“baseline” year served as control data. RESULTS: There were 1500 intervention and 286 control participants with mean age 57 years. Results were slightly negative with 42.5% disagreeing (34% for a health plan (83.6%) and 39.6% of the plans were local; 35.4% national; and 25.0% P:

The use of CER and evidence-based medicine (EBM) was evaluated using a 5-point system which was significantly better (0.05) than controls for the Six Minute Walk Test, Step Test, Falls Efficacy Score and Life Space Assessment. The median time to approval for these three drugs was ~5 years, significantly shorter than the 2012 median time to approval for priority review applications (6 years). The price premium was 30-50%, compared to other products in the same category. The median time to approval for these drugs range from 5-10 years, significantly longer than the 2012 median time to approval for priority review applications (6 years). The price premium was 30-50%, compared to other products in the same category. RESULTS: Since the establishment of the BTD pathway, 55 products have been granted breakthrough therapy designations (2012-2015), of which, 42% have been publically disclosed by the manufacturers and 6% have been approved by the FDA. In terms of indications, 43% are for cancer, 41% for orphan diseases, 14% for rare diseases, 14% for genetic diseases and 14% for Hepatitis C.

PHP156 THE USE COMPARATIVE EFFECTIVENESS RESEARCH AND EVIDENCE BASED MEDICINE IN US PAYER DECISION MAKING Sax M1, Smeeding JE2, Brook RA2

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OBJECTIVES: To understand how comparative effectiveness research (CER) is being used by US managed care plans and pharmaceutical benefit managers (PBMs) to make formulary decisions. Fifty-four percent of respondents agreed that the primary responsibility of pharmacists in the healthcare setting was to prevent and solve medication-related problems (98.5%), pharmacists do not possess required knowledge on ADR reporting, its importance and requirements is an important responsibility of pharmacist however, surprisingly safety reporting is an important responsibility of pharmacist however, surprisingly, almost 73.2% pharmacists were not aware of existing pharmacovigilance program guidelines. The purpose of current study was to evaluate knowledge, attitude and practice of CPs towards ADR reporting and monitoring.

PHP157 IMPACT OF CLERKSHIP ATTACHMENTS ON STUDENTS’ ATTITUDE TOWARDS PHARMACEUTICAL CARE IN ETHIOPIA Sado M1, Amsalu B1, Himamsa Pateli1, Parbhasarathi G1

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OBJECTIVES: This study was conducted to assess the knowledge, attitude and practice of community pharmacists (CPs) towards ADR reporting and monitoring. METHODS: A prospective cross sectional study was conducted at selected community pharmacies. Pharmacists at selected pharmacies were administered a questionnaire by research pharmacist and two weeks’ time was given to each pharmacist to complete the survey. Questionnaire was designed with various elements which can evaluate knowledge, attitude and practice of pharmacists towards ADR reporting. RESULTS: A total of 256 community pharmacists were approached at selected community pharmacies per study criteria and were administered a questionnaire. Of 256, only 56 CPs (21.8%) responded to the survey. Of 56 respondents, 37.5% were able to define ADR correctly, whereas 37.5% of pharmacists believed ADRs solely as allergic response. Only 66% of pharmacists could correctly identify potential risk factors responsible to cause ADRs and 57% of pharmacists were aware of the consequences of ADRs. Almost 93% of respondents admit that safety reporting is an important responsibility of pharmacist but surprisingly almost 50% of pharmacists are not sure about the taking initiative to report any event. Other studies reported that pharmacist’s awareness and knowledge which may lead pharmacist to report ADRs. Almost 50% feels it as professional responsibilities which do not require incentives. Among respondents only 20% of them had ever reported ADR to national safety reporting centres. However, majority of CPs are interested to contribute for ADR reporting through appropriate training program. CONCLUSION: Community pharmacists do not possess required knowledge on ADR reporting, its importance and national safety reporting program. There is a strong need to implement educational and regulatory interventions periodically to improve the understanding of safety reporting among CPs.