OBJECTIVES: Regulatory policies, including economic incentivization through patent extensions, have been implemented to stimulate pediatric research; however, disparity exists for the neonatal subpopulation. This analysis was conducted to identify the availability of neonate-specific data for frequently used medications in Neonatal Intensive Care Units (NICUs) and to determine the extent to which pediatri- cian prescribing patterns and cost were measured across each time period. A search was conducted utilizing the FDA Labels database to identify all FDA-approved NDA, BLA and ANDAs from 01/01/1980 to 08/31/2013 searching for the terms “neonate,” “newborn” and “infant” presented in any of the following label sections: “Indication and Usage,” “Dosage and Administration” and “Pediatric Use.” The results were cross-referenced with a recently published list of 100 frequently prescribed drugs in NICUs and drugs granted pediatric exclusivity by the FDA as of August 31, 2013. RESULTS: A total of 737 unique labels for 110 distinct drugs were identified (including 18 combination products and 15 modified versions of previ- ously marketed drugs). “Newborn” was identified in 450 labels; “infant” in 414 labels and “neonate” in 148 labels. More than one-third of these drugs were identified only. Only 19% of drugs frequently used in NICUs mentioned neonates, newborns or infants on their labels. Mention of neonates, newborns or infants occurred in 4.5% (n=9) of the drugs with pediatric exclusivity, while 8.7% (n=17) of drugs granted pediatric exclu- sivity did not. CONCLUSIONS: Despite regulatory incentives, a paucity of neonatal drug data exist for drugs frequently used in NICUs. Our data suggest that pediatric exclusivity did not yield sufficient neonatal data.

PIH57
IMPACT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT CONTRACEPTIVE COVERAGE MANDATE ON UTILIZATION OF REFILLABLE AND LONG-ACTING REVERSIBLE CONTRACEPTIVES
Vlahiotis A1, Tian Y1, Iyengar R2
1Express Scripts, St. Louis, MO, USA, 2Express Scripts Holding Company, St. Louis, MO, USA
OBJECTIVES: One provision of the Patient Protection and Affordable Care Act (PPACA) requires insurance plans to make prescription contraceptives available without cost. OBJECTIVES: To evaluate long-term trends in contraceptive use from before PPACA implementation through 2013. The incidence of LARC use increased substantially (44.4% from 0.50% to 2.25% at the time of prescription. The effect of antibiotic prescription on the length of stay, antibiotic use in these cases also lead to increase in antibiotic resistance. There is a

PIH58
THE RATIONALE OF EARLY PRESCRIPTION OF ANTIBIOTICS IN ORGANOPHOSPHORUS POISONING PATIENTS
Frydman A1, Nagappa AN2, Varma M3, KE4, Prabhui NN1, Rahim AA1
1Manipal University, Manipal, India, 2Department of Pharmacy Management, Manipal College of Pharmaceutical Sciences, Manipal University, Manipal, India
OBJECTIVES: To study the rationale of early prescription of antibiotics in cases of patients with Organophosphorus poisoning. METHODS: In this study patients admitted to the ICU due to organophosphorus poisoning during a six-month period were included. Patients were grouped into group-A and group-B on the basis of antibiotics prescribed and not prescribed respectively. The prescription of antibiotics was classified as prophylactic, empirical and definitive depending on the time of prescription. The effect of antibiotic prescription on the length of stay, cost and clinical outcome was observed. The cost of treatment was obtained from the finance department of the hospital. The length of stay and cost of treatment for the two groups were compared using the non-parametric Mann-Whitney U test. RESULTS: There were 54 patients categorized in three groups according to the severity of poisoning as mild (22%), moderate (48%) and severe (30%). Antibiotics were prescribed for 74.07% of the patients. Prophylactic antibiotics were prescribed in 55.41% of the patients. The majority of cases were included in group-B and for group-B patients was INR 27,225 (p=0.001). The median length of stay for group-A and group-B was 14 days and 10 days respectively (p=0.011). The median cost of treatment for moderate/severe patients prescribed with pro- phylactic antibiotics was INR 74595.6 as compared to INR 30,902 for moderately poisoned patients of group-B (p<0.05). CONCLUSIONS: Early prescription of anti- biotics without any evidence of infection in case of organophosphorus poisoning patients is justified from the point of view of early treatment cost and time of treatment. The results were based on data of 60 patients. More than half (56%) were males and 50% were aged between 60–69 years with a mean average age of 69 years. Mean number of diagnoses and medications were two and nine, respectively. A total of 18 (30%) patients were prescribed with at least 1 PIM according to STOP criteria. Most commonly prescribed PIMs were systemic corticosteroids (29%) followed by valproic acid (12%). On multivariate regression, important predictors for PIM prescribing were found to be polypharmacy, number of diagnoses.

CONCLUSIONS: The results show that PIMs prescribing is high in Indian elderly patients STOP and START criteria, it is more effective in identifying the PIMs. This study is ongoing and we will present the data up to 250 patients before the presentation.

