significant differences were found in adherence across age groups (p=0.34), genders (p=0.43), or races (p=0.63). CONCLUSIONS: Adherence to COPD maintenance medication was low among Medicare beneficiaries with COPD.

PSS40 THE EARLY IMPACT OF CLOSING THE COVERAGE GAP ON ANNUAL DRUG EXPENDITURES, OUT-OF-POCKET SPENDING, DRUG UTILIZATION, AND ACCESS TO PRESCRIPTION AMONG SENIORS WITH CHRONIC CONDITIONS

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OBJECTIVES: To measure the extent to which closing the coverage gap will affect drug utilization, access, and OOP spending among seniors with chronic diseases, including respiratory diseases (asthma or COPD), hypertension, hyperlipidemia, psychosis, depression, and diabetes. METHODS: A difference-in-difference-in-difference (DDD) analysis from 2008 to 2012 was used. RESULTS: The Medical Expenditure Panel Survey data did not imply that closing the coverage gap had no significant impact on the disparities in annual drug expenditures, OOP spending, and total number of prescriptions between minorities and whites. However, it significantly increased the disparity in access to prescriptions between minorities and whites by 3.8 percent. CONCLUSIONS: The findings of this study demonstrate that the benefits of closing the coverage gap was low among Medicare beneficiaries with COPD.

PSS50 REIMBURSEMENT AND PRESCRIBING IN EXCHANGE-BASED PLANS: HOW DOES FORMULARY GENEROSITY DIFFER FROM COMMERCIAL PLANS AND IS INDICATION A KEY FACTOR?

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OBJECTIVES: Decisions regarding formulary generosity of exchange-based plans have undoubtedly affected uptake of specific therapies at a time of guaranteed-issue coverage and out-of-pocket maximums. This study examined formulary decisions made by managed care organizations (MCOs) for their exchange-based plans, and assessed the impact of these decisions on brand prescribing for asthma, bipolar disorder, and multiple sclerosis, to discern differences between indications. METHODS: Surveys of 120 MCO pharmacy and medical directors, and 270 pulmonaryologists, psychiatrists, neurologists, and primary care physicians were conducted in 2014 and 2015 to determine formulary coverage on exchange-based plans, and the impact of this coverage on brand prescribing to patients covered by such plans. RESULTS: Some 41% of surveyed MCOs reported the formularies of their exchange-based plan and largest commercial plans to be distinct, the exchange-based plans of 52% of these respondents covered fewer brands overall. Furthermore, increased tier 3+ (non-preferred) coverage and/or exclusion of some or all OTC/OTF (over-the-counter/over-the-counter) drugs were most prevalent among exchange-based plans versus the largest commercial plans. CONCLUSIONS: The findings of this study demonstrate that the benefits of closing the coverage gap was low among Medicare beneficiaries with COPD.

PSS51 RETURN ON INVESTMENT OF SMOKING CESSATION BENEFIT COMPARISON IN GUANGDONG, CHINA

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OBJECTIVES: Knowing the return-on-investment of smoking cessation (SC) is critical for policy makers to understand its economic benefit and implement effective SC intervention. The study sought to assess the return-on-investment (ROI) of smoking cessation in Guangdong, China and inform its economic benefit to policy makers. METHODS: Two ROI tree model analyses were developed and adapted, which compared the costs, benefits and outcomes of 3 SC benefit scenarios over 20-year time frame. The difference between the 2 scenarios was SC medications were covered or not. Key inputs were obtained from available public sources, including smoking population, potential medical costs and savings along with productivity improvement, participants’ quit rates and relapses, etc. RESULTS: If SC medications are covered, the number of active and former smokers will increase 11.6 and 6.7 million, respectively, in 20 years in Guangdong; the annual medical cost saving will exceed the annual cessation cost in the 6th year and it will be 7.7 times in the 20th year; the annual medical cost plus productivity saving will exceed the annual cessation cost in the 4th year and it will be 9.5 times in the 20th year; the cumulative medical cost saving will exceed the cumulative cessation cost in the 11th year and it will be 2.5 times in the 20th year; the cumulative medical cost plus productivity saving will exceed the cumulative cessation cost in the 7th year and it will be 3.4 times in the 20th year. CONCLUSIONS: Considering the attractive ROI results, it's recommended that SC medications should be covered in the SC intervention.

