to 71.45%, because of unfair competition between pharmaceutical distribution companies and cooperation failure between pharmaceutical manufacturers and pharmaceutical suppliers. CONCLUSIONS: Successful pharmaceutical supply system of essential medicines needs to clearly define the function and to coordinate competition and cooperation relationship between pharmaceutical manufacturers, distribution companies and township hospitals. KEYWORDS: essential medicine availability; organizational arrangement.

PHP16 CLASSIFICATION OF DRUGS BRINGING FROM ABROAD IN TURKEY ACCORDING TO THEIR ATC CODES
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OBJECTIVES: There have been several strict cost containment measures, as reference pricing system and global budget, being applied in Turkish health care system especially at the provincial level. Therefore, the manufacturers and pharmacies of the drug being marketed in Turkey have the lowest price in Europe. In this regard, several drugs including the medicines being used in critical diseases such as cancer, orphan diseases etc, have been withdrawn from the market or even they wouldn’t be able to enter the market. Therefore, it is necessary to keep an eye on these drugs. The aim of this study is to analyze the list of these drugs according to their ATC groups. METHODS: The list of Social Security Institution (SSI) on drugs bringing from abroad (Annex 4 C) have been analyzed in assistance with RxMediaPharma® Program. RESULTS: In total, there are 662 drugs being listed in the latest Annex 4-C list. Among this list, the most frequently listed ATC group is L (antineoplastic and immunomodulating agents) by 22%, second is A (alimentary tract and metabolism) by 13.3%, third is C (cardiovascular system) by 12.5%, fourth and fifth are; N (nervous system) by 12% and J (antimicrobial agents for systemic use) by 6.3% respectively. Strict cost containment measures being applied in Turkey causes shortages of several drugs especially the ones being used in diseases with high mortality rates like cancer. However, despite governmental price regulation, some medicines bought abroad, as this procedure takes some time, patients may have trouble in reaching these drugs on time and SSI pays much more for these drugs compared to their probable prices in Turkey.

PHP17 PRICING AND REIMBURSEMENT POLICY UPDATES IN ASIA
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OBJECTIVES: Pharmacoeconomics and outcomes research (FEOR) has emerged as a key decision-making tool to optimize patient care and add value to healthcare service in the current strategic importance of Asian markets and economic constraints in the pharmaceutical sector, an understanding of current pricing strategies become vital for market authorization holders as well as payers. METHODS: An assessment of health care policies, pricing systems, and reforms Impacting reimbursement and market access environment was undertaken across major Asian markets (Japan, China, South Korea, and India). Information sources included online portals of regulatory agencies and relevant keyword searches. RESULTS: Health policy makers in the above mentioned countries have indicated varying levels of priorities and pharmacoeconomic guidelines. Strict cost containment measures being applied in Turkey causes shortages of several drugs especially the ones being used in diseases with high mortality rates like cancer. However, despite governmental price regulation, some medicines bought abroad, as this procedure takes some time, patients may have trouble in reaching these drugs on time and SSI pays much more for these drugs compared to their probable prices in Turkey.

PHP18 PROVINCIAL HOSPITAL TENDING IN CHINA: EVALUATING THE IMPACT ON PRICE
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OBJECTIVES: In China, maximum retail prices of reimbursed medicines are controlled at the national level by the National Development and Reform Commission (NDRC). At the provincial level, different tendering processes are used to procure the medicines, most of the drug procurements in Turkey have the lowest price in Europe. In this regard, several drugs including the medicines being used in critical diseases such as cancer, orphan diseases etc, have been withdrawn from the market or even they wouldn’t be able to enter the market. Therefore, it is necessary to keep an eye on these drugs. The aim of this study is to analyze the list of these drugs according to their ATC groups. METHODS: The list of Social Security Institution (SSI) on drugs bringing from abroad (Annex 4 C) have been analyzed in assistance with RxMediaPharma® Program. RESULTS: In total, there are 662 drugs being listed in the latest Annex 4-C list. Among this list, the most frequently listed ATC group is L (antineoplastic and immunomodulating agents) by 22%, second is A (alimentary tract and metabolism) by 13.3%, third is C (cardiovascular system) by 12.5%, fourth and fifth are; N (nervous system) by 12% and J (antimicrobial agents for systemic use) by 6.3% respectively. Strict cost containment measures being applied in Turkey causes shortages of several drugs especially the ones being used in diseases with high mortality rates like cancer. However, despite governmental price regulation, some medicines bought abroad, as this procedure takes some time, patients may have trouble in reaching these drugs on time and SSI pays much more for these drugs compared to their probable prices in Turkey.

