as a non-prescription drug in all but two states. The purpose of this project was to assess the relationship between PSE sales and indicators of methamphetamine supply, specifically the number of clandestine laboratory incidents reported, in Kentucky. METHODS: We calculate regression models predicting clandestine methamphetamine lab incidents using 2010 county level Kentucky data. Explanatory factors include PSE sales (in grams), methamphetamine-related hospitalizations, and rates of other drug crimes as indicators of methamphetamine supply and consumption. RESULTS: A positive relationship was observed between lab incidents and PSE sales (PCO < 0.001). For every 100 lbs increase in PSE sales, there was an increase of 15 clandestine lab incidents. CONCLUSIONS: PSE sales have a positive relationship to labs, with larger counties less likely to have clandestine labs (PCO < 0.001). Methamphetamine related hospitalizations have a positive relationship to labs (PCO < 0.001). Methamphetamine related arrests have a negative relationship to labs (PCO < 0.05).

RESULTS: Seventy-nine P&T decision-makers completed the survey. The adherent vs. intermittently adherent groups, respectively; no significant cost differences were noted between adherence groups. CONCLUSIONS: Inflammatory bowel disease patients who do not have access to infliximab or certolizumab pegol may experience increased healthcare costs without accessing these effective therapies. RESEARCH: Literature reviews, network meta-analysis, systematic reviews, and cost-effectiveness research techniques using a conservative test of the effect of adherence since patients that were intermittently adherent on infliximab (IFX) therapy.

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