practice environments including inpatient/out-patient pharmacy, clinics, managed care, and LTC. The widespread applicability of the DSMT will be beneficial to healthcare practitioners, administrators, and researchers with diverse interests from managed care organizations, long term care, hospitals, community settings, and educational institutions.

**Abstracts**

**STRATEGIES FOR FORMULARY COMPARISONS IN THE MEDICAID MANAGED CARE ERA**

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Traditional state Medicaid programs that adopt an open managed care model must adapt their oversight from a single drug formulary to multiple formularies. Following the workshop, participants should be able to identify and describe successful strategies for obtaining and analyzing data needed to evaluate appropriateness of multiple drug formularies. Practical experience with obtaining information and creating a database containing multiple formularies, procedures to incorporate analysis of drug therapy by disease state, and different methods used to categorize drugs for evaluation will be presented. These will be demonstrated by comparing medications used for the treatment of peptic ulcer disease by Medicaid managed care formularies in the state of Tennessee. This workshop is intended for government and healthcare industry decision makers and others involved in quality control and improvement.

**EVALUATING HEALTH OUTCOMES AND PHARMAECOECNOMIC LITERATURE**

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In 1997, the United States Pharmacopeia (USP) established an Ad Hoc Outcomes/Cost Effectiveness Advisory Panel to consider the development of specifications for compiling, indexing, and evaluating outcomes research/cost-effectiveness literature on a disease-specific basis. Such a resource could be used to support pharmaceutical therapy choice decision making by a variety of potential users. The USP has developed a prototype health outcomes and pharmacoeconomic annotated registry of the literature on the disease state, congestive heart failure. Other organizations have established and are marketing pharmacoeconomic and health outcome literature registries, with two examples being the HEED database (OHE-IFPMA Database Ltd.) and the University of York NHS Centre for Reviews and Dissemination (DARE).

**OBJECTIVE:** To share experiences and to identify the needs of decision makers for outcome/pharmacoeconomic information and to discuss whether they are being met by currently available literature sources. Decision makers include health care practitioners, managed care organizations, third party payers, industry and governments.

**WORKSHOP FORMAT:** The USP congestive heart failure prototype literature registry will be described and compared to currently available pharmacoeconomic/outcome databases. Participants will share their assessment of the currently available abstracting service/databases and determine if there is a role for further developments.

**DESIRED OUTCOME:** To determine if there is a need for a collaborative approach among interested parties to make relevant health outcome/pharmacoeconomic infor-
mation more accessible to the drug therapy decision makers in a format that is “user friendly.”