has a positive impact on acceptability of programs. Prescription volume did not significantly change during the quarters prior to and after the conversion, and average A1C values were constant, indicating a maintenance of clinical control and satisfaction. Significant savings can be obtained by appropriately managing a conversion process. This process guideline can be used as a template for any major formulary change.

■ RACIAL DISPARITIES IN THE INITIATION OF PSYCHOTROPICS AMONG MEDICAID-ENROLLED PATIENTS NEWLY DIAGNOSED WITH OBSESSIVE-COMPULSIVE DISORDER: LARGE-SCALE, RETROSPECTIVE FLORIDA MEDICAID CLAIMS ANALYSIS

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BACKGROUND: Although recent research has examined racial/ethnic disparities in access to U.S. health care, comparably little is currently known about the quality of psychiatric care received by racial/ethnic minorities. Recent studies have shown that minorities diagnosed with depression are less likely to receive antidepressants, and minorities diagnosed with schizophrenia are less likely to receive atypical antipsychotics compared with Caucasians.

OBJECTIVE: To determine whether patient demographics were similarly associated with the initiation of psychotropics among Medicaid-enrolled patients newly diagnosed with obsessive-compulsive disorder (OCD).

METHODS: We conducted a 9-year (1997-2006) retrospective analysis of Florida Medicaid-enrolled patients newly diagnosed with OCD (ICD-9-CM 300.3). Psychotropics were identified by National Drug Code (NDC) for any prescription claim filed for

an antidepressant, antipsychotic, amphetamine/central nervous system (CNS) stimulant, anxiolytic, sedative, hypnotic, anti-manic agent, or mood stabilizer/anticonvulsant. Patients initiated psychotropic treatment if they filed no prescription claim for a psychotropic during the year preceding their index OCD diagnosis. Chi square tests examined differences between groups, and logistic regression with backward selection was used to examine the likelihood (odds) of initiating a psychotropic.

RESULTS: Among 924 newly diagnosed patients with OCD, 47% were female. The majority (60%) were Caucasians, 16% Hispanic, 15% African-Americans, and 9% other races/ethnicities. Among newly diagnosed patients with OCD, 444 (48%) subsequently initiated psychotropic treatment. The most commonly prescribed psychotropics were risperidone (17.0%), sertraline (12.6%), fluoxetine (11.4%), paroxetine (11.1%), fluvoxamine (8.7%), clonazepam (4.9%), and escitalopram (4.8%). Blacks were 59% less likely (OR 0.41, 95% CI, 0.27-0.60, $P < 0.001$) and Hispanics 32% less likely (OR 0.68, 95% CI, 0.47-0.98, $P = 0.04$) to initiate psychotropic treatment than their Caucasian counterparts.

CONCLUSIONS: Among Florida Medicaid-enrolled patients newly diagnosed with OCD, African-Americans and Hispanics were significantly less likely to initiate subsequent treatment with psychotropics than were Caucasian patients. Given that research does not demonstrate variation in response to treatment by race or ethnicity, our findings suggest that other factors (cultural variation in patient willingness to use psychotropics or prescriber bias) may play a role in the disparity of psychotropic treatment initiation among newly diagnosed Medicaid enrollees with OCD.

■ RATES OF UNCONTROLLED ASTHMA AND MEDICATION USE IN A COMMERCIALY INSURED POPULATION OF ADULTS WITH ASTHMA: TRENDS OVER TIME

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BACKGROUND: Asthma prevalence has increased in the United States since 1980, especially among adults. Unresolved issues remain concerning recent trends in patterns of asthma treatment and acute exacerbations.

OBJECTIVE: To determine trends in rates of uncontrolled asthma and medication use in a commercially insured population of adults.

METHODS: The HealthCore Integrated Research Database was used to identify asthmatic adults aged 18-64 years from 2000-2005. Study inclusion criteria were ≥ 2 physician visits or ≥ 1 hospitalization/emergency department (ED) visit with an asthma diagnosis in ≥ 1 calendar year. Continuous enrollment for the entire year was required for inclusion in that year; patients with chronic obstructive pulmonary disease (COPD) or cystic