PHP19 RECENT REGULATORY REFORMS TO ENSURE PATIENT SAFETY IN CLINICAL RESEARCH IN INDIA
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OBJECTIVES: To study the Regulatory reforms and its impact on Clinical Trials in India. METHODS: The present study involves the lacunae in conducting Clinical Trials and presents the Regulatory reforms in India. RESULTS: India is an emerging destination for Clinical Research because of its genetic pool, availability of patients for enrolment, infrastructure and talented pool of physicians. In order to ensure patient safety in Clinical Trials several regulatory reforms have been implemented by the ministry of health and family welfare, Govt. of India. These include constitution of ethics committee’s, audio video recording of the consent, audit and inspections of the sites, roped in of ethics committee’s. Compensation policy for deaths during the clinical trials have been framed. In order to ensure patient safety, National Pharmacovigilance Programme of India (NPvPi) have been launched in the country for the safety of patients. The price maintenance for drugs is a post marketing surveillance. NPvPi is working in coordination with the WHO Uppsala Monitoring Centre. The presentation will discuss the salient regulatory reforms for patient’s safety in clinical research in India. DISCUSSION: Unlike other health care systems, India is one of the largest consumer of medicines in the world. It is obvious that within a country so large and diverse, a number of concerns exist. These include the safety and quality of the drug and the safety of the patient. For this reason, India has seen a number of regulatory reforms. CONCLUSIONS: It is concluded that the new Regulatory Reforms will ensure the safety of the patients during the Clinical Trials.

PHP20 DRUG UTILIZATION PATTERN FOR THE TREATMENT OF SEPTIC SHOCK IN THE ICU: A COMPARISON BETWEEN SURVIVORS AND NON-SURVIVORS IN A TERTIARY CARE TEACHING INSTITUTE
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OBJECTIVES: To describe the drug utilization pattern in the treatment of patients with septic shock. METHODS: Setting: Critical care in a 500-bed multi-speciality tertiary care hospital. The present study is a retrospective analysis of the septic shock patients admitted in the Intensive care unit (ICU) of a tertiary care teaching hospital. A retrospective cohort study of patients with septic shock, who were treated in the ICU between January 2012 to December, 2013. The electronic prescription software used to identify the patients. The patient demographics and characteristics were recorded. In addition, the number and type of prescribed medications, type of infection, and culture results were determined. The main outcomes were the type of medications utilized and their contribution in the survival of septic shock patients. RESULTS: During the study period, 109 cases were identified. Upon presentation, the mean Acute Physiology and Chronic Health Evaluation II (APACHE II) score was 22.5 (SD ± 7.9), 93 (85.3 %) patients had septic shock, and 84 (77.0%) had positive cultures. The mean number of medications prescribed per patient was 11.7 (SD ± 4.7). The most commonly prescribed medication classes were proton pump inhibitors, carbapenems, BL/BLI combinations and vasopressors prescribed in 101 (92.6 %), 75 (68.8 %), 64 (58.7 %), and 91 (83.4 %) patients, respectively. Antiinflamms and blood products were prescribed in 45 (41.2 %) and 77 (70.6 %) patients, respectively. Medication usage were higher in non-survivors, compared to survivors (12.6 ± 2.4 versus 9 ± 3.1). In patients with positive cultures (13 ± 3.1 versus 9.5 ± 3.6) compared to patients with negative cultures. CONCLUSIONS: In patients with severe sepsis and septic shock, multiple medications were prescribed, and the use of medications was higher in the non-survivors in comparison to the survivors.

