diagnosis (2003-2011) and months of drug purchases (2010-2011) were compared by month of birth. The diagnosis and treatment were determined for the various sub-cohorts, and population sector differences were compared. RESULTS: Of total population (400,828 children, 51% male), 40467 (10.1%) were diagnosed with ADHD and 33188 (8.3%) were treated (usually methylphenidate). Diagnosis levels for younger children (10.5%) were lower than older children (12.0% - 12.2%).RESULTS: We identified 12,791 women and 8,417 men who were pregnant, of whom 9,289 (72%) were non-Adolescents (1,512; 11.2%). Prior to idx = 0, OR = 0.73 p < 0.01. CONCLUSIONS: We test the hypothesis that pharmacists with fewer barriers provide fewer APA to FLWHi, using generalized linear modeling (GLM). We use factor analysis to generate the APA index based on 38 APA (e.g., adherence assessment, customized interventions, monitoring activities). RESULTS: We surveyed 225 pharmacists from 41 U.S. states: (22% North East; 23% Midwest; 28% West; 27% South). The sample was mostly female (63%) Caucasian (66%), and > 30 years (67%). Most pharmacists had a HIV certification (68%), 31% worked in specialty-only and 21% in traditional-only pharmacies. Only 26% of pharmacists reported APA-related reimbursments. Despite most pharmacists (95%) reporting > 5 barriers, the barriers index odds ratio (OR) was insignificant (OR: 1.007, p = .774). Insurance status [public vs. none (OR: 1.76 (p = .052)] and private vs. none (OR: 1.90 (p < .001)] and treatment type (specialty vs. traditional OR: 2.24 (p < .001)] and HIV certification vs. none (OR: 3.65; p < .001) were significant predictors of APA. Interestingly, the OR of high volume (> 500 scripts/day) was significant at only 10% level (OR: 1.072, p = .03). CONCLUSIONS: We find that choice of pharmacy largely determines FLWH access to adherence promotion services from certified pharmacists. Our finding that pharmacies that invest in HIV certification training are more likely to have higher levels of APA. Other implications for the pharmacy layers interested in adherence promotion as a cost containment strategy. Despite lack of reimbursement for adherence promotion, many pharmacists are providing these important services to FLWHi.

PHS98
SPECIALTY PHARMACY MEDICATION COMPLIANCE AND PERSISTENCE PROGRAMS FOR PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION D’Albini L, Tian Y, Raspa S, Drake W
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OBJECTIVES: Past experience using third party vendors to administer clinical programs for patients with chronic, progressive conditions resulted in low opt-in rates. A direct approach using the Specialty Pharmacy (SP) may have a better opt-in rate and compliance and persistence (C&P) with medication regimens. The objective of this interventional program administered by a specialty pharmacy (SP) [Actelion Specialty Pharmacy, Memphis, TN] was to evaluate a C&P program for bosentan (Actelion Pharmaceuticals Ltd., Allschwil, Switzerland) by comparing Pulmonary Arterial Hypertension (PAH) patients in the C&P program to a historical control group. METHODS: A pharmacist-based C&P program was administered directly by the SP that provided the medication and counseling, and patients were initially ranked using Morisky medication adherence scale to assess risk of non-adherence. Retrospective analysis was performed to measure program opt-in rate and C&P. Claims from a historical group (controls) and from the intervention group (cases) that received the SP-based C&P program between 04/29/2013 through 11/30/2013 were analyzed. Claims for naive users of bosentan were reviewed at 120 days and 180 days for both persistence (bosentan claims not spaced > 45 days apart) and compliance (number of calendar days supplied with bosentan divided by 120 or 180 days). Early refills were adjusted when considering days covered. Opt-in rates were also measured. RESULTS: Opt-in rate for the enhanced SP-based C&P program was statistically significant where persistence was > 97% at 120 days and > 95% at 180 days. Use of the Morisky scale to drive the number of pharmacist interventions did not impact outcomes in the case group. CONCLUSIONS: SP-based programs can achieve high participation that may drive medication compliance, which is essential in progressive diseases like PAH. Future programs should be SP-based to replicate the high opt-in rate while establishing new interventions to drive compliance and persistence.

