A266


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OBJECTIVES: To describe personal use, knowledge, and attitudes of pharmacy students toward herbal and dietary supplements and to compare students’ use to general population use. METHODS: Paper questionnaires were administered to first, second, and third year PharmD students to identify dietary supplement use among students that they had ever used, assessing their knowledge about adverse effects and indicated uses and attitudes. Ever use was compared to the 2007 National Health Interview Survey findings. Logistic regression was performed to identify factors associated with dietary supplement use. RESULTS: There were 179 respondents (response rate 60%, 37% men, 78% aged 18-25). About half (52%) of students indicated they had ever used at least one herbal supplement, greater than the 25% use reported in the general population. The most commonly used supplement was fish oil/omega-3 (46%), followed by fiber/psyllium at 18%, use of all other listed supplements was less than 15% indicating low use of most dietary supplements among students. Although about 40% of students daily took one or more of the other listed supplements. Students had limited knowledge about herbal and dietary supplements. The knowledge test average score was 50%; however third-year students scored significantly higher (61%) compared to first-year students (41% correct; p<0.001). Students thought knowledge about herbal supplements was important, but their education was inadequate. Students generally rated dietary supplements as ‘not essential for health’. Logistic regression found variables ‘knowledge’ and ‘recommend to family or friends’ to be factors associated with use. CONCLUSIONS: Generally, pharmacy students did not use many dietary/herbal supplements; exceptions were fish oil/omega-3 and fiber/psyllium. Students had limited knowledge of dietary supplements and suggested more education was needed. Herbal supplements were not considered essential for health. Logistic regression indicated that students with greater knowledge of herbal/dietary supplements were more likely to use them.

PHP44

THE EVALUATION OF GENERIC MANUFACTURERS’ PRODUCT CHARACTERISTICS FOR TREATMENT OF CHRONIC DISEASE MEDICATION CLASSES: A POTENTIAL SOURCE OF NON-ADHERENCE

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OBJECTIVES: To characterize the variation in appearance and costs of 16 oral solid generic medications in four major chronic disease/drug management classes. METHODS: A commercial drug knowledge database was used to identify frequency of development of oral solid medications that have at least 3 mail order sources (excluding repackagers and relabelers) for calendar year 2014. Four drugs from each of the following chronic therapeutic classes were evaluated; 1) antidiabetics (glyburide 5mg, metformin 500mg, acarbose 50mg, glipizide 10mg); 2) statins (simvastatin 40mg, atorvastatin 10mg, atorvastatin 40mg, atorvastatin 80mg); 3) beta blockers (metoprolol 100mg, atenolol 50mg, carvedilol 25mg, labetolol 100mg); and 4) heart failure drugs (amiodipine 10mg, losartan 50mg, lisinopril 10mg, valsartan 40mg). These classes were chosen because they are included in CMS MTM quality measures. The physical appearance (color, shape, scoring, and size), identifying imprint, and price (WAC) for each manufacturer’s identical strength product was assessed as to similarity to the other generic versions. RESULTS: Database review obtained the following number of manufacturers per class: antidiabetics=43; statins=39; beta blockers=38; and heart failure agents=53. Overall, for all 16 drugs across all 4 disease states, there was an average of 3 different colors, 2 different shapes, 2 scoring patterns, and 4 different sizes, respectively. There were at least 8 differences to 8 differences, with color and shape equally contributing to variation (n=8 for 2 colors and 2 shapes). Differences in dosage scoring and size were minor. CONCLUSIONS: There are multiple sources of medications for four chronic conditions. With substantial appearance variation among several generically equivalent products, there is strong possibility that a patient may experience the most optimal outcomes in their members. This study found the prevalence for PIMs users among community dwelling older adults using most updated beers criteria and for the recent years. Using this criteria, we found that prevalence decreased by almost 1% for the year 2013 in comparison to the previous year.

