strategies to improve the current PF in Pakistan are warranted. Additionally, there is a great need of patient educational programs regarding polypharmacy and the treatment they receive. Furthermore, additional studies should be undertaken in other provinces of Pakistan in order to understand the country level clinicians’ prescribing practices.

**PHP44**

**PATIENTS’ PERCEPTION AND KNOWLEDGE OF ADVERSE DRUG REACTIONS ASSOCIATED WITH HERBAL MEDICINES**

Bhat B, Dharmagodda S. Stavrosnajiruma I1

**OBJECTIVES:** This study was aimed to know patients’ awareness and knowledge about herbal medicines and their Adverse Drug Reactions (ADR).

**METHODS:** 122 patients were asked to give responses to the questionnaire which was developed, structured and validated. Random convenience sampling method was used for selecting the sampling frame. The study was conducted in Manipal, Karnataka, India. The data was evaluated using SPSS and represented in the form of numbers and percentages.

**RESULTS:** 96 patients who have not used herbal medicines were excluded from the study. Majority of the patients were in the age group of 25-44 (46.3%) years and 45-64 (38.8%) years out of which males (54.3%) outnumbered females (45.7%). Majority of them were using ayurvedic medicines (24.5%) and combination of more efficacious and lesser side effects (34.07%) and followed by safer than conventional drugs (26.54%). Only 39.39% were having knowledge on dose, duration of therapy, side effects and drug interactions. Main sources of information about herbal medicines were found to be friends (32.74%) and drug advertisements (32.36%). Of 526 respondents only 65 (26.76%) of them could identify or feel ADRs. Out of 65, only 16 of them have reported to physician and 49 patients have taken their own decision. 18 respondents chosen an alternative therapy, 14 stopped the treatment they receive. Furthermore, additional studies should be undertaken in other provinces of Pakistan in order to understand the country level clinicians’ prescribing practices.

**A78**


**THE UNIVERSE оклюи TENV тHЕ REIMBURSEMENT IN POLAND**

Andrzejewski O, Jagodzińska-Kalinoska K, Matuszewicz W, Zabłocka J

**OBJECTIVES:** The aim of the analysis was to compare the medicines centrally authorised by EMA with reference to their reimbursement in Poland. In Poland, innovative medicines are reimbursed by the Agency for Healthcare Technology Assessment (AOTH) before the decision about reimbursement is taken by Minister of Health. Recommendations issued by AOTH have been based on Manufacturer’s submission and additional officially published data, including EMA’s data.

**METHODS:** All available literature in review, the profile of studies and the results of AOTMs’ indicators were analyzed and categorized into therapeutic area. Then it was checked which of the medicines found in the EMA’s database were reimbursed in Poland in the years 2012-2013.

**RESULTS:** It was found that till the end of December 2014 there were 563 unique active substance available in EMA’s database. The analysis shows that in 2012 the reimbursement in Poland was related to 114 active substances registered in EMA, which is approx. 20% of all substances in the EMA’s database. A year later 3% (23%) more active substances (131) were reimbursed in Poland. Most active substances registered in EMA and reimbursed in Poland, belongs to the group ATC: A (antiparasitic and immunomodulating medicines). Over 40% of the active ingredients of this group was reimbursed in Poland in 2012 and 50% in 2013.

**CONCLUSIONS:** The second ATOC group was A (alimentary tract and metabolism) -12% and group B (blood and blood forming organs) -11% (in both years).

**A78**

**VALUE** **HEALTH** **TRENDS** **18** (2015) **A1-A307**

**PHP45**

**IMPACT OF MEDICAID MANAGED CARE EXPANSION ON ACCESS TO PROVIDERS IN MISSISSIPPI**

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**OBJECTIVES:** The objective of this study was to evaluate access to healthcare providers before and after a significant increase in managed care (MC) enrollment in the state of Mississippi.

**METHODS:** Using Mississippi Medicaid fee-for-service (FFS) and MC pharmacy claims data in the post- and pre-period (November 2011 to October 2012) the objective was to evaluate changes in the geographic characteristics. The objective of this study was to determine if disparities exist in geographical accessibility to community and hospital pharmacies among Medicaid beneficiaries. The objective of this study was to evaluate access to healthcare providers before and after a significant increase in managed care (MC) enrollment in the state of Mississippi.

