Abstracts

The study shows that the average time from marketing approval to reimbursement is 15 months, that expenditure by government is driven mostly by volume increase for products that have been listed for more than 12 months and not by recent listings or price changes, and that products are more likely to be rejected if they are assessed on a cost-effectiveness basis (42% approved) than on a cost-minimisation basis (88% approved). CONCLUSIONS: This is part of an ongoing effort to develop key performance indicators and to date has been supported by industry and Government. In part, this is a response to the improved levels of transparency and cooperation engendered by the Free Trade Agreement between Australia and the USA.

**METHODS:**

DIN-LINK is a longitudinal patient database comprising over 3.8 million electronic patient records and is populated with data from General Practices across Great Britain. This analysis was based on patients consulting with a GP in the year to August 2004. Data on the number of prescriptions issued in a consultation in the database were stratified by consultation length, with 1–3 minutes being the lowest consultation length band, and 21–24 minutes the highest band. A 13–15 minute band was included as it constituted the central value of this stratification. The unpaired student t-test was used to test for statistical significance between groups. RESULTS: The cohort comprised 467,446 patients, of which 339,275 had a record of smoking status and 415,418 had their ACORN socio-economic status recorded. Among the sub-group with smoking status recorded, significant differences were found between current smokers, non-smokers, and ex-smokers in mean consultations per patient, prescriptions per patient, and prescriptions per consultation. Although significant results were found, no trends were apparent. The only non-significant comparisons were in mean prescriptions per consultation between current smokers and ex-smokers, and in mean consultations per patient between current smokers and non-smokers. When considering patients’ socio-economic status, those in the lowest group (“Hard Pressed”) consulted more frequently and were compared to patients’ recorded smoking and socio-economic status. Our findings have highlighted the potential of these two factors as suitable variables for regression analysis planned for 2005.

**OBJECTIVES:**

The decision to prescribe one drug instead of another within the same therapeutic class may be influenced by a variety of drug-related, direct, or indirect factors; but little is known about which considerations are most important in such choices. The low-molecular-weight heparins (LMWHs) represent a class of drugs that are commonly used and for which therapeutic equivalence has been debated in the literature. The purpose of this study was to identify and compare factors perceived by physicians and clinical pharmacists to be influential in prescribing decisions among LMWHs. METHODS: Physicians and clinical pharmacists were interviewed to elicit information and rank factors that influence the prescribing and use of LMWHs in community hospitals. For each factor, the mean and median of the rating was determined along with the frequency distribution across ratings. The nonparametric Mann-Whitney U test was used to examine differences between physicians and clinical pharmacists. RESULTS: Both groups considered efficacy, formulary status, and policies restricting drug use to be highly influential in the decision to use one LMWH versus another. Compared to clinical pharmacists, physicians rated personal