years corrected age will be presented in November 2014 with follow-up comple ment and data release from Government database by August 2014. CONCLUSIONS: Preterm infants showed high services use including hospitalisation, with associated high costs. Costs vary by patient characteristics and costing approach. This study’s results should inform effective resource planning of neonatal health services and development of future prevention interventions aimed at preterm birth.

PIH8-1 DAILY DOSE AND COSTS ASSOCIATED WITH MAINTENANCE OF TOPICAL TESTOSTERONE AGENTS AMONG HYPOGONADAL MEN
Kaltenboeck A1, Broya D2, Hayes-Larson E1, San Roman A1, Ivanova J1, Birnbaum H1, Foster S1, Vazquez J1, Muram D1, Swindle R1
1Analysis Group, Inc., New York, NY, USA, 2LLY Lilly and Company, Indianapolis, IN, USA, 3Analysis Group, Inc., Boston, MA, USA

OBJECTIVES: Topical testosterone agents (TTAs) are commonly used to raise low serum testosterone (LTS) levels in men. After implementing the governmental price cap (RSPD), patients may undergo dose titration to achieve an appropriate maintenance dose. The objective of this study was to compare daily maintenance doses and costs of treatment with TTAs from US payer perspective in adult men diagnosed with hypogonadism (HG). METHODS: Adult men with a HG-associated diagnosis treated at the RSPD with Axiron® (LLY Lilly USA, LLC; RSPD $60 per day; N=209), Androgel® 1% (AbbVie Inc.; $50 per day; N=614), Androgel® 1.62% (AbbVie Inc.; 40.5mg per day; N=25), or Testim® (Auxilium Pharmaceuticals, Inc.; $50 per day; N=558) between January 1, 2011 and March 31, 2012 were identified in a database of commercially insured beneficiaries. Patients were required to have continuous eligibility and no claims in the index therapy 12 months prior to and at least 1 month of continuous eligibility following initiation. Baseline demographic characteristics, Charlson Comorbidity Index (CCI), comorbidities, and testosterone use were compared using chi-squared test for categorical variables and Wilcoxon rank-sum test for continuous variables. Mean dose were compared using pairwise Wilcoxon rank-sum test after adjusting for multiple comparisons. RESULTS: Mean daily doses 2012 (group 2). The comparison of two groups, before CAP (group 1) and after CAP (group 2), was conducted by Student t-test one-tailed of the mean medicine prices (fitted values) from the nonlinear regression model. The main explanatory variable was cost (y in model). RESULTS: The list resulted in a selection of 29 medicines. Six medicines (PF) authorized, resulting on a public price cap (PMVG). There is no evidence of the efficiency, or the real need for this regulatory activity performed by CMED geared to the drug public acquisitions. The list resulted in a selection of 6 medicines. Fifteen (14) medicines had an average BPS price after CAP significantly lower or equal to the average BPS price before CAP (α ≤ 0.05). CONCLUSIONS: It is concluded that this CMED legislation is economic and socially efficient.

PIH7 IMPLEMENTATION OF AN COLLABORATIVE PHARMACY PRACTICE MODEL IN NURSING HOMES OF A SWISS CANTON: DRUG COST MONITORING BETWEEN 2009 AND 2012
Zeukeng M1, Niquille A2, Locca J2, Perussaud C3, Bugnon O1
1School of Pharmaceutical Sciences, University of Geneva, Lausanne, Switzerland, 2University of Lausanne, Lausanne, Switzerland, 3School of Pharmaceutical Sciences, University of Geneva, University of Lausanne, Lausanne, Switzerland

OBJECTIVES: The aging of the population and the increase of chronic disease patients represent the current medical and socio-economic challenges. In 2008, factoring in medicines cost containment issues in the canton of Vaud (Switzerland), professionals around the resident were invited to develop a collaborative pharmacy practice model derived from the successful experimentation in the canton of Fribourg. The intervention called Quality Circle promotes team based care and clinical guidelines. The model has shown sustainable evidence of the cost containment of medicines without affecting the quality of care. The objective of this study was to assess the first results of economic impact of the program in NH engaged between 2009 and 2012. METHODS: Individual data by NH resident was derived from community pharmacists’ invoice and from resident admission data. The evolution of the daily mean drug cost per resident was monitored until the daily mean drug cost of the population over 65 years old in primary care from cantonal pharmacy invoice (Swiss Health Observatory, OBSAN). RESULTS: Between 2009 and 2012, 13 NH were engaged into the program. Mean daily drug cost per resident dropped from 6.8 to 6.1 EUR, representing a relative reduction of 11% and an absolute decrease of 0.7 EUR that record an increase of 0.59%. CONCLUSIONS: The monitoring of the program shows first positive results due to the reduction of drug costs. Nevertheless, this model has an operating cost. The next step will be to determine the break point of the intervention.