PHP22 RECALL OF MEDICATIONS IN THE EVENT OF JOB LOSS
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OBJECTIVES: Jos loss has been shown to negatively affect displaced workers’ health-related behavior and affect medication adherence. METHODS: A quasi-experimental design was used to study workers who did and did not experience involuntary job displacement. The data was drawn from four waves of the Medical Expenditure Panel Survey (MEPS), taken in 2008, 2009, 2010, and 2011. Involuntary job loss was defined as job separation due to employer’s business judgment or layoff. RESULTS: Displaced workers were more likely to report job loss than non-displaced workers (20% vs. 11%). Involuntary job loss was associated with an increased likelihood of prescription drug discontinuation (26% vs. 19%). CONCLUSIONS: Jos loss has been shown to negatively affect displaced workers’ health-related behavior and affect medication adherence.
involuntary job separation were significantly more likely to report zero expense on prescription drugs (odds ratio 1.37, 95% confidence interval [CI] 1.11-1.71). Among those with non-zero drug expenses, job loss was associated with 12.8% increase in the out-of-pocket payment for the last prescription while controlling for personal characteristics and the prescription payment before the job loss. CONCLUSIONS: The findings of the study indicate that job loss is associated with the health status of workers. Job loss may discourage workers from initiating drug treatment. For those already on medications, job loss is linked with an increase in drug expenses. It is evident that the increase is caused by the worse health status after job loss or the lack of prescriptions to replace other more costly medical care.

PHP23
THE DYNAMICS OF PRICES AND QUANTITIES OF NEW DRUGS UNDER TAIWAN’S NATIONAL HEALTH INSURANCE PROGRAM
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OBJECTIVES: To identify the role of competition in drug market, and the effect of reimbursed price and new product availability on the market share of the leading drugs.

Methods: This study used a sales database including all inpatient and outpatient hospital sales for the year 2011. The target population was all newly launched drugs in Taiwan during that year. A panel regression model was built to examine the relative price and market share of the leading drug.

Results: The results showed that the larger the price difference between the reimbursement price and the actual price, the larger the market share of the leading drug. This implies that the reimbursement price has a significant impact on the market share of the leading drug. However, the market share of the leading drug has no significant effect on the reimbursement price.

Conclusion: The reimbursement price has a significant impact on the market share of the leading drug, while the market share of the leading drug has no significant effect on the reimbursement price.

PHP24
POTENTIAL PRESCRIBER MAPPING IN RURAL LOCATION OF SOUTH INDIA
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OBJECTIVE: To identify the potential prescribers in rural locations of South India.

Methods: A questionnaire-based study was conducted to study the potential prescriber potential in 211 villages of a semi-urban semi-rural population of Karnataka district of India. The study included a total of 160 potential prescribers who were selected using the systematic random sampling technique.

Results: The results showed that the potential prescribers in rural locations of South India are mainly doctors and also includes other health care workers such as pharmacists and nurses. The study also highlighted the need for awareness programs to increase the potential prescriber mapping in rural locations of South India.

Conclusion: The study highlights the importance of potential prescriber mapping in rural locations of South India to improve the availability of medicines and improve the health outcomes of the rural population.

PHP25
A QUALITATIVE EXPLORATION OF MALAYSIAN DOCTORS’ PERCEPTIONS TOWARDS COMPLEMENTARY AND ALTERNATIVE MEDICINES (CAM)
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OBJECTIVES: The study aims to assess doctors’ perceptions towards Complementary and Alternative Medicine (CAM) in their medical practice, factors that affect the referral of CAM, and the perspectives of CAM on their professional practice.

Methods: A qualitative research approach was adopted to gain a better understanding of the current perceptions and practice held by doctors within their medical professions. In-depth individual interviews with eleven doctors were conducted. The doctors were selected who were working in academic, hospitals and in the community health clinics. Participants were interviewed using a semi-structured interview guide. A saturation point was reached after the 10th interview, and no new information emerged with the subsequent interviews. All interviews were transcribed verbatim and analyzed by means of a standard content analysis framework.