PSS52 AVAILABILITY AND USE OF EPINEPHRINE AUTO-INJECTORS FOR THE TREATMENT OF ANAPHYLAXIS: RESULTS FROM THE EPINEPSICHOLETS® SURVEY

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OBJECTIVES: To assess epinephrine auto-injector (EAI) availability and use for anaphylactic events in US schools during the 2013-2014 school year. METHODS: This exploratory, cross-sectional, web-based survey analyzed anaphylactic events in eligible schools participating in the Mylan-sponsored EpiPen4Schools® program, an ongoing initiative providing free EAs and training to schools nationwide. RESULTS: Survey participants consisted of 6019 of the >40,000 schools in the EpiPen4Schools program. A total of 919 anaphylactic events were reported in 11% of schools (607/5683). Importantly, 22% of anaphylactic events (n=187) occurred in individuals with no known allergies; most events (85%, 797/852) occurred in students. Of the 851 events with treatment information, 75% of individuals (n=636) were administered epinephrine via an EAI, 49% (n=310) of whom used the schools’ stock EAI provided through the Epipen4Schools program (despite known prior allergies in 69% of anaphylactic cases). Note was the disparity between the number of qualifying schools in the Epipen4Schools program, nationwide, with Illinois having the highest (n=2282) and District of Columbia the lowest (n=4). CONCLUSIONS: One in 10 schools participating in the survey reported ≥1 anaphylactic event during the 2013-2014 school year. Of those individuals treated with EAs, nearly half used their school’s stock EAI, provided through the Epipen4Schools program, suggesting the value of stocking EAs for student/staff safety and potential cost savings. Studies on the cost of inpatient care for anaphylaxis indicate approximately $4700 per event. Furthermore, data suggest significantly higher treatment costs and poorer outcomes when not provided with an EAI. The prevalence of anaphylaxis continues to increase, as do the costs associated with receiving treatment and delaying or failing to receive treatment; removing barriers to access and increasing availability of treatment is an important public health goal.

PSS53 ASSESSMENT OF DISEASE STATE KNOWLEDGE AMONG TB PATIENTS IN QUETTA, PAKISTAN

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OBJECTIVES: The study aimed to evaluate the level of disease state knowledge among tuberculosis patients. METHODS: A questionnaire based cross-sectional study was carried out among patients with TB in Fatima Jinnah chest hospital Quetta. Data was collected by a pre-tested structured questionnaire that contain twenty (22) regarding knowledge and attitude questions. RESULTS: Majority (41.0%) of the respondents were illiterate and had received religious education(31.4%). The mean knowledge score was 10/20 (50%). Tuberculosis was the most common treatment and the predominant formulation was gel. CONCLUSIONS: The study concluded that the TB patients had poor disease state knowledge. Efforts should be made educate the patients regardless to the demographic characteristics, so that better disease control and further spread of infection would be prevented.

PSS54 SENSORY SYSTEMS DISORDERS – Clinical Outcomes Studies

PSS55 RATE OF ADVERSE EVENT-RELATED TREATMENT CHANGES AND HEALTHCARE COSTS ASSOCIATED WITH TOPICAL ROSACEA TREATMENT

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OBJECTIVES: The presence of adverse events (AEs) associated with topical rosacea agents may lead to a lack of treatment adherence. Previous studies have reported low adherence rates among treated rosacea patients. This study describes the rate of treatment changes due to AEs and associated healthcare costs among rosacea patients receiving a topical therapy. METHODS: Patients diagnosed with rosacea (ICD-9 code 681.3) were randomly assigned in a double-blind, placebo-controlled, 12 months pre- and 3 months post-treatment and without evidence of oral antibiotic or rosacea conjunctivitis during the study period. An AE was defined as a treatment switch within 2 weeks or medical claim with an AE diagnosis code. Persistence was defined as time on treatment from the first visit to the last visit or the index formulation within 1.5 times the days' supply of the prior prescription. Rate of AEs, treatment patterns, and healthcare costs were evaluated in the post-index period. RESULTS: This analysis included 49,939 patients. The mean age was 54 years and 55% were female. Metronidazole (72.7%) was the most common treatment and the predominant formulation was gel.