was used for the analyses. RESULTS: In the base-case analysis, the standard EAI showed a total cost of $63 and an incremental effectiveness of negative 33%, per allergic episode. Overall, the ICER showed a cost saving of approximately $190 for the new EAI over the standard EAL, per allergic episode. The sensitivity analyses indicated a continuous dominance of the new EAL over plausible range of drug costs and OCSs claims rate, thus the total cost was lower, the success rate with standard EAL was assumed to be over 50% (base-case value of 12.5%). CONCLUSIONS: Based on the available data and our model assumptions, treatment with the new EAL appears as very low food-allergy reaction. To determine if there is a relationship with asthma long-term medication utilization. Multivariate logistic and linear regression analyses were performed. RESULTS: The study sample (n = 1527) was 70±15 years old and con- 
currence of multiple medications: fluticasone propionate/salmeterol combination (SFC) and mometasone furoate/formoterol fumurate dehydrate (MF) in the management of asthma. 

PR537
LONG-TERM CONTROLLER MEDICATION ADHERENCE AND USE OF SHORT- 
ACTING β2-AGONISTS (SABA) AND ORAL CORTICOSTEROIDS (OCS) AMONG 
TEXAS MEDICAID MEDICATION AND MANAGEMENT OF ASTHMA 
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OBJECTIVES: To determine if there is a relationship between asthma long-term controlled therapy adherence and short-acting β2-agonist (SABA)/oral corticosteroid (OCS) use. METHODS: Texas Medicaid prescription claims from 1/7/2008-8/31/2010 for continuously enrolled patients aged 5-65 years diagnosed with asthma (ICD-9-CM 493.x) were used to determine adherence to long-term controller medications. Patients were followed for one year after the first (index) asthma controller prescription. The primary outcomes were SABA use (dichotomous: <6 vs. ≥6) and OCS use (continuous). The key independent variable was adherence [Proportion of Days Covered (PDC)] to asthma LTCs. Covariates included demographics and

PR545
IMPACT OF MEDICATION ADHERENCE AND PRESENCE OF COMORBID 
DEPRESSIVE DISORDER ON HEALTH CARE COSTS AMONG TEXAS MEDICAID 
PATIENTS WITH ASTHMA 
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OBJECTIVES: To determine if there is a significant difference in asthma-related health care costs and treatment discontinuation risk between asthmatics using SFC compared to MF. The analysis was conducted from a U.S. perspective. Cost data for SFC were obtained from a published study evaluating the costs of managing asthma in the UK [1]. The costs for MF were calculated using the gamma distribution and log link. RESULTS: Median (Mean±SD) asthma-related claims for A group were significantly (p<0.05) higher, while in the B group, median costs were lower for the A group than the B group ($73.14 ± $77.28 vs. $73.89 ± $73.89). The median (Mean±SD) asthma-related HCC for A group ($346.7 ± $416.5) vs. B group ($292.7 ± $311.5) was significantly lower (p<0.001). The median number of OCS claims was 1.0±1.4. Patients with an increase in OCS use (p<0.001) were more likely to be found when compared to nonadherent (HCC≤50%) patients (p<0.001). The odds of having ≥6 SABA claims were higher for concurrent dual therapy users, older age, males, African-Americans, and higher number of non-study medications (p<0.001). Dual therapy users, younger age, Hispanic ethnicity, and higher number of non-study medications were associated with an increase in OCS use (p<0.001). CONCLUSIONS: Although there was a posi-tive relationship between LTC adherence and SABA use, increased SABA use served as a proxy for increased asthma severity, which indicated that health care providers should be aware of SABA use among patients who are both adherent and nonadherent to asthma controller medications.

PR546
RESOURCES FOR IMPLEMENTING TRANSITION2QUIT, A SMOOKING CESSATION 
INTERVENTION FOR HOSPITALIZED SMOKE 
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OBJECTIVES: Web-based interventions are promising smoking cessation tools. We are testing the effectiveness of Transition2Quit, a tailored web-based e-health program for hospitalized smokers, versus usual care (minimal advice through non-tailored printed materials). We present data on resources to implement Transition2Quit. METHODS: Interventionists approached smokers during hospitalizati-on and invited them to participate. RESULTS: Our preliminary study shows that smoking cessation with SFC offers more treatment advantages and costs less compared to MF, therefore this cost-effectiveness superiority should be further examined in a large randomized trial.

PR547
TREATMENT PERSISTENCE COMPARISON BETWEEN NEBULATED 
FORMOTEROL AND FORMOTEROL FUMARATE DIHYDROXYDRATE IN 
THE TREATMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE 
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OBJECTIVES: Treatment persistence can be a good indicator of drug efficacy and tolerability. Inhaled long-acting bronchodilators (e.g., long-acting β2-agonists [LABAs]) are the recommended maintenance treatment in moderate-to-severe chronic obstructive pulmonary disease (COPD). Formoterol fumarate and formoterol are the only two available nebulized LABAs. There is limited real-world head-to-head comparative evidence for nebulized LABAs. The objective is to evaluate the difference in their treatment persistence. METHODS: This retrospective cohort study of the PharMetrics Plus claims database included eligible (continuous health plan enrollment 180-day pre- and 360-day post-index) patients ≥18 years with ≥2 pre-scriptions of nebulized LABAs between 2008-2011 (first use as index); COPD diagnosis (gap of 6 months or more before the index date) was confirmed by using administrative claims. The study sample (n=672, formoterol users) was compared to the control sample (n=672, formoterol users) to evaluate the difference between the two LABAs during the pre-index period. RESULTS: Medians (Mean±SD) treatment persistence for formoterol was 15.0±14.5 years old and con-