label, prospective study was conducted among 208 COPD patients who were admitted to a tertiary care teaching hospital in south India after obtaining ethical clearance. Demographics, medication adherence and quality of life of the patients were measured using Morisky scale (Adherence) & St. George Respiratory Questionnaire (HRQoL). Statistical analyses were performed using SPSS® version 20. RESULTS: Mean age of the study population (n=208) was 58.42±9.72 (Males =93.5%). After the drug treatment, males showed statistically significant (p < 0.05) improvement in pulmonary function, medication adherence and HRQoL scores. Literate patients had a significantly higher improvement in Medication Adherence and HRQoL than illiterate patients. CONCLUSIONS: The results of the study suggest that demographic factors were independently associated with outcomes in COPD patients.

PRS44
AN EVALUATION OF SMOKERS’ PREFERENCE FOR CHARACTERISTICS OF TOBACCO CESSATION MEDICATIONS: A WILLINGNESS TO PAY APPROACH

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OBJECTIVES: Tobacco smoking is the leading cause of preventable morbidity and mortality in the United States, and smoking cessation has multiple health benefits. The purpose of this study was to assess cigarette smokers’ preference towards characteristics of tobacco cessation medications using a Willingness-to-Pay approach. METHODS: Data from the 2008 HealthStyles Survey, a mail-back prob- able and probability sample, were used. A total of 3,315 adults aged 18 years and older were assessed using national and survey sample weights. The survey was calculated overall and by sociodemographic and smoking behavior characteristics. Multivariate Probit regression analysis was used to evaluate smokers’ willingness to pay in relation to predictors of three cessation medication attributes: convenience of use, over-the-counter availability, and efficiency to help quit. All models controlled for sociodemographic characteristics, smoking behavior characteristics, and U.S. region fixed effects. RESULTS: Approximately 68.4% of current cigarette smokers reported being interested in quitting. Among the individuals, 45.6% indicated that they were interested in using cessation medications, and of these, 47.3% indicated that they were willing to pay $150 or more out-of-pocket for these medications. Convenience of use and the effectiveness of these medications to help quit were positively associated with current smokers’ willingness to pay for $100 or more (p<0.05); however, no association was observed for over-the-counter availability. Self-reported exposure to telephone quitline advertisements was also positively associated with willingness to pay. CONCLUSIONS: Approximately 68% of current smokers are interested in quitting and about half of those smokers interested in quitting are also interested in using cessation medications. Convenience of use and effectiveness of these medications are important to smokers with quit intentions. Understanding these preferences may help inform efforts to increase access and utilization of cessation medications.

RESPIRATORY-RELATED DISORDERS - HEALTH CARE USE & POLICY STUDIES

PRS45
DESCRIBING TREATMENT PATTERNS IN ADOLESCENTS AND ADULTS WITH ALLERGIC ASTHMA

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OBJECTIVES: Allergic asthma (AA) patients comprise over 93% of severe/difficult to treat cases in the US and patients face a life-long treatment course. A dearth of real world information exists on the use of effective and approved treatments, particularly among adolescents. This study examined treatment medications for AA patients and incorporated treatment intensity (HighTx), consistent with NHLBI treatment guidance (steps 5-6), as a severity proxy. METHODS: This retrospective, observational study used MarketScan claims to identify newly diagnosed AA patients (10/2009 – 9/2012). Two cohorts were established: adolescents (12-17); adults (18-64). Index was the date of first AA diagnosis. Continuous enrollment was required for 12 months before and after index. Demographics and comorbidity measures were measured at baseline. Asthma medication use was observed in the 12 months after index. HighTx was characterized for patients with high dose inhaled corticosteroid/long-acting beta agonist (ICS/LABA) combination treatment and having > 30 days supply in any continuous treatment period in 12 months after the index. RESULTS: Gender distribution differed across age cohorts: adolescents: >50% female, adults: >65% male). Acute illness drove comorbidity burden: more adolescents received acute respiratory treatments (56.2% vs. 32.1% adults) and more adults reflected acute sinusitis (20.6% vs. 25.2% adult). Treatment patterns (full sample): more adolescents received short-acting beta agonist (35.5% vs. 30.2% adult); ICS/LABA was used by 20.8% adolescents and 30.3% adults and monoclonal antibod- ies (0.3% vs. 1.1% adults). Treatment pattern (HighTx): more patients received ICS/LABA (adolescents 98%; adults 99.3%); days on therapy did not exceed 160 (ICS/LABA) for either HighTx age cohort. Twice as many HighTx adults received monoclonal antibodies as adolescents (2.5% vs. 5.1% adults). CONCLUSIONS: In light of similar disease burden, AA diagnosis, and availability of effective treat- ments, fewer AA adolescents received targeted therapies than adults. This disparity highlights the opportunity to incorporate targeted therapies as a treatment option, particularly for adolescents.

