significant differences were found in adherence across age groups (p=0.04), genders (p=0.03), or races (p=0.06). CONCLUSIONS: Adherence to COPD maintenance medication was low among Medicare beneficiaries with COPD.

PRS49 THE EARLY IMPACT OF CLOSING THE COVERAGE GAP ON ANNUAL DRUG EXPENDITURES, OUT-OF-POCKET SPENDING, DRUG UTILIZATION, AND ACCESS TO PRESCRIPTION AMONG SENIORS WITH CHRONIC CONDITIONS

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OBJECTIVES: To measure the extent to which closing the coverage gap will affect drug utilization, access, and OOP spending among seniors with chronic diseases, including respiratory diseases (asthma or COPD), hypertension, hyperlipidemia, psychosis, depression, and diabetes. METHODS: A difference-in-difference-in-difference (DDD) analysis from 2008 to 2012 was used. RESULTS: The Medical Expenditure Panel Survey data indicate that closing the coverage gap had no significant impact on the disparities in annual drug expenditures, OOP spending, and total number of prescriptions between minorities and whites. However, it significantly increased the disparity in access to prescriptions for minorities and whites by 3.8 percent. The MCOs who excluded specialty drugs on formularies from 2008 to 2012 implied that closing the coverage gap had no significant impact on the disparities in OOP spending and total number of prescription drugs by 7.3 percent, and significantly decreased the disparity in access to prescriptions for by 7.3 percent, and significantly decreased the disparity in access to prescriptions for by 7.3 percent.

PRS50 REIMBURSEMENT AND PRESCRIBING IN EXCHANGE-BASED PLANS: HOW DOES FORMULARY GENERACY DIFFER FROM COMMERCIAL PLANS AND IS INDICATION A KEY FACTOR?

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OBJECTIVES: Decisions regarding formulary generacy of exchange-based plans have undoubtedly affected uptake of specific therapies at a time of guaranteed-issue coverage and out-of-pocket maximums. This study examined formulary decisions made by managed care organizations for exchange-based plans versus commercial plans, and assessed the impact of these decisions on brand prescribing for asthma, bipolar disorder, and multiple sclerosis, to discern differences between indications. METHODS: Surveys of 120 MCO pharmacy and medical directors, and 270 pulmonologists, psychiatrists, neurologists, and primary care physicians were conducted in 2014 and 2015 to determine formulary coverage on exchange-based plans, and the impact of this coverage on brand prescribing to patients covered by such plans. RESULTS: Some 41% of surveyed MCOs reported the formulations of their exchange-based plan and largest commercial plans to be distinct, the exchange-based plans of 52% of these respondents covered fewer brands overall. Furthermore, increased tier 3+ (non-preferred) coverage and/or exclusion of some first-line drugs/brand name drugs and emergent/priority benefits were noted by an average of 8%, 10%, and 0% of MCOs for asthma, bipolar disorder, and multiple sclerosis drugs, respectively. In response, surveyed physicians reported decreased prescribing of specific drugs, particularly those competing versus generics, that were available in a preferred/comparable or traditional commercial coverage. The greatest impact of less favorable exchange-based plan coverage on uptake was on bipolar disorder, where, for example Seroquel XR was prescribed to 8% of exchange-based plan patients versus 5% of commercial plan patients. CONCLUSIONS: Less generous reimbursement on exchange-based plans is evident, demonstrating desires by MCOs to limit costs on these plans. Consequently, there is increased prescribing of generics and preferred brands when available as higher-cost agents. Therapy areas with a number of cheaper options will be most affected, while specialty therapy areas will remain largely immune to this trend.

PRS51 RETURN ON INVESTMENT OF SMOKING CESSATION BENEFIT COMPARISON IN GUANGDONG, CHINA

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OBJECTIVES: Knowing the return-on-investment of smoking cessation (SC) is critical for policy makers to understand its economic benefit and implement effective SC intervention. The study sought to assess the return-on-investment (ROI) of smoking cessation in Guangdong, China and inform its economic benefit to policy makers. METHODS: A decision tree model was used to construct a tree model about ROI of SC benefit comparison was formed using SPSS 20.0. RESULTS: The study aimed to evaluate the level of disease state knowledge among tuberculosis patients. METHODS: A questionnaire based cross-sectional study was carried out among patients with TB in Fatima Jinnah chest hospital Quetta. Data was collected by a pre-tested structured questionnaire that contain twenty two (22) regarding information related to TB (including etiology, symptoms, transmission, diagnosis and treatment). Descriptive statistics was used to present the data. Inferential statistics was used to evaluate the relationship among study variables. All analyses were performed using SPSS 20.0. RESULTS: Majority (60.0%) of the study patients were female and belong to age group of 22 to 31 years (24.28%). Majority (41.4%) of the respondents were illiterate and had received religious education(31.4%). The mean knowledge score was 2.03 ± 3.6 which is categorized as poor knowledge and posters/brochures and other printed material was found to be the most used source of disease related information. Demographic characteristic was influencing the mean knowledge scores. CONCLUSIONS: The study concluded that the TB patients had poor disease state knowledge. Efforts should be made to educate the patients regardless to the demographic characteristics, so that better disease control and further spread of infection would be prevented.

SENSORY SYSTEMS DISORDERS – Clinical Outcomes Studies

PRS55 RATE OF ADVERSE EVENT-RELATED TREATMENT CHANGES AND HEALTHCARE COSTS ASSOCIATED WITH TOPICAL ROSACEA TREATMENT

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OBJECTIVE: The presence of adverse events (AEs) associated with topical rosacea agents may lead to a lack of treatment adherence. Previous studies have reported low adherence rates among treated rosacea patients. This study describes the rate of treatment changes due to AEs and associated healthcare costs among rosacea patients receiving a topical therapy. METHODS: Patients diagnosed with rosacea (EC3) at participating dermatology practices in the southeastern United States were enrolled from January 2009 to October 2013. Data were collected through a web-based data collection platform. Analysis was performed using SAS 9.3. RESULTS: A total of 1,214 patients with rosacea were randomized to receive either tretinoin or azelaic acid, sodium sulfacetamide/sulfur, benzoyl peroxide once between 1/2009 and 10/2013 were identified from MarketScan databases. Patients were required to be continuously enrolled in an MCO for at least 3 months pre- and ≥3 months post-treatment and without evidence of oral antibiotic or rosacea conjunctivitis during the study period. An AE was defined as a treatment switch within 2 weeks or medical claim with an AE diagnosis code. Persistence was defined as completing ≥80% of the index drug formulation within 1.5 times the days’ supply of the prior prescription. Rate of AEs, treatment patterns, and healthcare costs were evaluated in the post-index period. RESULTS: This analysis included 462,759 patients. The mean ages for 54 years and 25-54 years were metronidazole (77.2%) was the most common treatment and the predominate formulation was gel.