from PQRI and HEDIS 2010 requirements; pharmacy measures included 14 PQA measures being tested for these diseases. Measures were reviewed to identify: 1) type (process/outcome) 2) constructs and 3) data requirements (pharmacy, medical, laboratory). RESULTS: Forty-eight measures were included (13 HEDIS, 21 PQRI, 14 PQA). HCPR, NDC, and PL measures for diabetes and insulindependence were included (achievement of Hgb A1c and LDL goals) and % receiving recommended screenings, while PQA measures emphasize process (adherence as gaps in therapy and proportion of days covered), excessive doses of diabetes medications, and suboptimal treatment (% on diabetes prescription without an ACEI or ARB). HEDIS, PQRI, and PQA measures for asthma assess use of controller medications, though 1 PQA measure also assesses overuse of beta agonists. Differences in the types and constructs of measures suggest opportunities for alignment. A bi-level framework that employs reporting pharmacy measures among patients who have not met the physician measure may facilitate a team approach for diabetes and hypertension quality, though this would only be feasible for organizations holding both medical and pharmacy data.

CONCLUSIONS: Medication quality measures are of increasing importance, yet available tools and measures differ. Findings suggest that testing a bi-level framework for diabetes and hypertension pharmacy quality measurement would be worthwhile.

HEALTH CARE USE & POLICY STUDIES – Regulation of Health Care Sector

**PHP98**

**THE ROLE OF AUTHORIZED GENERICS IN THE PRESCRIPTION DRUG MARKETPLACE**

Mbachakata N., Shepherd M., Lawson K., Richards K.

University of Wisconsin, Madison, WI, USA

OBJECTIVES: Authorized generics (AGs) are products manufactured by a patent holder but marketed by a subsidiary or a third party company. AGs might increase competition and reduce generic prices when launched during the 180-day exclusivity period of an independent generic(s) (IGs). AGs launched during IG exclusivity might also present a long-term disadvantage to consumers by delaying timely entry of generics. The objectives of this study were: 1) to determine the trend in market share of AGs during the first six months for drugs launched with a first-filer(s) 180-day exclusivity; 2) to determine the trend in market share of AGs for the first six months for drugs launched without first-filer(s) exclusivity. METHODS: Five drugs were selected as cases to assess the effect of AGs launched during the exclusivity of IGs on market share of the brand and generic products. Each product selected had three subcategories: a brand name drug, an AG and at least one IG on the market. The unit of analysis was the number of prescriptions dispensed, without regard to the dispensed quantity. RESULTS: At the end of the first year, market shares of AGs launched with the exclusivity of an IG in the cases of Zocor®, Provast® and Norvasc® were 37%, 52% and 49%, respectively. Meanwhile, market shares of AGs launched without the exclusivity of an IG in the cases of Arava® and Amben® were 21% and 14%, respectively. CONCLUSIONS: AGs launched during IG exclusivity dominated the market and had the largest market share when compared to any other single market participant for the case. AGs launched during IG exclusivity obtain a dominant market share position and in the long run might discourage IG companies from timely generic introductions. Policy limiting the entry of AGs during the exclusivity of IG exclusivity might prevent delayed generic entry.

**PHP99**

**DESCRIPTION AND EVALUATION OF THE KNOWLEDGE OF THE BRASILIA POPULATION FOR THE POLITICS OF ECONOMIC MEDICINE REGULATION IN BRAZIL**

Araujo MAP, Rabuda IM, Frutis PC, Alaver RT

ANVISA, Brasilia, DF, Brazil

OBJECTIVES: The primary objective was to evaluate the knowledge of the drugstore consumers from Brasilia and workers of ANVISA, for the regulation of prices of medicines. The specific objectives were to assess the knowledge of the populations on PMC, different price of generic medicines, estimate monthly expenses of the two medicines. The specific objectives were to assess the knowledge of the populations on PMC, different price of generic medicines, estimate monthly expenses of the two medicines. The specific objectives were to assess the knowledge of the populations on PMC, different price of generic medicines, estimate monthly expenses of the two medicines. The specific objectives were to assess the knowledge of the populations on PMC, different price of generic medicines, estimate monthly expenses of the two medicines. RESULTS: There were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA. Despite of there were interviewed 105 consumers in drugstores and 57.86% of the employees of ANVISA.

CONCLUSIONS: The EUQ is a 19-item instrument evaluating clinicians’ perceptions and preferences to orthotics and prosthetics (O&P). Rapidly emerging technologies in the O&P field have created a need for O&P providers to assess the effect of AGs launched during the exclusivity of IGs on market share of the brand and generic products. Each product selected had three subcategories: a brand name drug, an AG and at least one IG on the market. The unit of analysis was the number of prescriptions dispensed, without regard to the dispensed quantity. RESULTS: At the end of the first year, market shares of AGs launched with the exclusivity of an IG in the cases of Zocor®, Provast® and Norvasc® were 37%, 52% and 49%, respectively. Meanwhile, market shares of AGs launched without the exclusivity of an IG in the cases of Arava® and Amben® were 21% and 14%, respectively. CONCLUSIONS: AGs launched during IG exclusivity dominated the market and had the largest market share when compared to any other single market participant for the case. AGs launched during IG exclusivity obtain a dominant market share position and in the long run might discourage IG companies from timely generic introductions. Policy limiting the entry of AGs during the exclusivity of IG exclusivity might prevent delayed generic entry.