PHS99
REGISTRY ADOPTED AS PUBLIC POLICY FOR PROPER RISK MANAGEMENT IN CHRONIC KIDNEY DISEASE IN COLOMBIA Acuna L, Zárate P, Soler A
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OBJECTIVES: This article presents results about risk management indicators performed to HIC (Health Insurance Companies) for CKD (chronic kidney disease) and its precursor diseases based on the analysis of large databases achieved through the implementation of registry as public policy in Colombia. Also presents the economic incentives perceived by them thanks to the good results in risk management. METHODS: CAC (Cuenta de Alto Costo) collects information from HIC in Colombia. By law, they report all patients diagnosed with HTA (hypertension), DM (diabetes) or CKD in a structure with 81 variables. After the data collection there is an audit process and finally, a database of approximately 3.050.000 records is obtained which is analyzed and allows the measurement of risk indicators including: early diagnosis of CKD, effectiveness in clinical management, progression detection of CKD (less incidence) and calculating the prevalence of CKD. RESULTS: The early diagnosis of CKD is the number of patients with HTA or DM studied for CKD corresponding to 38.25%. The incidence of CKD’S corresponds to 11.01 per 100,000 affiliates. The effectiveness in clinical treatment corresponding to the proportion of patient with controlled HTA is 66.54% and finally, the calculation of ECR’S prevalence corresponds to 668 ppm. With these results we can determine the economic incentives for risk management which is distributed among the country’s HIC corresponding to USD 44,284,235. CONCLUSIONS: Quality record of information as public policy, allows results based evaluation which improves attention quality. Of the 52 health insurance companies existing in Colombia, 25% exceed country risk management goals for all indicators and receive a larger sum of money for risk management. Risk management as a public policy in Colombia encourages results based competence and contributes to achieve savings in the attention of the disease through the implementation of nephroprevention programs.

PHS100
WITHDRAWN

PHS101
HEALTHCARE RESOURCE USE AMONG PATIENTS WITH CONGESTIVE HEART FAILURE IN A LARGE HEALTH ORGANIZATION Bash LD, Weissman D, Sharon O, Aviram-Paz M, Chodick G, Shalier V
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OBJECTIVES: We characterize healthcare utilization among congestive heart failure (CHF) patients in Israel who survived at least a year after diagnosis. METHODS: Adult members of a health maintenance organization in Israel (Maccabi Healthcare Services, MHS) who were diagnosed with CHF between January 2006 and December 2012 were assessed. MHS databases are derived from electronic medical records of longitudinal data from a stable population of over 2 million and provide comprehensive clinical, demographic and health service data. RESULTS: Of 7691 eligible patients followed for 3 years after first diagnosis, 6357 (82.6%) survived ≥1year following diagnosis (mean age 71.7 years (SD 12.2 years)). During the first 6 months following diagnosis, these patients had, on average, 11.3 (SD 7.7), 2.8 (SD 3.0) and 0.11 (SD 0.5) visits to their primary care physician, cardiologist, and nephrologist, respectively, and almost 70% had ≥1 hospital admission. Healthcare services use decreased after the first 6 months. Men were on average younger than women (70.2 vs. 76.0 years), had higher rates of cardiovascular comorbidity and saw a cardiologist more often (p<0.001) than women. Men had higher hypertension and chronic disease but saw a nephrologist less often (p<0.001) than women. In the first 6 months following diagnosis, women were hospitalized for longer periods than men (10.2 (SD 19.8) vs. 9.0 (SD 18.9) mean cumulative days of hospitalization, respectively). Similar trends were observed in primary care physician and hospital visits between genders. Patients surviving ≥1 year from diagnosis tended to use outpatient services less often and inpatient services more often than ≥1 year survivors. CONCLUSIONS: Considerable resources are expended on CHF patients, with variations between male and female patients. Observations underscores the considerable healthcare burden of CHF patients, apparent even in this Israeli population.
among the youngest societies in the developed world. Further efforts are required to reduce the substantial CHF burden.

