COMMISSIONS, $34.36 and $12.31 per prescription for the mandatory and voluntary programs, respectively. The number of prescriptions dispensed, the total costs and savings per prescription were obtained from a pharmacy claims database. Three study cohorts—prescriptions, 594,825 in the control, 5226 in the mandatory and 6017 in the voluntary cohort were included. Total cost savings were obtained by subtracting the difference in cost/days supply for the operation costs and subtracting the costs from the total costs. An average per prescription cost saving of $34.36 for the mandatory and $12.31 for the voluntary program has been shown to produce significant savings, $34.36 and $12.31 per prescription for the health plan outpatient care: 0.6352, in-patient care: 0.5278, chronic care, 67.3% in chronic care, 56.3% in CT/MRI examinations, 56.2% in home care, 46.1% in renal dialysis, 83.8% in drug reimbursement, and 83.6% in medical devices reimbursement. The visual Lorenz curves are presented for each type of care we put the patients into 100 percentile group ranked by the health expenditures. In each type of care studied. Quality indicators were defined as abstracts including “study perspective, “discounting”, or “statistical considerations (“confidence interval”, “standard deviation”, “mean/median”, “sensitivity analysis”). RESULTS: ISPOR held 16 international meetings during 1998–2005. The annual number of contributed research presentations increased from 270 to 1248 for an eight-year total of 5852 with all topics and disease categories increasing over time. The major topic areas covered were cost (42%), patient-reported outcomes including methods (23%), health policy (23%), methods and concepts (10%), and clinical outcomes evaluations (6.4%). The top four diseases (4992 disease-specified papers) were neurological (18.5%), cardiovascular (17%), cancer (9%), and infectious diseases (10%). With respect to quality indicators, of the abstracts analyzed, a study perspective was mentioned in 18% (37% cost studies, & all others ~4% each); discounting in 8% (16% cost studies & all others <2% each). For statistical considerations, the percent mentioning mean, median, standard-deviation, confidence intervals, or sensitivity analysis (12%), was 41%. Overall, the percent of abstracts with these quality indicators generally increased over the study period. CONCLUSION: The number of papers has increased over the study period for multiple topics and diseases. Although the general quality of papers, as considered in this analysis, was increasing, the percent of papers that include these quality indicators needs further evaluation & improvement.

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**COST SAVINGS ASSOCIATED WITH TABLET SPLITTING PROGRAM IN A PHARMACY BENEFIT MANAGEMENT SETTING**

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**OBJECTIVES:** The purpose of the study is to determine the benefits of a tablet splitting program in a large pharmacy benefit management organization on the costs and utilization of prescription drugs. METHODS: Using a retrospective cohort study design, prescription records from January 1, 2005 to June 30, 2005 were obtained from a pharmacy claims database. Three study cohorts—mandatory, voluntary, and control cohort were created based on the enrollment status in the tablet splitting program. The number of prescriptions dispensed, the total costs and savings per prescription were analyzed and compared for the study drugs Lexapro, Lipitor, and Zoloft. RESULTS: A total of 606,068 prescriptions, 594,825 in the control, 5226 in the mandatory and 6017 in the voluntary cohort were included. Total cost savings were obtained by subtracting the difference in cost/days supply between drugs in the control group and each active treatment group. Total cost savings are at $179,575.85 and $74,119.53 for the mandatory and the voluntary cohort respectively after adjusting for the operation costs and subtracting the costs from the treatment cohorts. An average per prescription cost saving of $34.36 for the mandatory and $12.31 for the voluntary program was realized for the three drugs studied. CONCLUSIONS: A tablet splitting program has been shown to produce significant savings. $34.36 and $12.31 per prescription for the health plan enrolled in the mandatory and voluntary programs respectively.

**PHP20**

**ISPOR CONTRIBUTED RESEARCH 1998–2005: EVALUATION OF TRENDS & QUALITY INDICATORS**

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**OBJECTIVES:** The purpose of this study was to perform a longitudinal content analysis to assess trends in contributed research papers presented at ISPOR Annual Meetings and European Congresses from 1998 through 2005 as available in the ISPOR Research Digest at www.ispor.org, as well as to assess research quality indicators. METHODS: The database of 5852 contributed presentations at the ISPOR meetings from 1998 through 2005 were analyzed for trends and quality indicators. Trends were evaluated for outcomes assessed (clinical, economic, patient-reported outcomes), and types of health policy and disease studies. Quality indicators were defined as abstracts including “study perspective, “discounting”, or “statistical considerations (“confidence interval”, “standard deviation”, “mean/median”, “sensitivity analysis”). RESULTS: ISPOR held 16 international meetings during 1998–2005. The annual number of contributed research presentations increased from 270 to 1248 for an eight-year total of 5852 with all topics and disease categories increasing over time. The major topic areas covered were cost (42%), patient-reported outcomes including methods (23%), health policy (23%), methods and concepts (10%), and clinical outcomes evaluations (6.4%). The top four diseases (4992 disease-specified papers) were neurological (18.5%), cardiovascular (17%), cancer (9%), and infectious diseases (10%). With respect to quality indicators, of the abstracts analyzed, a study perspective was mentioned in 18% (37% cost studies, & all others ~4% each); discounting in 8% (16% cost studies & all others <2% each). For statistical considerations, the percent mentioning mean, median, standard-deviation, confidence intervals, or sensitivity analysis (12%), was 41%. Overall, the percent of abstracts with these quality indicators generally increased over the study period. CONCLUSION: The number of papers has increased over the study period for multiple topics and diseases. Although the general quality of papers, as considered in this analysis, was increasing, the percent of papers that include these quality indicators needs further evaluation & improvement.