medication, 13% switched medication, 10% both delayed and stopped medication while 9% of members both switched and delayed medication. The data show people who experienced the doughnut hole are 1.3 times more likely to switch, 2 times more likely to delay, 3 times more likely to switch and delay, and 4.7 times more likely to switch or delay their prescription medications. CONCLUSION: The results of the study suggest that the doughnut hole is a factor in alteration of prescription fulfillment decisions by Part D members. Because patient non-compliance of medications may result in mortality it is important that the Medicare Part D standard prescription drug plan be designed to limit excessive financial burden to members based on spending levels.

PH44
HORMONE REPLACEMENT THERAPY: AN ANALYSIS FOCUSING ON
DRUG CLAIMS BY FEMALE SENIORS 2000 TO 2007
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OBJECTIVES: This analysis was intended to identify trends in Hormone Replacement Therapy (HRT) use in female seniors on public drug programs in 3 Canadian provinces between 2001–2002 and 2006–2007. METHODS: Claims level data were analyzed for female seniors on public drug programs in Alberta, Saskatchewan, Manitoba, New Brunswick and Nova Scotia. Analysis was calculated of the proportion of female seniors on these programs using HRT, and also examined trends in the dosage and type of therapy used. RESULTS: The rate of HRT use among female seniors in the 3 provinces dropped from 13.9% in 2001–2002 to 5.2% in 2006–2007. The decline of that HRT use (24.9% per year was greater than in the denominator; estrogen only HRT use (14.7% per year). The vast majority of female seniors still using HRT in 2006–2007 were on estrogen-only regimens (84%). Of women using the higher (0.625 mg) dose in 2001–2002 and still using HRT in 2006–2007, 37% had switched to the lower (0.3 mg) dose. CONCLUSIONS: This analysis provides insight into how new evidence affected HRT use in Canadian female seniors. The decline in HRT use observed was consistent with the results of other studies examining use during this period. The majority of women still using HRT at the end of the study period were on estrogen-only regimens, with over a third of these women using a lower dose.

PH50
USE OF CATEGORY X AND D API’S DURING PREGNANCY: A COMPARATIVE, RETROSPECTIVE, CROSS-SECTIONAL STUDY USING
NAMCS AND NHAMCS DATABASES
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OBJECTIVES: The purpose of this study was to determine the extent of use, during pregnancy, of medication(s) containing the active pharmaceutical ingredient(s) (API) classified to be teratogenic by the FDA. METHODS: This retrospective study analyzed the top 100 cross-sectional databases of the National Ambulatory Medical Care Survey (NAMCS) and the outpatient (OPD) section of the National Hospital Ambulatory Medical Care Survey (NHAMCS). Pregnant women who were prescribed teratogenic APIs categorized by FDA as X or D were included in the study. The un-weighted data from NAMCS and NHAMCS were used to compute the Chi-square test statistics. RESULTS: There were 2628 pregnancy related ambulatory visits, 22.94% were physician office (PO) visits, and 77.06% were OPD visits. Medications were prescribed during 63.5% of the ambulatory visits. Category X and/or D APIs were prescribed during 113 of these visits, comprising of 74.81% PO visits and 25.19% OPD visits. Chi-square analysis of the number of visits wherein APIs with Risk Categories (X, D, and X-and-D) were prescribed and the trimester was significant (p = 0.021) among PO visits, but not significant among OPD visits. During the OPD visits, Category D APIs were most frequently prescribed in the 3rd trimester, while Category X- APIs were only prescribed in the 1st trimester. During the 131 visits, 158 Category-X and/or D APIs were prescribed, with 70.9% prescribed during PO visits, and 29.1% during OPD visits. Chi-square analysis between the number of APIs with Risk Categories and the trimester, was significant (p = 0.025) among OPD visits but not significant among PO visits. During OPD visits, Category D APIs were prescribed increased with the progression of the pregnancy. CONCLUSION: This study showed that APIs with teratogenic effect were prescribed to pregnant women, particularly during 3rd trimester, with Category D prescriptions being more than that of Category X. A greater number of Category-D and X prescriptions was written during hospital visits than physician office visits.