PHS102
WILL U.S. PAYERS CHAMPION BIOSIMILARS?
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OBJECTIVES: U.S. healthcare spending on high-cost biologics has escalated over the past decade. The Biologics Price Competition and Innovation Act allows for biosimilar products in the United States, which will be lower-cost alternatives to reference biologics. This study explored payer attitudes to the reimbursement and adoption of biosimilars in the United States. METHODS: Some 61 U.S. medical or pharmacy directors at managed care organizations (MCOs) were surveyed during 2014 regarding their expectations for biosimilar reimbursement. RESULTS: Respondents indicate that MCOs expect biosimilars to offer a significant discount to the reference brand. A mean discount of 23-24% is considered adequate for reimbursement, while 33-34% is deemed necessary for preferential reimbursement to the reference brand. Rapid formulary inclusion of biosimilars is expected, with 79% of respondents indicating formulary inclusion within 12 months of launch. CONCLUSIONS: A substantial number of respondents report that their MCO would not unconditionally reimburse a biosimilar under such circumstances. Payers expect to employ various strategies to promote biosimilar uptake, from favorable tiering to step-therapy requiring biosimilar prescribing prior to the reference brand. The most conducive uptake strategies are expected for products with deep discounts. In addition, payers will run educational campaigns for physicians. However, 28% of respondents say their biosimilar approach will likely be influenced by thought-leaders’ views. Furthermore, widespread “grandfathering” is expected, i.e. continuation of the reference brand in responsive/stable patients. CONCLUSIONS: U.S. payers will preferentially promote biosimilars over reference brands using various demand- and supply-side measures, so long as biosimilars meet their discount expectations and have clinical stakeholder buy-in. Payers expect it will take the cost savings biosimilars offer; however, tendency to seek clinical stakeholder buy-in, coupled with likelihood of extensive “grandfathering”, indicates some need for more robust evidence of cost-effectiveness.

PHS103
ARE GENERIC MEDICINES GOOD FOR MY PATIENTS? FINDINGS FROM A QUALITATIVE ASSESSMENT OF PERCEPTIONS AMONG MEDICAL SPECIALISTS IN MALAYA
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1Hospital Teluk Intan, Teluk Intan, Perak, Malaysia, 2Universiti Sains Malaysia (USM), Pulau Pinang, Malaysia, 3Aga Khan University Hospital, Karachi, Pakistan, 4Universiti Sains Malaysia, Perak, Malaysia, 5University of Riyadh, Saudi Arabia
OBJECTIVES: Medical specialists have an essential role in promotion of generic medicines. However, misconceptions and negative perceptions about generic medicines among physicians can deter pharmacists from recommending them to patients. Therefore, the aim of this study was to explore their knowledge, perceptions and views about generic medicines. METHODS: A qualitative methodology was adopted in this study. A descriptive qualitative (QD) study with phenomenology overtones was used. Respondents were face-to-face semi-structured interviews conducted with a purposive sample of medical specialists until saturation of data was achieved. The interviews were audio taped and transcribed verbatim. Then, the subsequent transcripts were developed using thematic analysis. The themes were generated using both deductive (theoretical) and inductive coding. To ensure reliability of data analysis, peer review and independent analysis of the data was done. RESULTS: Five main themes were identified. (1) Factors affecting the acceptance of generic medicines utilization in the country.

PHS104
PROTON PUMP INHIBITOR PRESCRIBING TREND IN THE US AMBULATORY SETTING
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OBJECTIVES: The study aimed to examine the utilization patterns of Proton Pump Inhibitors (PPIs) among the elderly and the trends in PPI prescribing across physician specialties in the US. METHODS: Two sets of data were obtained. One was a national survey of PPI prescribing trends across all physician specialties in the US. The second set of data was obtained using EHR data to evaluate PPI utilization patterns based on patient visits. PPI prescribing trend among different physician specialties was estimated using 2005-2010 NAMCS data. Evidence-based indications for PPI use were used. Data from the US Food and Drug Administration (FDA) approved indications and the National Institute of Clinical Excellence (NICE) guidelines. Multivariable logistic regression was performed to evaluate the association between non-indication based PPI use and various patient and physician-level characteristics using 2008-2010 NAMCS data. RESULTS: The use of PPIs increased from 5.29% patient visits in 2002 to 11.82% in 2010 (p < 0.001). Prescription of PPI without an appropriate indication by primary care physicians (PCPs) varied from 35% (35.2% to 39.3%) to 48% (47.5% to 48.9%) across clinical settings. This could be due to over-prescription of PPIs, which is considered a significant issue by various stakeholders. CONCLUSIONS: In the absence of NICE guidelines, polypharmacy and polytherapy are common in 40% of patients. Male were 56.6% (9/37) while 43.4% (7/55) were females. Peadiatric patients were 17.9% (3,145) while 79% (14,279) were adults. The most common triage category for patients was F3 with 37.2% (6,483). Most of these patients were those who were recommended admission in other wards 3.6% (10,146), 26.5% (4,514) discharged patients and patients (1,536) leave against medical advice (LAMA) patients. CONCLUSIONS: The risk and problems associated with Poly pharmacy are a subject of interest as polypharmacy was significant finding among all ED patients. The results from this study serves as a baseline to identifying the drug-related problems among ED and could helpful for pharmacists to develop and implement strategy for risk management in ter- tiary care hospital.