PHP46

FACTORS ASSOCIATED WITH HAVING PRESCRIPTION DRUG FILLS AMONG MEMBERS OF QUALIFIED HEALTH PLANS

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OBJECTIVES: To determine factors associated with having one or more prescription drug fills (PDFs) in members of qualified health plans (QHPs). METHODS: This study used a large nationally representative administrative claims database supplemented with sociodemographic and community resource data. The sample consisted of 1,823,677 members of QHPs who were enrolled for ≥10 months in 2014. Logistic regression was used to determine factors associated with having PDFs. RESULTS: A total of 81% of QHP members had ≥1 PDF during the study period. Living in a neighborhood with higher education levels (i.e., percent population with at least bachelor’s degree) was associated with higher likelihood of having PDFs (OR: 1.04-1.12; reference: 0.12). Lower median household income was associated with lower likelihood of having PDFs (OR: 0.95, 0.65 and 0.83, respectively). Individual plan enrollment was associated with higher likelihood of having PDFs (OR=1.10), while an exchange plan enrollment was associated with lower likelihood (OR=0.87). Other factors associated with lower likelihood of having PDFs were being male (OR=0.62), younger age (OR: 0.55-0.71; reference: 31-65), and living in a non-metropolitan area (OR=0.81; reference: 1-1.71). CONCLUSIONS: Study provides evidence that the likelihood of having PDFs varies across member and plan characteristics, even after controlling for patient severity. Assuring appropriate treatment and adherence to medications for older adults with chronic conditions is important for achieving good health outcomes, thus it is important that QHPs identify and understand factors associated with lower likelihood of filling prescriptions in order to develop targeted interventions to achieve the most optimal outcomes in their members.

HEALTH CARE USE & POLICY STUDIES – Equity and Access

PHP47

EXAMINATION OF EQUITY IN THE DELIVERY OF PERSONALISED MEDICINES

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OBJECTIVES: The remit of this review is to appraise considerations of equity in the delivery of personalised medicines. The aim of the review was to analyse evidence relating to the assessment of the effects of personalised medicines not aimed at reducing inequity but where it is important to understand the effects on equity in terms of delivery of care. METHODS: The scope was informed by the Campbell and Cochrane Methodsisms:Plus Group and the Cochrane Public Health Group who recommended the PROGRESS-Plus framework to assess characteristics of medicines. PROGRESS-Plus is an acronym for place of residence, race/ethnicity/culture/language/occupation/ gender/sex, religion, socioeconomic status and social capital and Plus captures other characteristics which may indicate a disadvantage, such as age and disability. The categories of focus for identification of factors which may lead to health inequalities in our analysis include income, occupation, education, gender, and race/ethnicity. RESULTS: A total of 202 studies including 187 empirical papers were identified and selected through search terms€¢, with follow-up of references to obtain additional data. Hierarchical analysis of inequality. RESULTS: Findings of health inequalities will be synthesized by presenting relative and absolute differences between groups. Using a harvest plot, a positive social gradient was defined as a situation in which the personalised medicine was more effective in more advantaged groups whereas a negative social gradient was defined as a situation in which the personalised medicine was more effective in disadvantaged groups. CONCLUSIONS: The review aims to identify evidence of personalised medicines with a negative social gradient to inform policies to reduce inequalities in health and also highlight gaps in evidence.

PHP49

DOES SOCIETY WISH TO PLACE GREATER WEIGHT ON A UNIT OF HEALTH GAIN FOR END-OF-LIFE PATIENTS THAN ON THAT FOR OTHER TYPES OF PATIENTS?

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OBJECTIVES: The debate on whether health gains should be weighted differently depending on the relative value of treatments for patients with short life expectancy. It is unclear whether society is prepared to fund different patient groups has focused recently on the relative value of treatments for patients with short life expectancy. It is unclear whether society is prepared to fund different patient groups has focused recently on the relative value of treatments for patients with short life expectancy. It is unclear whether society is prepared to fund different patient groups has focused recently on the relative value of treatments for patients with short life expectancy. It is unclear whether society is prepared to fund different patient groups has focused recently on the relative value of treatments for patients with short life expectancy. It is unclear whether society is prepared to fund different patient groups has focused recently on the relative value of treatments for patients with short life expectancy. It is unclear whether society is prepared to fund