**RESULTS:** The objective of this study was to determine if disparities exist in geographical accessibility to community and hospital pharmacies among Medicaid beneficiaries in Mississippi. It is unknown if timely access to pharmacies differs based on demographic characteristics. The objective of this study was to evaluate access to healthcare providers before and after a significant increase in managed care (MC) enrollment in the state of Mississippi.

**CONCLUSIONS:** The objective of this study was to evaluate access to healthcare providers before and after a significant increase in managed care (MC) enrollment in the state of Mississippi. The objective of this study was to evaluate access to healthcare providers before and after a significant increase in managed care (MC) enrollment in the state of Mississippi. The objective of this study was to evaluate access to healthcare providers before and after a significant increase in managed care (MC) enrollment in the state of Mississippi.

**A78**

**VALUE** **HEALTH** **TRENDS** **18** (2015) **A1-A307**

**PHP46**

**GEOGRAPHICAL ACCESSIBILITY TO COMMUNITY AND HOSPITAL PHARMACIES IN HAMILTON COUNTY**

Garland NJ, Widerman M, Kelton C, Heatton PC

University of Cincinnati, Cincinnati, OH, USA

**OBJECTIVES:** It is unknown if timely access to pharmacies differs based on demographic characteristics. The objective of this study was to determine if disparities exist in geographical accessibility to community and hospital pharmacies among patients in Hamilton County.

**METHODS:** The Ohio State Board of Pharmacy provided a list of all the pharmacies in Hamilton County Ohio. The geographic distribution of the pharmacies on each census block group was based on data from Census 2010. The address of each active pharmacy was geocoded using ArcMap. The location of each pharmacy was used to identify the nearest pharmacy to the centroid of each census block group. Independent variables included in the study were age, gender, race and education level. The dependent variable was travel time to the nearest pharmacy from the centroid of each block group.

**RESULTS:** As of November 2014, there were 173 active community and hospital pharmacies in Hamilton County. Ninety three percent of the population had at least one pharmacy within a 5 minute drive time. Travel time was 2.57 minutes for whites, 1.96 minutes for blacks (p<0.0016). Males and females had almost similar travel time of 2.43 and 2.60 minutes, respectively (p=0.80). Travel time was 2.14 minutes for the patients 5 years older than 65 years and 2.28 minutes for patients older than 65 years (p=0.25).

**CONCLUSIONS:** There was no major difference in access to pharmacy based on age or gender. Blacks have statistically significantly shorter travel time than whites. Future work will examine other factors like socioeconomic status.

**A78**

**VALUE** **HEALTH** **TRENDS** **18** (2015) **A1-A307**

**PHP47**

**ANALYSIS OF MEDICINES CENTRALLY AUTHORIZED BY THE EUROPEAN MEDICINES AGENCY (EMA) IN THE CONTEXT OF THEIR REIMBURSEMENT IN POLAND**

Arukweze O, Jagodzińska-Kalinoska K, Matuszewicz W, Zabłocka J

**OBJECTIVES:** The aim of the analysis was to compare the medicines centrally authorised by EMA with reference to their reimbursement in Poland. In Poland, innovative medicines are reimbursed by the Agency for Healthcare Technology Assessment (AOTH) before the decision about reimbursement is taken by Minister of Health. Recommendations issued by AOTH have been based on Manufacturer’s submission and additional officially published data, including EMA’s data.

**METHODS:** All available literature in review, the profile of studies and the results of AOTMs’ indicators were analyzed and categorized into therapeutic area. Then it was checked which of the medicines found in the EMA’s database were reimbursed in Poland in the years 2012-2013.

**RESULTS:** It was found that till the end of December 2014 there were 563 unique active substance available in EMA’s database. The analysis shows that in 2012 the reimbursement in Poland was related to 114 active substances registered in EMA, which is approx. 20% of all substances in the EMA’s database. A year later 3% (23%) more active substances (131) were reimbursed in Poland. Most active substances registered in EMA and reimbursed in Poland, belongs to the group ATC: A (antiparasitic and immunomodulating medicines). Over 40% of the active ingredients of this group was reimbursed in Poland in 2012 and 50% in 2013.

**CONCLUSIONS:** The objective of this study was to evaluate access to healthcare providers before and after a significant increase in managed care (MC) enrollment in the state of Mississippi. The objective of this study was to evaluate access to healthcare providers before and after a significant increase in managed care (MC) enrollment in the state of Mississippi.