Results: The doctors expressed a range of views on CAM that can be divided into two major themes: the knowledge and understanding towards CAM and doctors’ viewpoint on CAM in their professional practice. A key factor which affected doctor’s perspectives on CAM was the lack of scientific evidences. The attitudes on CAM were basically shaped based on their personal CAM use rather than knowledge gained during an academic course. Lack of knowledge on CAM was also attributing to the doctors’ reluctance in CAM discussion with their patients. Though addition of CAM courses into the medical curriculum was proposed by some of the doctors, the practical implication was criticized as some found medical curriculum heavily packed with the biomedical courses. CONCLUSIONS: The majority of the doctors in this study were skeptical and uncertain about CAM due to lack of scientific evidence. Doctor’s communication on CAM can only be improved when doctors’ knowledge on CAM can be improved by providing necessary training on CAM.

PHP26
HEALTH IMPLICATIONS OF THE MTM ELIGIBILITY CRITERIA IN THE AFFORDABLE CARE ACT ACROSS RACIAL AND ETHNIC GROUPS
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OBJECTIVE: Non-Hispanic Blacks and Hispanics are less likely than non-Hispanic Whites to be eligible for U.S. Medicare medication therapy management (MTM) services. The objectives for this study were to determine (1) racial/ethnic disparities in meeting MTM eligibility criteria as stipulated in the Patient Protection and Affordable Care Act (PPACA); and (2) whether there would be greater disparities in health/economic outcomes in higher-income versus lower-income blacks and Hispanics (if so, the PPACA MTM eligibility criteria may aggravate existing disparities in these outcomes).

Methods: Medicare Current Beneficiaries Survey (2007-2008) was analyzed. PPACA MTM eligibility was compared between Whites and minorities using logistic regression. Various other regression models were used for other study outcomes (measures for health status, health services utilization/costs and medication utilization variations). In all regression models, MTM eligibility categories, interaction terms were included between dummy variables for race/ethnicity and MTM eligibility and were interpreted on the multiplicative term and using marginal effects. RESULTS: The sample consisted of 12,966 Medicare beneficiaries imputed to 51,632 individuals. Total MTM eligibility was slightly higher than Whites to meet PPACA MTM eligibility criteria (adjusted odds ratio [OR] = 0.86 [P < 0.05] for Blacks, and OR = 0.62 [P < 0.05] for Hispanics). Racial and ethnic disparities in self-perceived health status (SPHS), activities of daily living (ADL), and instrumental ADLs were greater among the MTM-ineligible than the MTM-eligible populations (e.g., for SPHS, difference in marginal effects between Whites and Blacks = 27.25 [P < 0.01] across MTM eligibility categories, and between Whites and Hispanics = 20.62 [P < 0.05]). MTM eligibility was more important for U.S. Medicare medication therapy management (MTM) services.

PHP28
PATIENTS AND DOCTORS WORKING TOGETHER TO IMPROVE HEALTH SERVICE: DIFFICULTIES AND CHALLENGES IN BETWEEN IN CHINA
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OBJECTIVE: To conduct a survey of the possible factors that cause the tension between patients and doctors and explore effective strategies to improve the health service.

Methods: A survey of 432 patients was conducted. The survey was conducted through an online questionnaire. The questionnaire was divided into two parts: demographic information and questions related to the relationship between patients and doctors.

Results: The results showed that the most common cause of tension between patients and doctors was communication issues (46.2%). Other common causes included misunderstanding of the disease (27.2%), lack of confidence in the doctor (14.7%), and lack of respect for the patient (10.9%). The patients expressed a desire for better communication, clearer explanations of the disease, and more empathy from the doctors.

Conclusion: The study highlights the need for improving the communication between patients and doctors, which can improve the health service and reduce the tension between patients and doctors.

PHP29
DRUG ACCESS IS IMPROVED BY THE ESSENTIAL DRUG SYSTEM AND “LOW-PRICED DRUG” POLICY IN CHINA
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OBJECTIVES: To describe Chinese policies’ development for promoting drug access, analyze the policies’ impact and potential lacks.

Methods: Through collecting relevant policies from national departments and 31 provinces, explorative statistics and comparison to summarize these policies’ impact.

RESULTS: (1) On May 2013 China