PIH60
EVALUATING FRACTURE-RELATED EXPENSES AND HEALTH CARE RESOURCE UTILIZATION AMONG POST-MENOPAUSAL WOMEN IN THE U.S. MEDICARE POPULATION
Kie T1, Keshishian A1, Wang Y1, Raser O2
1STATinMED Research, Ann Arbor, MI, USA, 2STATinMED Research, The University of Michigan, Ann Arbor, MI, USA
OBJECTIVES: To evaluate fracture-related expenses and health care resource utilization among post-menopausal women in the U.S. Medicare population. METHODS: Female patients diagnosed with fractures (International Classification of Disease, 9th Revision, Code [ICD-9] codes: 733.12-.16, 810.0, 810.2, 810.4, 810.5, 808.0, 808.8, 810.8, 811.0, 812.0, 812.2, 812.4, 813.3, 813.2, 813.4, 813.8, 814.0, 820.0, 820.2, 820.8, 821.0, 821.2, 823.2, 823.4, 823.8) were identified using the U.S. Medicare data from 01/01/2008 through 12/31/2008. The initial diagnosis date was designated as the index date. A control cohort that included patients without fractures of the same age, race, region and baseline Charlson Comorbidity Index score was created. The index date for the control cohort was randomly assigned to minimize selection bias. Patients in both cohorts were required to be age ≥50 years, with continuous medical and pharmaceutical benefits for 1-year pre- and post-index date. Propensity score matching (PSM) was used to compare health care costs and utiliza- tions during the follow-up period. RESULTS: Before matching (n=80,516), fracture patients were more likely to be white (71.2% vs. 46.2%), reside in the South U.S. region (39.2% vs. 34.1%) and have chronic obstructive pulmonary disease (26.7% vs. 21.3%). After 1:1 PSM, a total of 22,089 patients with proportionate baseline characteristics were included in each cohort. Patients in the fracture cohort had higher propor- tions of patients staying (31.0% vs. 8.1%, p<0.0001), emergency room (ER, 47.0% vs. 15.4%, p<0.0001), physician office visit (73.6% vs. 47.3%, p<0.0001) and outpatient visits (89.8% vs. 56.1%, p<0.0001). Higher healthcare utilization was translated to higher costs for post-menopausal fracture patients than for controls, including long-term care ($919 vs. $7,212, p<0.0001), physician office visit ($428 vs. $293, p<0.0001) and total costs ($17,698 vs. $13,032, p<0.0001). CONCLUSIONS: Post-menopausal women with fractures had significant health care resource utilization and expenses compared to those without fractures.

PIH61
EVALUATION OF THE POTENTIAL IMPACT OF DRUG-GENE INTERACTION RISK (DGI) ON HEALTH RESOURCE UTILIZATION (HRU)
Bressa A1, Unni S1, Bilajti F1, Saas RS1, Mamiya T1, Ye X1, Yu B1, Biskupiak JE1, Briner DI1
1University of Utah, Salt Lake City, UT, USA, 2Genentech, Inc, Seattle, WA, USA
OBJECTIVES: To assess the relationship between DGI and HRU in elderly patients to evaluate potential benefit from pharmacogenetic testing. METHODS: A retrospective cohort of patients age ≥65 years was identified through Inovation’s MORE2 registry with continuous enrollment, taking ≥3 prescription medications (July 1, 2012 - March 31, 2013) and on ≥1 drug metabolized by a polymorphic drug metabolizing enzyme. Patients were stratified into zero, low, medium, and high DGI groups via a diagnostic test (Genexol YouxscapeIT). Counts of HRU during 9 months follow-up post index-date (date of first claim for ≥1 drugs with pharmaco- genic implications) included all-cause hospitalizations, emergency-room and clinic visits. Poisson regression was used to test the association between DGI and HRU counts. The model was adjusted for age, gender, race, Charlson Comorbidity Index (CCI) and number of drug-drug interactions. RESULTS: A total of 352,295 patients met study criteria. There was no difference between DGI groups according to gender or age. The median DGI score was 8.7% [IQR 2.3%-44.4%]. There were 59,559 (23.6%) with a DGI score of zero, 82,224 (32.6%) with low risk (0.0%-20%), 33,139 (13.3%) with medium risk (21.0%-40%) and 88,109 (34.6%) with high risk (41.0%-100%). Multivariate analysis revealed that the low and medium DGI groups were associated with a 9% (95%CI 8.4 to 9.7, p<0.0001), and 8% (95%CI 7.7 to 9.2, p<0.0001) increase in the rate of HRU, compared to zero risk. CONCLUSIONS: Among elderly patients, low and medium DGI groups were associated with increased rates of HRU. In contrast, high DGI group was associated with lower HRU rates. This may be explained by a time-dependent effect of changing DGI as a result of medication changes over time.