Abstracts

THE IMPACT OF LEGISLATION AND PRICING ON GENERIC DRUG UTILIZATION: AN ANALYSIS OF 26 COUNTRIES
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OBJECTIVES: Across countries with varying political, socioeconomic and cultural environments, we sought to identify predictors of generic drug utilization. METHODS: Data were collected from national and international regulatory agencies, MEDLINE and internet searches for 37 countries classified as "advanced" or "emerging" economies by the International Monetary Fund: Argentina, Australia, Austria, Belgium, Brazil, Canada, China, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, India, Luxembourg, Malta, Mexico, Netherlands, New Zealand, Norway, Portugal, Russia, San Marino, Singapore, Slovenia, South Korea, Spain, Sweden, Switzerland, Taiwan, UK, and United States. We compared the presence of generic policies, first year of generic legislation, branded drug patent duration, proportion of generic drug utilization, and pricing for generics (government control, free market, or other), gross domestic product, and population across countries. Only independent variables with p < 0.20 in univariate regression were included in the multivariate model: population, year of generic legislation, patent life, and pricing for generics (market vs. government control). RESULTS: Of 37 countries, data was available for 26 (70%): Argentina, Australia, Austria, Brazil, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Japan, Mexico, Netherlands, New Zealand, Norway, Portugal, Russia, Singapore, Slovenia, South Korea, Spain, Sweden, Switzerland, Taiwan, UK, and United States. Most countries enacted generic drug legislation in the 1990s, 9 (33%) introduced legislation before 1990 and 3 (12%) after 2000. Branded drug patent duration was 15~20 years for 65% of countries. Among countries with generic drug laws, only free market-based generic pricing, compared to government-controlled pricing, was associated with a nominal increase in generic drug utilization (B = 0.17, 95% CI -0.01 to 0.35). CONCLUSIONS: Countries with minimal generic drug utilization had minimally greater diffusion of generics compared to countries with government pricing controls. Further investigation of other characteristics, namely the political and social climates that foster greater generic drug utilization is planned.

CHARACTERISTICS OF MEDICARE PART D ENROLLEES WITH AND WITHOUT PRESCRIPTION DRUG COVERAGE GAP
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OBJECTIVES: To compare socioeconomic and behavioral characteristics of Medicare Part D enrollees with coverage gaps to those who did not (no-gap), in 2007. The study is unique because it examined characteristics of Medicare Part D enrollees that are typically not available in administrative claims databases. METHODS: A survey based on the Seniors’ Prescription Coverage, Use and Surveying and the Brief Medication Questionnaire was developed and distributed to elderly persons seeking care at the pharmacies within the University of Arkansas for Medical Sciences College of Pharmacy Advanced Community Practice Network. Patients recruited were 65 years or older, enrolled in Medicare Part D in 2007, and taking medications for any of the following conditions: hypertension, hyperlipidemia, diabetes, asthma/COPD, or depression. RESULTS: In this four phase, 69 patients were enrolled and 24 (34.8%) reported reaching the coverage gap in 2007. Among in-gap patients, 95% were aged 65~83 years and 58% were female, compared to 73% and 64% respectively for the no-gap subjects. Compared with the no-gap subjects, more in-gap subjects attended college (78% vs. 46%), had a monthly income of $2000 or more (70.8% vs. 56%), and spent more than $300 per month on medications (42% vs. 24%). Compared with no-gap patients, in-gap patients were less likely (54% vs. 69%) to report overall satisfaction with Part D programs. Finally, 87.5% of the in-gap patients reached the gap in September 2007 or later. CONCLUSIONS: One-third of the subjects reached the coverage gap and most of them reached the gap within the last quarter of 2007, mitigating the impact of coverage gap to some extent. The in-gap group belonged to higher socioeconomic status, which was expected since the no-gap group appeared not to be at the risk of coverage gap because of low-income subsidies. Experiencing coverage gap negatively impacted patients’ satisfaction with Part-D plans.

THE IMPACT OF NON-REFERRAL OUTPATIENT CO-PAYMENT ON MEDICAL CARE UTILISATION AND EXPENDITURE IN TAIWAN
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OBJECTIVES: Taiwan’s National Health Insurance’s (NHI) generous coverage and patients’ freedom to access different tiers of medical facilities has resulted in accelerating high copayment and co-insurance. To deter non-referral, the government introduced a differential co-payment in 2005. Initial contact in primary care, a differential co-payment was introduced on July 15, 2005. Under this, patients pay more for outpatient consultations at higher medical facilities, particularly if accessed without referral. This study aimed to explore the impact of medical activities on expenditure, different co-payment groups and tiers of medical facilities. METHODS: A segmented time-series analysis on regional weekly outpatient medical claims (January 2004 to July 2006), Outcome variables (number of visits, number of outpatients, total cost of outpatient care) and variables for cost structure were stratified by tiers of medical facilities and