willing to use alternative therapy such as acupuncture (49% versus 43%, p < 0.001) and more likely to visit an alternative provider (32% versus 24%, p < 0.001). They are also more likely to visit a traditional provider (96% versus 92%, p < 0.001) and do so with greater frequency (visits 7.2 versus 5.6, p < 0.001) than the general patient population. CONCLUSION: Clinical trial participants are unique individuals who differ from those in the general patient population. Therefore, the treatment experiences of clinical trial participants may not always be predictive of the treatment experiences of the general patient population.

**PHP2**

**MEMBERS INITIAL EXPERIENCE WITH A CONSUMER-DRIVEN PHARMACY BENEFIT PLAN DESIGN**

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OBJECTIVES: The purpose of this study was to assess the overall experience of members enrolled in Consumer Choice Pharmacy (CCP). CCP is an innovative three-level prescription benefit plan based on consumer-driven models (Level 1: Pharmacy account; Level 2: Employee Responsibility; Level 3: Traditional Coinsurance). The goal of this program is to assist members in making more informed personal pharmacy decisions, while contributing to the plan sponsors cost-containment efforts. METHODS: In April 2005, a survey was mailed to all member households of an employer group enrolled in CCP to assess knowledge, perception, satisfaction, and overall experience with the plan. Response frequencies and means were calculated. Statistical differences in responses based on member characteristics and pharmacy utilization were also evaluated. RESULTS: A total of 925 surveys were mailed. Of these, 100 (11%) were returned. Respondents and non-respondents had similar demographic characteristics, but were different in terms of pharmacy utilization and spending, with respondents having both higher utilization and spending. Respondents indicated the potential to save money was the most influential factor in their decision to enroll in the plan. A large proportion of respondents had a good (30%), very good (29%), or excellent (10%) understanding of CCP. Seventy-eight percent indicated that CCP met or exceeded their expectations. Most respondents indicated their overall experience was good (38%), very good (13%), or excellent (24%) and were satisfied (52%) or very satisfied (27%) with the plan. Respondents with greater than three claims per month were less satisfied (p = 0.004) than those with three or fewer claims per month. Fifty-three percent would recommend the plan to others. There were no significant differences in overall responses based on whether or not respondents had money remaining in their pharmacy accounts. CONCLUSIONS: Survey results show that respondents generally have a clear understanding of CCP and are satisfied with the program.

**PHP3**

**IMPACT OF CONSUMER-DIRECTED HEALTH PLAN ON PHARMACY UTILIZATION**

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OBJECTIVES: CDH benefit plans use financial incentives for plan participants to reduce utilization of health services and are attractive to low utilizers. This study assesses the impact of CDH design on subsequent utilization by controlling for adverse selection with a control group. METHODS: Continuously eligible plan participants of a pharmacy-only CDH plan were analyzed as a study group identified through Caremark 2003–2004 pharmacy claims and eligibility data. A control group matched to the CDH group was drawn from the non-CDH plan participants within the same plan sponsor, using stratified random sampling within 8 groups based on age, health-risk index, prescription count and gross costs. Pharmacy utilization patterns were studied pre-to-post and compared to control. Wilcoxon rank sums test was used to assess significance of differences between groups and over time, using a p-value of 0.05 for significance. RESULTS: The control (N = 2403) matched the CDH group (N = 2403) in age (29.8 vs. 29.5), HRI score (4.5 vs. 3.9), and prescriptions (5.0 vs. 4.6). No baseline differences were identified (p-values from 0.1751 to 0.4564). Utilization increased between 2003 and 2004 for the control but not for the CDH group. The CDH group increased prescriptions from 4.61 to 4.90, days’ supply from 101.89 to 111.60 and gross costs from $171.59 to $190.55, (p = 0.7651 to 0.3501), while the control increased prescriptions from 5.03 to 5.99, days’ supply from 113.89 to 142.24, and gross costs from $187.56 to $253.44, (p < 0.0001). Mail utilization increased for both but substantially more for CDH (57% increase vs. 19%, p < 0.0001). Generic utilization and formulary compliance did not differ. Medical costs will be presented. CONCLUSION: The CDH benefit plan limited an increase in drug utilization as compared to the traditional plan. Also, mail utilization increased with CDH.

**PHP4**

**OUT-OF-POCKET PRICE OF OUTPATIENT MEDICATIONS IN THE UNITED STATES**

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OBJECTIVES: To determine the out-of-pocket prices of outpatient prescription drugs using methods that account for the multimodality of their distributions. METHODS: Using data from the 1992—2002 Medicare Current Beneficiary Survey and the 1996—2003 Medical Expenditure Panel Survey, we demonstrate the multimodality of prices for 175 of the most commonly prescribed medications in the United States. Through the application of Gaussian and gamma mixture models, we estimate the cash price and covered price paid by consumer for each of these medications, and estimate the percentage of consumers paying each price. RESULTS: The results suggest that simple averages of out-of-pocket prices are not applicable for economic evaluations and policy studies in pharmaceutical economics, except in the case of multisource medications. Without the integration of price disparities, analyses of single source medications may lead to erroneous policy conclusion. CONCLUSIONS: Price disparities may have been the motivation for recent coverage expansion endeavours, such as Medicare Part D. Our results demonstrate the prevalence and extent of these price disparities, which appear particularly grave in the price distributions of branded medications.

**PHP5**

**WITHDRAWN**