HEALTH CARE USE & POLICY STUDIES – Beyond Drug Interventions

**PHP100**

**INDEPENDENT RETAIL PHARMACY ATTRIBUTES, INSURER REIMBURSEMENT, AND THE IMPLICATIONS ON THE PROPOSED COLLECTIVE BARGAINING LAW**

Hernandez JM, Broni MK, Drouet WR

University of Iowa, Iowa City, IA, USA

OBJECTIVES: 1) To examine whether small individual provider attributes affects reimbursement between insurer and independent retail pharmacies, and 2) to understand the implication of our results on the potential impact of the proposed community pharmacy collective bargaining law. METHODS: Data were collected and compiled from four sources: a national mail survey to independent pharmacies, National Council for Prescription Drug Programs Pharmacy database, 2000 U.S. Census and 2000 Economic Census data. Pharmacy attributes consist of price, costs, cash prices and reimbursement rates of a brand name drug Lipitol and a generic drug Lisinopril acquired from the survey. Key independent variables include individual pharmacy attributes and local market structure measures. RESULTS: Reimbursements varied substantially across pharmacies. For Lipitor, best reputation (β = 0.101), easiest accessibility (β = 0.067), pharmacy ownership concentration index (β = 0.104) and area per capita income (β = -0.165) are significant predictors of pharmacy bargaining power. For Lisinopril, only easiest access (β = 0.082) and per capita income (β = -0.068) are found to be significant. CONCLUSIONS: Pharmacies with the best reputation, easiest access and facing less competition in its market receive higher reimbursement rates for brand name drugs. An independent pharmacy with the best reputation and easiest access and with average dispensing volume would receive $167,688 more in reimbursement a year than a pharmacy located in another market and facing moderate access and easiest access. Our results suggest that the current third party contracting practice rewards pharmacies with favorable attributes with higher reimbursements. Our results also imply that a collective bargaining law for independent pharmacies is likely to benefit those pharmacies currently receiving below average reimbursement rates due to weaker market positions, and would have the potential effect of raising costs and removing incentives for pharmacies to maintain the attributes that are valuable to customers.

HEALTH CARE USE & POLICY STUDIES – Beyond Drug Interventions

**PHP101**

**DIFFERENCES IN CLINICIAN REPORTED EASE OF USE BETWEEN 2 HEMOSTASIS TREATMENT METHODS: RESULTS FROM A RANDOMIZED CONTROLLED STUDY**

Kawen MF, McCormick J, Vernon MP, Batrlar J, Hammond J

Ethicon, Inc., Somerville, NJ, USA, *United BioSource Corporation, Bethesda, MD, USA

OBJECTIVES: To evaluate treatment group differences in clinician reported ease of use between Fibrin Pad (FP) and Surgicel for hemostasis in subjects with mild or moderate bleeding using a novel survey tool. METHODS: The Ease of Use Questionnaire (EUQ) was used as part of a randomized, controlled, clinical study of FP versus Surgicel for intra-operative hemostasis. Subjects were randomized at 11 institutions with a 2:1 FP to Surgicel ratio. Additional subjects were enrolled to maintain the randomized phase and treated with FP. Subjects were stratified according to bleeding severity. Up to the first three subjects completed the EUQ at each institution. The final sample was N = 20 FP and N = 8 Surgicel (randomized) and N = 2 FP (non-randomized). The EUQ is a 19-item instrument evaluating clinicians’ perceptions and preferences for hemostasis products on five subscales (Ease of Use, Satisfaction with Product Properties and Efficiency, Confidence in Efficacy, Global Confidence, and Global Satisfaction). Differences in ease of use between treatment groups were evaluated using five ANCOVA models where subscale scores were the dependent variables, treatment group was the independent variable, and severity of bleeding was controlled for as the covariate. RESULTS: Mean subscale scores for Confidence in Efficacy (FP = 4.70 vs. S = 3.30), Global Confidence (FP = 4.70 vs. S = 4.13) and Global Satisfaction (FP = 4.85 vs. S = 4.64) were significantly higher for the FP group as compared to the Surgicel group (all p < 0.005). Mean subscales scores for Ease of Use (FP = 4.82 vs. S = 4.66) and Satisfaction (FP = 4.71 vs. S = 4.34) were higher for the FP group, but non-significant. CONCLUSIONS: Physicians reported higher ease of use, satisfac tion in use, global confidence with FP treatment in moderate to heavy bleeding. Non-significant results in the Ease of Use and Satisfaction subscales likely resulted from small sample sizes. Future studies should evaluate ease of use in the full range of bleeding severities and larger sample sizes.