oxybutinin treatment and were switched to TER. HRQoL data were collected through the symptom bother subscale of the OABq questionnaire which was administered at three different time points: before (M0) and after 3 (M3) and 12 Months or more (M12) of TER treatment. Efficacy and tolerability of TER treatment were also investigated. RESULTS: A total of 168 patient questionnaires of M3 and 93 of M12 were compared to baseline questionnaires (M0). The average age (±SD) was 59 (±16.9), patients were mainly female (70%). The mean total score (±SD) of the OAB-q subscale decreased from 29.13 (±9.12) to 18.16 (±7.53) at M3 and to 17.14 (±7.01) at M12 (p < 0.001) compared to baseline oxybutinin treatment, exceeding the “Minimally Important Difference” of 10 points. All individual OAB-q symptom bother items showed an improvement with the highest impact on micturition frequency (27% at M3, 30% at M12) and uncomfortable/sudden urge to urinate (28% at M3, 30% at M12) (p < 0.001). The % of patients reporting improvement in the treatment related adverse events such as memory, vertigo, constipation and dry mouth further increased from M3 to M12 compared to baseline oxybutinin treatment, with the most pronounced improvement for dry mouth: 58% at M3, 61% at M12 (p < 0.001). CONCLUSION: The data presented in this real life study show that TER improved the Health Related Quality of Life of patients with a neurogenic OAB. Based upon these results the reimbursement of TER was maintained in Belgium.

ILLNESS REPRESENTATIONS IN RENAL TRANSPLANT RECIPIENTS
Valdés C, Moreno D, Ortega T, Ortega F
Hospital Universitario Central de Asturias, Oviedo, Spain
OBJECTIVES: Renal replacement therapy gives rise to range of beliefs and problems. In order to make sense of and respond to the illness, patients create their own representations of their illness. These can including doubts or false beliefs about the illness, treatment benefits, and compliance. Different representations have different effects on clinical outcomes, since they are modulating the relationship between the patient and the illness. The aims of this study were, 1) to explore the illness representations and the relationship with the Health Related Quality of Life (HRQoL), anxiety and depression; 2) to identify patient characteristics and factors can influence them. METHODS: This is a cross-sectional study with 200 randomized transplant recipients with different time since transplant. Illness representations were evaluated using The Revised Illness Perception Questionnaire, the HRQoL using the SF-36 Health Survey and patients also answered Hospital Anxiety and Depression scale (HADS). A comorbidity index, sociodemographic and clinical data were also collected. RESULTS: There are previous results of the first 30 patients with at least six months since transplant and the maximum eighteen months. Higher hospital admissions, higher comorbidity, and lower hemoglobin and haematocrit levels have negative influence on their representations (p < 0.05). On the other hand illness representations were correlated with the mental aspects of the HRQoL (p < 0.05), but not with the physical. To have hereditary renal disease, not to assume the illness as a chronic, to report higher negative consequences in the diary life by it, and to perceive lower personal control about the illness, were correlated with higher anxiety and depression (p < 0.05). CONCLUSION: Patients’ beliefs are likely to have an important impact on their adjustment to their illness. To identify those patients with false or negative beliefs is necessary in order to avoid lower HRQoL, anxiety, depression, and behaviours such as noncompliance with immunosuppressants, major cause of renal transplant failure in younger people.

HEALTH CARE DECISIONS USING OUTCOMES RESEARCH CASE STUDIES

 UTILIZING AN INTERNET-BASED SYSTEM TO DELIVER A PHARMACY-CENTRIC ALERT AND INTERVENTION IN A MANAGED CARE SETTING
Fazio J, Orr G, Singal R
WorldDoc, Las Vegas, NV, USA
ORGANIZATION: Medicare Advantage–Prescription Drug Program Provider. PROBLEM OR ISSUE ADDRESSED: Medicare beneficiaries with Part-D coverage were consistently reaching their gap in coverage early in the plan year resulting in poor medication adherence, persistence and treatment outcomes. GOALS: The organization hoped to improve the cost-effectiveness of the drug selection choices made by the member and physician. The organization encouraged its members to utilize lower cost generic medications to help lower costs and avoid their coverage gap. OUTCOMES ITEMS USED IN THE DECISION: Adherence and persistence data and evidence from other pharmacy-based programs extracted from the literature was used to determine that the main outcome measure objectives were to be improved generic utilization, no decrease in essential maintenance medications, and decreased gross costs per member per month. IMPLEMENTATION STRATEGY: An internet-based pharmacy therapy quality assurance system was built to identify members that were expected to reach their coverage gap within the plan year. The members’ profiles were reviewed by the pharmacist for lower cost therapeutic alternative generic medications. The members were sent a letter (and possibly their physician) about available drug alternatives. RESULTS: •16.3% increased generic utilization vs. 6.8% increase in control group •2.9% decreased essential medication PMPM vs. 3.8% decrease in control group •4.5% decrease in gross cost PMPM vs. 5.0% increase in control group LESSONS LEARNED: That a pharmacist-driven, internet-based intervention can improve cost-effective drug therapy. However, the amount of efficient spending is dependent upon the efficiency in which the program is delivered. Greater efficiencies will need to be considered for broader population exposure.

ISSUES WHEN COMPARING COSTS AND EFFECTS OF INHALED ASTHMA AND COPD MEDICATIONS
Engstrom A1, Hugosson K2
1LFN Pharmaceutical Benefits Board, Solna, Sweden; 2Pharmaceutical Benefits Board, Solna, Sweden
ORGANIZATION: The Pharmaceutical Benefits Board in Sweden (LFN) PROBLEM OR ISSUE ADDRESSED: The LFN is in the process of reviewing the reimbursement status of all pharmaceuticals. The reviews are done by therapeutic area (based primarily on ATC3-codes). This is done in order to ensure that all products used are cost-effective and fulfill the criteria for reimbursement. GOALS: To assess the cost-effectiveness of the drugs used to treat asthma and COPD and to reach a decision on the continued reimbursement status of these products. The inhaled medications used for treating asthma and COPD (steroids, beta-agonists and combinations) are a major part of this therapeutic area. OUTCOMES ITEMS USED IN THE DECISION: The