vious simulation models have shown the Rx-to-OTC switch of loratadine to be cost-effective. The purpose of this research is to empirically assess the overall impact of the Rx-to-OTC switch of loratadine as well as the specific impact of different pharmacy benefit structures on prescription drug utilization and cost in a variety of plan sponsors. METHODS: Data from a national pharmacy benefit management organization covering 27 million lives throughout the US were used. The analysis included a comparison of the difference in prescription utilization and cost for the 12-months after a change in prescription benefits for second-generation antihistamines (SGA) due to OTC loratadine compared to 12-months before for plan sponsors that instituted no change, moved SGA to the 3rd-tier and restricted SGA benefits through prior authorization requirement. Change in utilization and cost of medications for allergic rhinitis (AR), asthma, respiratory infections and all classes combined was examined. Multivariate regression analysis was used to control for differences across study groups. RESULTS: There was a substantial decrease in utilization and cost of all prescription drugs and combinations of drug classes. AR patients facing restricted prescription benefits for SGA did not appear to increase utilization of other AR medications or other medications used to treat comorbid conditions such as asthma, sinusitis and otitis media. CONCLUSIONS: Utilization and cost decreased substantially for all types of medications and all pharmacy benefit structures. Future studies need to examine the impact of the Rx-to-OTC switch of loratadine and resultant prescription benefit policies on medical utilization and OTC antihistamine utilization.

**PAL2**

**PATIENT PERCEPTIONS REGARDING THE USE OF OVER-THE-COUNTER CLARITIN**

**Naik KV, Sullivan P**

University of Colorado, Denver, CO, USA

OBJECTIVE: To examine patient perceptions regarding medication efficacy, safety and cost of using over-the-counter (OTC) Claritin and its impact on work related productivity. METHODS: A web-based survey was administered to employees of a large University via a voluntary-based e-mail list. Survey items included the choice of medication used by individuals prior to and following the availability of OTC Claritin, perceptions of efficacy, symptom control, cost and safety of OTC Claritin as well as perceptions of work related productivity. Bivariate comparisons using chi square analysis were used to describe the study results. RESULTS: Sample consisted of 221 respondents of which 19% were either taking a prescription medication or nasal spray, other OTC medications, both a prescription and OTC medications, other medications used to treat comorbid conditions such as asthma, sinusitis and otitis media. CONCLUSIONS: Utilization and cost decreased substantially for all types of medications and all pharmacy benefit structures. Further research is needed to examine the indirect impact of OTC Claritin on presenteeism and absenteeism.

**PAL3**

**WILLINGNESS TO PAY FOR INTRANASAL CORTICOSTEROID THERAPY: THE IMPORTANCE OF SENSORY ATTRIBUTES**

**Kleinman L1, Shah SR2, Mahadevia PJ3, O'Dowd L4, Leibman C4**

1MEDTAP International, Inc, Seattle, WA, USA; 2Collegeville Professional Center, Collegeville, PA, USA; 3AMGEN, Inc, Washington, DC, USA; 4AstraZeneca LP, Wilmington, DE, USA

OBJECTIVES: Patients’ willingness to pay (WTP) for intranasal corticosteroid (INS) products was evaluated. METHODS: One hundred twenty patients with allergic rhinitis were recruited from four US allergy/immunology clinics. Participants chose between hypothetical INSs differing in degree across six attributes (smell, taste, aftertaste, throat rundown, nose runout, and feel of spray) and monthly co-pays ($15, $30, and $50). Attributes were defined in three levels (strong, weak, and none). Strength of preference was measured as marginal WTP to avoid higher-degree levels. RESULTS: Patients were willing to pay $11 (95% confidence interval [CI]; $9 to $13) per month to avoid strong smell over no smell, $12 (95% CI; $10 to $14) to avoid strong taste over no taste, $20 (95% CI; $18 to $22) to avoid strong aftertaste over no aftertaste, $10 (95% CI; $9 to $12) to avoid excess throat rundown over no throat rundown, $11 (95% CI; $9 to $13) to avoid excess nose runout over no nose runout, and $6 (95% CI; $4 to $8) per month to avoid dry spray over moist spray. When moderate to low levels were compared, aftertaste, throat rundown, and nose runout were still associated with a significant WTP. Income level was not associated with changes in WTP except for throat rundown. Patients with an income >$80,000 were willing to pay more to avoid excess throat rundown than those with an income <$0,000. CONCLUSIONS: Patients are willing to pay for an INS with favorable sensory attributes.

**ARTHRITIS—Osteoarthritis**

**PAR1**

**COX-2 USE IN THE POST-ROFECOXIB ERA**

**Gallagher TC1, Patel BV2, Leslie RS1, Stolley S1, Szczotka A1, Fendrick AM2, Berenbeim DM3**

1MedImpact HealthCare Systems, Inc, San Diego, CA, USA; 2The University of Michigan Health System, Ann Arbor, MI, USA

OBJECTIVE: In September, 2004, rofecoxib was withdrawn from the market due to cardiovascular safety concerns, and concerns have been raised about the cardiovascular safety of other Cox-2s. This study identifies the characteristics of Cox-2 users in the six months preceding rofecoxib withdrawal and tracks the NSAID utilization of this cohort by cardiovascular risk and other characteristics. METHODS: Pharmacy claims from a large, private pharmacy benefit management firm were analyzed. Individuals with a claim for any Cox-2 inhibitor in the 180 days prior to rofecoxib withdrawal were identified, and their cardiovascular risk assessed on a surrogate measure based on pharmacy claims. Subsequent NSAID utilization of this cohort was tracked through December, 2004 and through mid-2005. RESULTS: Over 130,000 Cox-2 users were identified in the six months prior to rofecoxib withdrawal. Thirty-four percent were male, 31% age 65 or older, and 31% had a pharmaceutical marker suggesting cardiovascular risk. In the three months following rofecoxib withdrawal, 50% of Cox-2 users had a claim for an NSAID (Cox-2 or non-selective NSAID), and individuals with CV risk were more likely than those at lower risk to have an NSAID claim (57% vs. 47%, p < 0.0001). Of those with an