PHS105
IMPORTANCE OF JOINT WORK BETWEEN PHARMACIST AND PHYSICIAN IN THE RATIONAL DRUG USE IN PATIENTS WITH OSTEOPOROSIS
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OBJECTIVES: to estimate the tangible savings generated when there is a joint effort between Pharmacist and Physician: METHODS: observational descriptive study (cross-sectional patient records) by applying the_5_ osteoporosis in parenteral drug therapy with bisphosphonates (Zoledronic Acid 5mg And Biphosphonate 3mg). Observation period: June 2012 to June 2013 (n=116). The pharmacists identified patients with non-pertinence to parenteral bisphosphonates. Non-pertinence was defined when: the patient had osteopenia (no additional risk factors), had renal function <35 ml/min, no previous scaling with oral medications and the patient was not osteoporotic. Furthermore, the Physician had defined the behavior to follow (changing drug therapy). Analysis were used absolute and relative frequencies, measures central tendency and dispersion. Treatment direct costs were quantified before and after assessment by the Pharmacist and the Physician. The statistical software SPSS 21 license under the CES University was used. RESULTS: the pharmacist non-pertinence identified in 34% (54/161) of patients, of which, the Physician agreed in 70% of cases (38/54). The 9% of patients switched to oral bisphosphonates Calcitonin Aqueous 70mg, Strontium Ranelate 2mg, Risedronate 35mg, 40% Calcium and Vitamin D3 and 21% left without medication. Given that patients were pretreated with Zoledronic Acid 5mg (25/38) or Biphosphonate 3mg (13/38), this conduct involved a decreased 1.8% a year, with savings/ year 164 (considering only the value of the drugs). CONCLUSIONS: the joint work between Pharmacist and Physician showed an important saving in rational use of medicines.

PHS106
INCIDENCE OF POLYPHARMACY AMONG EMERGENCY PATIENTS AT A TERTIARY CARE HOSPITAL IN KARACHI: AN IGNORED PARADOX FOR QUALITY DRUG THERAPY
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OBJECTIVES: The objective of the study was to assess the prevalence of polypharmacy and its stress of association with respect to medication regimen among patients (pediatric and adults) visiting ED of a tertiary care hospital in Karachi Pakistan. METHODS: Retrospective study with all patients of all age groups and both gender who visited Emergency Department (ED) of Aga Khan University Hospital, Karachi (AKUH) during January, 2012 to December, 2012. The detailed clinical records on medication prescribing from admission through discharge of all patients was reviewed. RESULTS: Total 51,000 patients visited ED during January 2012 till December 2012, out of those polypharmacy was common in 40% of patients. Male were 56.6% (9/37) while 43.4% (7/55) were females. Peadiatric patients were 17.9% (3,145) while 79% (14,279) were adults. The most common triage category for patients was F3 with 37.2% (6,483). Most of these patients were those who were recommended admission in other wards 3.6% (10,146), 26.5% (4,514) discharged patients and patients (1,536) leave against medical advice (LAMA) patients. CONCLUSIONS: The risk and problems associated with Poly pharmacy are a subject of interest as polypharmacy was significant finding among all ED patients. The results from this study serves as a baseline to identifying the drug-related problems among ED and could helpful for pharmacists and physicians to develop and implement strategy for risk management in tertiary care hospital.

PHS107
PREVALENCE AND DETERMINANTS OF LOW-COST GENERIC DRUG PROGRAM USE IN THE PRIVATELY-INSURED ADULT POPULATION
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OBJECTIVES: Low-cost generic drug programs (LCPs) offer an affordable way for consumers to acquire drugs, but evidence suggests they may expose patients to under-medications in classification based claims datasets. This study sought to assess the prevalence and determinants of LCP use in a privately-insured adult population. METHODS: This study relied on data from the Medical Expenditure Panel Survey (MEPS), where the use was defined by prescriptions filled (1) The total cost of the drug was paid out of pocket and (2) The cost of the drug exactly matched the cost of an LCP program. Demographics of LCP users and non-users were compared. A multivariable logistic regression was used to identify the determinant variables associated with LCP use. RESULTS: Of the total study