ducted on the MedAssets health system data for inpatient and outpatient visits diagnosed with Medicare for the January 2009 to December 2014 timeframe. Age and gender, clinical comorbidities and measures of utilization including number of visits and length of stay (LOS) were described. Multivariable regression was used to identify significant drivers of hospital-based utilization. **RESULTS:** The MCI population- based retrospective analysis revealed that the time and cost differences of the treatment of patients with SC (drug still non-adherent) were represented in costs of healthcare professionals (HPC), drugs, consumables and procedures room and total time expenditure, the actual resources of the health provider could be optimized. Importantly, we included flexible specifications of time trends to capture secular changes in survival over the study period. We estimated the cost and utilization of the 3 therapies from 2006–2012 using the Optum Touchstone commercial claims database. **RESULTS:** For 38,085 MDS patients diagnosed in 2001 or later we estimated the annual value of survival gains associated with the new therapies—i.e., the amount patients would be willing to pay for the improved survival profile—equaled $208,000 per year. Based on this, we estimated the net present value of the therapies to all future patients at $101.5 billion. Net of treatment costs, 85% of the total value accrues to patients. **CONCLUSIONS:** This study measured the value of survival gains attributable to 3 novel therapies for MDS and found significant benefits. For current and future MDS patients, these therapies will generate $101.5B in value from survival gains, with 85% accruing to patients.

**CANCER – Patient-Reported Outcomes & Patient Preference Studies**

**PCN105 ADHEREANCE TO TAMOXIFEN AND ARMOATEX INHIBITORS AMONG WOMEN WITH BREAST CANCER DURING CHRONIC THERAPY**

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**OBJECTIVES:** Comprehensive Medicaid population based studies of adherence and persistence to tamoxifen and aromatase inhibitors (AIs) including anastrozole, exemestane, and letrozole among women with breast cancer are currently lacking. The purpose of this study was to estimate the adherence and persistence to tamoxifen and PCN106

**THE EFFECTIVENESS OF CAREPAK® ADHERENCE PACKAGING IN INCREASING LENALIDOMIDE THERAPY DURATION**

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**OBJECTIVES:** Lenalidomide is a disease-modifying oral medication approved for the treatment of multiple myeloma as well as other myelodysplastic syndromes. A CarePak® is a drug regimen packaging tool that simplifies complex drug regimens for patients. This tool is frequently used for patients receiving drug regimens containing lenalidomide. The impact of this tool on duration of therapy has previously not been studied. **METHODS:** This study was a retrospective review of pharmacy claims data. Eligible patients included those who filled a lenalidomide prescription more than once, but did not have a gap between fills longer than 60 days. Patients receiving a CarePak® must have received one with all of their dispenses and for at least 6 consecutive months. Duration of therapy was calculated as the time between a patient’s first and last fill, including the most recent day’s supply. **RESULTS:** A random sample of patients filling lenalidomide between June 2009 and June 2014 was used for analysis. To assess adherence in duration of therapy, 225 patients receiving CarePak® and 225 patients not receiving CarePak® were identified. Duration of therapy for patients utilizing CarePak® and for patients not utilizing CarePak® was 10.5 months and 8.4 months respectively, representing a difference of 2.1 months (p < 0.001). The use of CarePak® significantly improved duration of therapy in patients receiving lenalidomide compared to patients not using CarePak®. The result of this analysis suggests a need for further investigation into the impact of CarePak® on patient outcomes.

**PCN104 VALING SURVIVAL GAINS IN MYELODYSPLASTIC SYNDROMES ATTRIBUTIBLE TO NOVEL CANCER THERAPIES**

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**OBJECTIVES:** To estimate the value of survival gains in myelodysplastic syndromes attributable to the introduction of agents such as pomalidomide (2005), and decitabine (2006). **METHODS:** Using multivariate Cox proportional hazards models we estimated the increase in survival associated with the introduction of new therapies for MDS patients diagnosed from 2001–2011 in the Surveillance, Epidemiology, and End Results (SEER) registry. The key variable in the hazard model was the post-2006 indicator, which captured the increase in survival associated with the introduction of the 3 therapies relative to years 2001–2003. Stratified analyses were included for the introduction of these 3 therapies was associated with a hazard ratio of 0.901 (p<0.1). Approximately 25% of MDS patients used at least 1 of the 3 treatments over this period, implying an increase in median survival from 33 to 57.5 months, or presentation to treatment of 2.5 months. Using an existing economic model to value survival gains, we estimated that the annual value of survival gains associated with the new therapies—i.e., the amount patients would be willing to pay for the improved survival profile—equaled $208,000 per year. Based on this, we estimated the net present value of the therapies to all future patients at $101.5 billion. Net of treatment costs, 85% of the total value accrues to patients. **CONCLUSIONS:** This study measured the value of survival gains attributable to 3 novel therapies for MDS and found significant benefits. For current and future MDS patients, these therapies will generate $101.5B in value from survival gains, with 85% accruing to patients.