OBJECTIVE: This study evaluated attitude of physicians toward formularies as well as services provided by the pharmacy department in a large independent practice association (IPA). METHODS: Surveys (n = 280) were sent to all practitioners in the IPA. The survey requested information on physician use of and satisfaction with the existing printed formulary quick list, their satisfaction with the pharmacy services, and their attitude towards formularies in general using a five-point strongly agree—strongly disagree scale. We received 90 completed surveys with a response rate of 32%. RESULTS: Majority of respondents were staff physicians (87%). Around 31% indicated pediatrics as their specialization followed by family medicine (17%) and internal medicine (17%). Practitioners who indicated that they had received the formulary quick list (37%) were highly satisfied (3.44 ± 0.84) with it. Practitioners were very satisfied with the performance (4.27 ± 0.79), interaction (4.35 ± 0.81), and services offered (4.21 ± 0.79) by the pharmacies. Their attitude towards pharmacist playing a more active role in patient care was positive (3.54 ± 0.98). However, their attitude towards formularies in general was negative. They agreed that formularies increased the amount of time spent making drug choices (4.01 ± 1.1), limited access to the best medicines for patients (3.63 ± 0.88), resulted in less-effective medicines (3.01 ± 0.99), compromised the quality of drugs prescribed (3.36 ± 0.92), and reduced the opportunities to offer the best medication for patients (3.43 ± 0.82). CONCLUSION: Physicians had negative attitude towards formularies in general. However, they were satisfied with the services offered by pharmacists, and they were positive towards more patient care involvement by the pharmacists. Physicians were also satisfied with the formulary quick list offered by the pharmacy department. A plan was developed to provide practitioners with an interactive, intranet-based reference of medications that would assist in prescribing decisions.

DEVELOPING A COMPREHENSIVE PERFORMANCE MEASUREMENT DATA SET FOR PHARMACEUTICAL BENEFIT MANAGEMENT PROGRAMS

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Pharmaceutical benefit management (PBM) programs are key to the provision of prescription drugs among those enrolled in health plans. A recent survey of HMOs revealed 600 of 604 HMOs had a drug benefit; and only 57 HMOs of the 600 with a drug benefit did not provide prescription drug coverage through a PBM (PBMI, 2000). Several proposals have advocated use of PBMs to administer outpatient prescription drug benefits for Medicare enrollees. Thus, the demand for accountability and a means to evaluate performance of PBM programs is growing; yet a set of standardized indicators for evaluating PBM performance does not yet exist. OBJECTIVE: Explore the array of functions performed by PBMs and measures used to evaluate PBM performance. Recommend additional measures that should be considered toward development of a comprehensive measurement set for evaluating PBM activities. METHODS: MEDLINE and web searches were conducted to develop a summary of PBM functions and existing PBM-related indicators. Measures used in other performance measurement activities that could be modified to assess PBM performance also were identified. RESULTS: PBM activities fall into four major categories: (1) administrative and management, (2) drug use control, (3) cost containment, and (4) disease management. Monitoring costs and savings of using drug management programs is the main focus of PBM performance measurement to date. Several entities have participated in efforts to develop measures for evaluating pharmaceutical care, but none has defined a comprehensive set of performance measures. Additional measures
that could be included in a comprehensive measurement set, falling into the four major categories of PBM activities, are suggested. CONCLUSIONS: A standardized, comprehensive set of performance indicators should be developed to enable public and private sector purchasing organizations to evaluate PBM services and the impact of these activities on quality of care and consumer satisfaction.

**POLISH GUIDELINES FOR CONDUCTING PHARMACOECONOMIC EVALUATIONS IN COMPARISON TO INTERNATIONAL HEALTH ECONOMIC GUIDELINES**

**OBJECTIVES:** Poland is the next European country, which is in the process of drafting country-specific guidelines for economic evaluation of pharmaceuticals. The aim of the study was to compare Polish pharmacoeconomic guidelines with international health economic guidelines, highlighting areas of agreement and dissent.

**METHODS:** Existing documents from 18 countries were reviewed, analyzed and a comparison was undertaken. The following topics were considered: objective, use of pharmacoeconomic analyses, responsibility in their conduct and target audience, methodology and ethical code of practice while conducting and publishing results of pharmacoeconomic analysis. The explanation of differences was taken.

**RESULTS:** For a number of issues recommendations are consistent between Poland and other countries. For the purpose of the Polish pharmacoeconomic research guidelines, the Canadian, Australian, Dutch and Belgian guidelines have, in some parts, been specially adopted to the Polish situation. In some parts it was possible to combine certain aspects; in the other, due to the unique local circumstances, there was a need to develop the methodological guidelines on a pure national level. For example there is a lack of consensus concerning costing and utility measurement. CONCLUSIONS: The guidelines for conducting pharmacoeconomic evaluations are linked to existing health care system and approaches to the pricing and reimbursement of pharmaceuticals. This is the purpose of differences between international health economic guidelines. To reach an optimal degree of the use of pharmacoeconomic studies in decision-making process it is essential to take into account local situation and create country-specific guidelines.

**APPLICATION OF HEALTH ECONOMICS IN THE CANADIAN PHARMACEUTICAL INDUSTRY**

**OBJECTIVES:** The field of health economics (HE) has undergone vast growth over the last decade. One continually evolving main factor is the motivation for performing HE studies, in particular in Canada because of changing requirements for provincial formulary submissions. The objective of this study was to determine how HE data is being applied by the Canadian pharmaceutical industry to date.

**METHODS:** A survey was sent to key personnel working in HE in the Canadian pharmaceutical industry and followed-up. Data from returned surveys were compiled in a database, tabulated, and evaluated.

**RESULTS:** Twenty-one (84%) of 25 surveys sent to companies reporting previous experience with HE were re-