PH51
RACIAL/ETHNIC DISPARITIES IN PRESCRIPTION DRUG USE AMONG OLDER ADULTS IN THE UNITED STATES
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OBJECTIVES: We sought to examine racial and ethnic disparities in prescription drug use among the U.S. older adult population. METHODS: The National, Social, Life, Health and Aging Project (NSHAP) was used for this analysis. NSHAP is a nationally representative probability sample of 3,005 community-dwelling persons 57 to 85 years of age, from households throughout the United States. Household interviews were conducted between July 2005 and March 2006. Multivariate logistic regression was used to examine the factors associated with differences in prescription medication use among non-Hispanic whites (Whites), non-Hispanic blacks (Blacks), and Hispanics (any race). RESULTS: In unadjusted analyses, in comparison to Whites, the use of at least one prescription medication was similar in Blacks (odds ratio [OR] 1.15, 95% confidence intervals [CI] 0.80, 1.57), but significantly less among Hispanics (OR 0.49, CI 0.38, 0.73). After adjusting for demographic and health-related characteristics including diagnosed medical conditions, Whites were significantly more likely to be using prescription medication than either Blacks (OR 0.64, CI 0.49, 0.94, Hispanics (OR 0.52, CI 0.37, 0.73). Racial/ethnic disparities for Hispanics were significantly reduced (OR 0.73, CI 0.47, 1.14) after accounting for insurance status and usual source of care, and racial/ethnic disparities varied by therapeutic drug class. CONCLUSIONS: These data provide updated, nationally representative estimates of racial and ethnic differences in prescription medication use among community dwelling elders. While disparities in demographic and health characteristics did not explain the observed disparities in prescription drug use for blacks, socio-economic and access to care disparities may. However, differences in access to care were more important for Hispanics. In addition, differences in the use of over-the-counter drugs and dietary supplements is also evident.

PH52
TARGETED COMMUNITY OUTREACH REDUCES OUT-OF-POCKET PRESCRIPTION DRUG COSTS OF MEDICARE PART D BENEFICIARIES
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OBJECTIVES: Given the complexity of the Medicare Part D prescription drug benefit and annual plan changes, many Medicare beneficiaries often lack knowledge and skills necessary to select an optimal Part D Plan. Through community outreach一身ward underserved populations, we sought to minimize beneficiaries’ out-of-pocket (OOP) prescription drug costs. We also examined the relationship between additional governmental assistance and potential OOP cost savings. METHODS: Students from seven California Schools of Pharmacy were trained to provide one-on-one Part D counseling, under faculty supervision. Students obtained the 2009 annual estimated costs for each participant’s current stand-alone prescription drug plan (PDP), and compared these to the lowest-cost plan (if different), using the online Medicare Prescription Drug Plan Finder tool. Additionally, each participant’s current PDP ranking was compared to the 51 PDPs offered in California (2009) and recorded along with subsidy status. RESULTS: During 43 statewide outreach events, pharmacy students counseled 661 beneficiaries enrolled in a PDP, of whom 519 (79%) were receiving governmental assistance with their prescription medication costs (i.e., Medicare or the low-income subsidy). Beneficiaries were, on average, enrolled in the 12th-lowest-cost plan (out of 51) in terms of OOP plan costs, and 496 (75%) beneficiaries had potential OOP savings by switching to a lower-cost plan. Those receiving a subsidy had a lower annual mean OOP potential cost savings than non-subsidied beneficiaries ($359 vs. $587, p < 0.0001). However, they had a higher mean proportion of potential cost-savings relative to the annual cost of their current plan (51% vs. 32%, p < 0.0001). CONCLUSIONS: More than three-fourths of the beneficiaries in this study were not in the PDP with the lowest OOP medication costs. Our data suggest that Medicare beneficiaries, regardless of income, can optimize their prescription drug plan choices through outreach interventions conducted by pharmacy students with Part D expertise.

PH53
5 MEDICARE PART D PLAN DESIGN BENEFIT DESIGN ASSOCIATED WITH COST-RELATED NONADHERENCE TO PRESCRIPTION DRUGS: AN ANALYSIS USING THE MEDICARE CASH PREFERENCES STUDY
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OBJECTIVES: Cost-related nonadherence to prescription drugs (CRN) can result in unfavorable health conditions. The objective of this study was to examine the relationship between CRN and elements in Part D plan design benefit methods. METHODS: This was a cross-sectional study using the 2006 Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) data. We augmented the CAHPS data with the Centers for Medicare & Medicaid Services (CMS) plan benefit design information. CMS Hierarchical Condition Category scores and a composite socioeconomic indicator derived from U.S. Census Data. We examined the relationship using survey logistic modeling. Our analytic data included survey respondents enrolled in a stand-alone prescription drug plan (PDP) or Medicare Advantage drug plan (MA-PD) in 2006. Individuals who were identified by CMS as having other creditable drug coverage, deemed low-income subsidy, or enrolling in MA cost plans were excluded. RESULTS: About one-quarter (weighted percentage) of the study sample (unweighted N = 133,614; weighted N = 11,008,931) was enrolled in an MA-PD. Overall, 24% of the sample enrolled in a plan with drug deductibles, 87% had tiered copayments, 59% were in plans requiring prior authorization or step therapy for eight or more of the top 100 drugs, and 94% offered mailorder services. After adjusting for other variables, we found MA-PD enrollment was associated with higher reported CRN compared with PDP enrollment. Additionally, plans with drug deductibles, tiered copayments, or mailorder services, were also associated with higher reported CRN (OR [95% CI] = 1.12 [1.03–1.21], 1.21 [1.04–1.39], 1.24 [1.06–1.46], respectively). Plans requiring prior authorization or step therapy for eight or more of the top 100 drugs did not present increased risk for CRN. CONCLUSIONS: Medicare