OBJECTIVES: To develop best practices, tools, capacity and capability for an effective formulary management system for five public health care institutions in Singapore. A web-based survey was conducted among formulary committee members of the participating institutions as part of gap analysis. A cross-institution task force comprising decision makers, clinicians, pharmacists and health technology assessment (HTA) researchers from participating institutions was formed to recommend best practices for formulary submission, evidence review and synthesis, pharmacoeconomic evaluation and criteria for decision making. Endorsement from participating institutions’ stakeholders was obtained before the implementation of this programme. RESULTS: The gap analysis highlighted three key areas: 1) methodologic approaches for evidence review and synthesis, pharmacoeconomic evaluation; 2) criteria for formulary decision making; and 3) capacity and capability building especially in pharmacoeconomics. A set of tools that facilitate evidence review and synthesis including guidelines for pharmacoeconomic evaluation were developed. A guideline on long term asthma management in adults was published literature reviews and international guidelines. Clinical need, safety, efficacy, cost-effectiveness, budget impact and opinion from subject matter experts were deemed as important decision-making criteria. A decision-making form incorporating these criteria was created to facilitate the consistency and transparency of the decision making process. Workshops focused on HTA were conducted to equip pharmacists supporting formulary management for participating institutions the knowledge and skills to appraise clinical and economic evidence. In addition, a team comprising personnel trained in pharmacoeconomics was set up to provide support to institutions pharmacists on the application of HTA via joint review on selected new drug applications. CONCLUSIONS: Support from participating institutions formulary committees and senior management are keys for the successful implementation of this programme. Moving forward, the challenge is to integrate the proposed changes into current practice.

HEALTH CARE USE & POLICY STUDIES - Prescribing Behavior & Treatment Guidelines

PHP104 HYPTERTENSION CONTROL AND DOCTORS’ KNOWLEDGE, ATTITUDE AND PRACTICES ON MALAYSIAN CLINICAL PRACTICE GUIDELINES ON MANAGEMENT OF HYPERTENSION (CPG 2008) AT A TERTIARY HOSPITAL

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OBJECTIVES: To evaluate doctors’ knowledge, attitude and practices on Malaysian CPG 2008 along with factors predicting guidelines adherence and hypertension control. METHODS: This was a co-relational study conducted at Hospital Pulai Pinang, Malaysia. A total of 26 doctors were enrolled. Doctors’ knowledge and attitude on CPG (2008) were evaluated through a valid and reliable questionnaire. In order to evaluate doctors’ actual prescribing practices, prescriptions written by 26 enrolled doctors to 650 established hypertensive outpatients (25 prescriptions per doctor) were noted on visit one. The noted prescriptions were classified either as compliant or noncompliant to CPG (2008). Five hundred and twenty enrolled patients (20 patients per doctor) were followed for one more visit. Blood pressure was noted on visit 2 and compared to the prescription written on visit 1. The comparison was used for data analysis. RESULTS: Nineteen doctors (73.07%) had adequate knowledge of CPG (2008). Doctors were highly positive towards CPG (2008) with mean attitude score of 23.15 ± 1.34 points on a 30 point scale. Statistically significant changes from visit 1 to visit 2 were noted (p < 0.001). A p-value of 0.001 was observed between doctors’ knowledge and practice scores. The majority (67.1%) patients received guidelines compliant therapy. In multivariate analysis hypertension clinic (OR = 0.398, p-value = 0.008) was the strong predictor of poor adherence with guidelines. On visit Two 51% patients were at goal BP. In multivariate analysis, Angiotensin converting enzyme was the strong predictor of poor adherence with guidelines. On visit Two 51% therapy. In multivariate analysis hypertension clinic (OR = 55). Patient chemotherapy was categorized using Medicare claims within five months of diagnosis. Physicians (N = 3,072) prescribed any chemotherapy to patients during the initial treatment period. Descriptive analyses were used to characterize variation in chemotherapy treatment across the SEER registry regions. RESULTS: Physicians prescribed ABC chemotherapy to on average 81.2% of received chemotherapy. A total of 19.8% of physicians, however, prescribed rituximab plus non-ABC chemotherapy to at least one patient. The percentage of physicians whom used rituximab plus non-ABC chemotherapy increased from 1.4% in 2000 to 16.1% in 2006. Louisiana, Connecticut, and Seattle were the top three SEER regions where over 23% of the physicians prescribed this alternative chemotherapy. In Hawaii, New Mexico, and Iowa SEER regions less than 14% of physician used this alternative chemotherapy. CONCLUSIONS: The percentage of physicians having adopted rituximab plus non-ABC chemotherapy as the alternative treatment increased over the years. Physicians’ adoption of non-guideline treatment varies across regions.

PHP105 OBSERVATIONS OF HEPATOCELLULAR CARCINOMA (HCC) MANAGEMENT PATTERNS FROM THE GLOBAL HCC BRIDGE STUDY: AN INTERIM ANALYSIS OF HCC BURDEN OF ILLNESS IN THE ASIA-PACIFIC (AP) COHORT

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OBJECTIVES: The HCC has a substantial disease burden worldwide, especially in AP. The global HCC BRIDGE study is the first global, large-scale, observational study to document real-world treatment pattern and outcomes of HCC patients from diagnosis to death. METHODS: This longitudinal cohort study includes HCC patients aged ≥18 years, prescribed any chemotherapy, and treated between January 2005 and June 2013 across 14 AP centers, with data collected retrospectively and prospectively as recorded in patient charts. RESULTS: In the first interim analysis (July 2011), 8909 patients (mean age, 54 years; 83% male) were enrolled in AP (China, n = 6295; Taiwan, n = 1183; Korea, n = 1136; Japan, n = 295). The predominant risk factor was HBV in China (80%), Taiwan (67%), and Korea (77%), and HCV in Japan (69%). The predominant BCLC stage at diagnosis was stage C in China (56%) and Korea (51%) and stage A in Taiwan (55%) and Japan (47%). Variations were noted between China, Taiwan, Korea, and Japan in first treated with resection/transplant (31%, 51%, 25%, 14%). TACE (53%, 27%, 55%, 24%), other locoregional therapy (9%, 18%, 8%, 52%), and systemic therapy (2%, 3%, 11%, 13%). There also were variations in treatment ever used with resection/transplant (34%, 53%, 29%, 16%), TACE (61%, 37%, 65%, 28%), other locoregional therapy (17%, 30%, 17%, 64%), and systemic therapy (5%, 9%, 30%, 19%). Recorded treatment by line of therapy, BCLC and mUICC stage, and country will be presented from the second interim analysis, which will include ~7,000 patients. Actual practice and expected practice according to guidelines will be evaluated, including how access issues may affect treatment availability. CONCLUSIONS: The global HCC BRIDGE study, which is the largest SEER study of this kind (in approximately 19,000 patients), provides valuable insights into global HCC disease characteristics and patient management. Although AP has the highest HCC burden, practice approaches differ across the region.

PHP106 PATTERN OF ANTIBIOTICS USAGE IN MALAYSIAN HAJJ PILGRIM

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OBJECTIVES: During hajj season, more than 2 million hajj pilgrims would be occupying the holy land Makkah with area of 164,000 km². On the observation many of

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