In Canada, eligible non-cancer prescription services for health and helps a lot the health care decision-making. Therefore, there is a need for training of human resources with solid knowledge in pharmacoeconomics. However, little is known about the extent pharmacoeconomics is taught in schools of pharmacy in Brazil. The objective of this study was to survey the pharmacy schools in Brazil to determine the extent of education in pharmacoeconomics offered during the school year 2012-2013. METHODS: A questionnaire based on previous studies [Rascati (1998, 2005, 2013)] was developed. This was emailed to 55 pharmacy schools in Brazil during October and December 2013. The schools were selected from the Ministry of Education website. University schools of public and private institutions (two-thirds of the total number of Brazilian schools of pharmacy [5, 5]), 14, were unanswered. Only one school does not address the teaching of Pharmacoeconomics in no time. Most discuss some concepts within various disciplines (see 8.0). Four schools have formal disciplines that teach only Pharmacoeconomics or health technology assessment (more than 30 hours). All agree that the education of pharmacoeconomics is important. In the search for directories of research groups there were found 23 groups that develop research in the area of Pharmacoeconomics in Brazil. CONCLUSIONS: Pharmacoeconomics education in Brazil is still in its infancy and there is a unique opportunity for well-trained instructors and researchers to fill this gap. Provide an education in Pharmacoeconomics to pharmacy and economists students is especially important in the context of evidence-based decisions and when health issues and allocation of scarce resources is a priority for Brazilian Health System.

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**AN ANALYSIS OF REAL WORLD DATA TRENDS IN GLOBAL HTA MARKETS**

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**OBJECTIVES:** The nature and frequency of global stakeholder real world data (RWD) “ask” is growing and there is an impact of not having RW evidence upon market access and reimbursement. Unfavorable reimbursement and unfavorable re-evaluation. We aimed to assess RWD use for market access (MA) decisions in key global markets. METHODS: Search of the HTAWatch database supplemented by an online literature search of key HTA organizations. RESULTS: In the UK, the National Health Service uses real-world adherence studies to update national treatment guidelines and inform reimbursement. In Australia, the Pharmaceutical Benefits Advisory Committee is willing to delay or make temporary decisions in anticipation of RWD on a product’s economic or effectiveness value assessment.