PRS46
IMPROVED HEALTH CARE OUTCOMES AND COST SAVINGS FOR ASTHMA THROUGH TARGETED HOME INTERVENTIONS

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OBJECTIVES: Studies have demonstrated the importance of the environment both on the development of asthma and on exacerbation of asthma symptoms in those who have been diagnosed with the disease. The goal of this project was to pro- vide in-home asthma services that covered both self-management education and home environmental interventions for children diagnosed with asthma living in Section 8 Multi-family Housing. METHODS: This HUD-funded project consisted of 3-4 home visits by a pediatric nurse over a one-year period (baseline visit; a visit to deliver allergen-reducing products if needed; and 6 and 12-month follow-ups by phone or in-home visit). Data was collected on asthma status, home-related quality and asthma-related health care service utilization (hospitals, ED and office visits) and school and/or work absences due to asthma. Data analysis was completed using SAS v9.3. RESULTS: 219 children from 161 income families were enrolled from five participating local public health agencies. Study participants were urban, low-income, minority children living in the metropolitan area. The low cost interventions provided, resulted in significant increases in the proportion of enrollees experiencing minimal to no daytime and nighttime symptom burden and functional limitations at the 12-month follow-up (p<0.05). Overall health care service use declined. There was a significant reduction in school days missed (p<0.05), the equivalent of 5 school days per child per year. The average cost per family of interventions, was $424 (e.g. mattress and pillow encasements, HEPA vacuum cleaners, air purifiers). Program administra- tive costs (including reimbursement costs, travel and exit interviews documentation). CONCLUSIONS: This study provided additional support for the usefulness and success of providing home interventions for low income children who have asthma. The most expensive intervention was home based asthma care services, which resulted in the largest improvements in HRQoL, decreased health care service utilization, increased school attendance and a positive return on investment.

PRS47
THE EFFECT OF INTRODUCTION OF GENERIC DRUGS ON PATIENTS’ ACCESS TO PHARMACEUTICALS IN HUNGARY

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OBJECTIVES: The aim of our study was to analyze the generic competition of medica- tions containing the active substance montelukast sodium and to examine the cost-containment methods of the Hungarian National Health Insurance Fund Administration. METHODS: Data derived from the nationwide pharmacoeconomic database of Hungarian National Health Insurance Fund Administration (2007-2013). We investigate turnover and usage of the medications containing the active sub- stance montelukast sodium. Accordingly our indicators were: consumer price, social insurance subsidy, patients’ co-payment and defined daily dose (DDD). RESULTS: The price of Singulair 10 mg tablets was $22 USD in October 2011, when the generics started and, it was reduced to 10 USD by the end of 2013. The generics started with a price 40% lower (for example Montelukast Teva 10 mg tablets: 19 USD, Eonic 10 mg tablets: 17 USD, Montelukast Sandoz 10 mg tablets: 19 USD), their price was reduced by $7 by the end of 2013. For example: Singulair tablets: 5.2 USD, Eonic 10 mg tablets: 5.8 USD, Montelukast Sandoz 10 mg tablets: 5.5 USD. The DOT increased gradually: In 2007 it was 1.7 million days, in 2010 6.3 million days and in 2013 9.1 million days. The social insurance subsidy was 9.2 million USD in 2010. It reached its peak in 2011 (10.5 million USD), in 2012 it was reduced to 7 million USD, in 2013 to 4.1 million USD, in all it is a setback of 6.4 million USD. CONCLUSIONS: Following the introduction of generic drugs, the price of the medication containing montelukast sodium was significantly reduced. The annually health insurance subsidy was significantly reduced as well, while the DOT increased. The patients’ access to drugs containing montelukast sodium increased significantly.

PRS48
ADHERENCE TO CHRONIC OBSTRUCTIVE PULMONARY DISEASE MAINTENANCE MEDICATION AMONG PATIENTS WITH COPD

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OBJECTIVES: Chronic obstructive pulmonary disease (COPD) is one of the most common lung diseases. COPD prevalence among US adults was estimated to be 15 million or 6.3 percent of the total population in 2011. Nonadherence to COPD maintenance medications has been reported to be associated with more hospitaliza- tions, higher mortality and lower quality of life. This study examined COPD mainte- nance medication adherence among Medicare beneficiaries with COPD. METHODS: An observational, retrospective cohort study was conducted using 2007 and 2008 Medicare Current Beneficiary Survey (MCBS) data. Sample inclusion criteria were being diagnosed with COPD and having at least two Medicare Part D claims. Medication adherence was measured by calculating proportion of days covered (PDC). PDC was calculated as the number of days with COPD maintenance medica- tion supply during the study period divided by the number of days in the study period, index dates, which were defined as the first date COPD medication medica- tion fill in 2007. A dichotomous variable was used to determine adherence status. Individuals with PDCs of 0.80 or greater were considered adherent and individuals with PDCs less than 0.80 were considered nonadherent. Logistic regressions were used to examine associations between demographic variables and medication adherence. RESULTS: A total of 292 beneficiaries fulfilled sample selection criteria and were included in the analysis. Of mean age 68 years, 75% of the sample were < 75 years old and 11 percent were 85 years or older. The sample was predominantly female (60%) and white (85%). The meanstandard deviation PDC was 0.69±0.24. More than half (59%) of the Medicare benefactors had PDC of less than 0.80 and were classified as nonadherent to their COPD maintenance medications. No sig-