PIH8 FDA CDX CATEGORY MEDICATION USE DURING PREGNANCY IN THE UNITED STATES
Raval A1, Pan X, Sambamoorthi U1
1University of Maryland, College Park, MD, USA

OBJECTIVES: To assess the patterns and factors associated with prescription of FDA classified C, D and X category drugs (unsafe medications) during pregnancy. METHODS: Cross-sectional analysis was conducted of pregnant women aged 20 and 49 years using data from the Medical Expenditure Panel Survey (MEPS) for the years 2009 and 2011. Differences in the demographic variables, socioeconomic status, access to health care, and chronic conditions were tested for the use of safe medications. All analyses accounted for the complex survey design of MEPS. RESULTS: The study sample consisted of 1630 pregnant women (whites [595 [36.8%]), married 924 [66.3%]), employed [918 [64.5%]), no chronic illness [1103 [68%]), A total of 413 [28.3%] women utilized medication of FDA category CDX. The use of the category C medication is 11.5% [95% CI 9.9%, 13.9%], and category X [6 [4.6%]). Women with chronic illness [adjusted Odds Ratio (aOR) = 1.61, 95% CI = 1.03, 2.52, P < 0.001], having fair or poor perceived health status (aOR = 1.59, 95% CI = 1.46, 1.73, P < 0.001), doing regular physical activity (aOR = 1.50, 95% CI = 1.12, 2.01, P < 0.001) were more likely to receive unsafe medication, while women with less than higher secondary education (OR = 0.30, 95% CI = 0.11, 0.81, P < 0.05), with near poor (aOR = 0.53, 95% CI = 0.31, 0.91, P < 0.05) or middle income (aOR = 0.62, 95% CI = 0.40, 0.96, P < 0.05), were less likely to receive unsafe medications. There were no differences rates of unsafe medications use by age, race, marital status, employment status, mental health, and smoking status. CONCLUSIONS: Nearly one in three of all pregnant women used in a category CDX drug. Further studies should be carried out to reduce utilization of FDA CDX especially among the women with chronic conditions and poor health status.

PIH9 EVALUATION OF PATIENT AND FINANCIAL OUTCOMES ASSOCIATED WITH ADVANCED INFERTILITY TREATMENT OPTIONS
Birnbaum H1, Niquille A1, Raval A2, Birnbaum H2, San Roman A1, Kiryu A1, Phillips A.L.1,2
1San Roman, A., Birnbaum, H., San Roman, A, 2Xcenda, Palm Harbor, FL, USA, 3Xcenda, Palm Harbor, FL, USA

OBJECTIVE: A model was designed to evaluate infertility treatment protocols and their impact to the medical and pharmacy budget impact from a patient and health plan perspective. METHODS: An Excel-based platform (Microsoft Excel 2010) was designed to model the cost and expected number of pregnancies associated with the treatment options. Model inputs included natural pregnancy conception (N), IUI, IUI with clomiphene citrate (IUI-C), IUI with gonadotropins (IUI-G), in vitro fertilization (IVF) and IVF with intracytoplasmic injection (ICSI). The model explored standard treatment options (N, IUI), in vitro fertilization options (IVF, ICSI), the combined model (N, IVF, ICSI), and scenario I (IUI, IUI-C, IUI-G, IVF, ICSI). The model projected the total cost to the health plan per year (health plan and pharmacy budget), resulting on a public price cap (PMVG). There is no evidence of the efficiency, or the real need for this regulatory activity performed by CMED geared to the drug public acquisitions. The list resulted in a selection of 6 medicines. Fifteen (14) medicines had an average BPS price after CAP significantly lower or equal to the average BPS price before CAP (α ≤ 0.05). In contrast, 47 medicines had an average BPS price after CAP significantly lower or equal to the average BPS price before CAP (α ≤ 0.05).: Results: Default model population of women initiating fertility treatment is 1,555. The total cost to the health plan per year (health plan