Preliminary analyses suggest that Hispanics and blacks were more likely to stop taking medications and selling of the medicines and inventory control. Surprisingly, 75% of them were limited by incomplete distribution and inadequate risk communication. Data was presented to discuss differences in reported and demonstrated understanding.

Results were calculated individually and compared across surveys. Results: The review includes results from 36 patient KAB surveys for products in 8 therapeutic areas. Sample sizes ranged from 10-628 respondents per survey. Receipt: Median 89.3% (range 58.1-99.6%) of respondents reported receiving a medication guide. Reading: Median 93.1% (range 77.0-100.0%) of respondents reporting receipt of the medication guide. Understanding: Median 93.7% (range 36.8-100.0%) of respondents understanding all or most of what they read in the medication guide. Median 98.3% (range 64.6-100.0%) of respondents reported they understood all or most of what they read in the medication guide. Some one explained the information. In an objective assessment of understanding of KRM of medication guides, median 72.4% (range 1-100.0%) of respondents answered questions correctly. Some respondents were unable to answer questions in the medication guide. The findings from this study endorse that the evidence of adherence and patient safety in Pakistan towards pharmacists’ role in addressing ADRs, DIs, and PCIs in PCP (79%). A total of 72.1% reported that they are familiar with the procedure of reporting ADRs. A total of 89% of respondents agreed that safe, effective, and cost, i.e. dual-eligibles and those who received low income subsidies, were less likely to stop taking non-subsidized beneficiaries (ORs = 0.790 and 0.792 respectively, p < 0.001). Users who initiated their medications within 6 months before the safety warnings were the most likely to stop in the post-warning period (OR = 3.759, p < 0.001).

The results were presented to discuss differences in reported and demonstrated understanding of KRM of medication guides. The findings from this study suggest that the community pharmacists in Pakistan do have concerns regarding their present clinical and professional role. Besides, this study also suggested that community pharmacists need to be more proactive and professional in collaboration with other health care professionals.

To investigate community pharmacists’ perception towards inter professional learning and continuing professional development (CPD) programs and their current clinical and professional role towards patient care in Pakistan’s health care system. METHODS: This study was conducted on community pharmacists of the biggest province of Pakistan, the Punjab. Data was collected by employing the convenience sampling method from all major cities of the province. Data was analyzed using the SPSS software. CONCLUSIONS: The findings from this study suggest that the community pharmacists in Pakistan do have concerns regarding their present clinical and professional role. Besides, this study also suggested that community pharmacists need to be more proactive and professional in collaboration with other health care professionals.

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Employee Basic Medical Insurance (EBM) claims of Tianjin city from April 2008 to March 2010 were used to compare the patients’ outpatient visit, total spending, drug spending, and OOP spending before and after the implementation of the EMP. The intervention group consisted of patients who visit the primary care institution which implemented EMP at least once before and after EMP and did not visit the control primary care institution which did not implement EMP, vice versa for the control group. A difference-in-difference approach was used to estimate the effects adjusting for patients’ socio-demographic characteristics and disease severity. Notably, individual regression was used instead of the outpatient visit and tobit model was used to estimate the cost. RESULTS: Totally, 23,562 patients from 49 interventional primary care institution and 4,148 patients from 42 control institutions were involved in the study. The regression results showed that the annual patients’ outpatient visits (0.5%, p = 0.793) and OOP spending (0.4%, p = 0.951) had no change after implementing EMP compared to the control group. The patient’s average total spending (0.6%, p = 0.850), drug spending (1.6%, p = 0.703) and OOP spending (0.3%, p = 0.883) did not change. The regression (9%, p = 0.443), drug spending (1.9%, p = 0.724) and OOP spending (1.2%, p = 0.722) in primary care institution was also not changed after implementing EMP. CONCLUSIONS: The EMP in Tianjin China was not associated with more outpatient visits in primary care institution and less medical spending, drug spending and OOP spending.

PHP15 AN ASSESSMENT OF THE THERAPEUTIC BIOLGIC PRODUCTS LICENSED BY THE FDA AND THE EMA Grozdanova A1, Olasupo O2, Seoane-Vazquez E2
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OBJECTIVES: To assess the impact of the EMA on the approval of biologic products. The objectives of this study were to: (1) Compare the differences between the EMA and the FDA regarding the approval of biologic products; and (2) Assess the impact of the EMA on the approval of biologic products.

METHODS: This study involved the analysis of all biologic products that were approved by either the FDA or the EMA from 2000 to 2014. The data were obtained from the EMA and the FDA databases. The analysis included the following: (1) Approval time; (2) Approval process; (3) Approval rate; (4) Approval criteria; and (5) Approval rate by indication.

RESULTS: A total of 727 biologic products were approved by the FDA and 304 biologic products were approved by the EMA. The average approval time for the FDA was 20.5 months, while the average approval time for the EMA was 27.3 months. The approval rate for the FDA was 78.2%, while the approval rate for the EMA was 83.9%. The approval criteria for the FDA and the EMA were similar, with the exception of the EMA’s requirement for evidence of comparable efficacy and safety.

CONCLUSIONS: The EMA has a more rigorous approval process than the FDA, resulting in a longer approval time and higher approval rate. The EMA’s requirement for evidence of comparable efficacy and safety is a significant factor in the longer approval time. The approval rate for the EMA is higher than the FDA, indicating that the EMA is more favorable to biologic products.