60 hours per year. The median number of FE hours for required courses was 16 and the mean number of students enrolled annually was 117. Learning objectives and covered topics obtained from syllabi and surveys varied among college/schools.

**CONCLUSIONS:** More US Colleges/Schools of Pharmacy required FE education compared to the 2007 survey, and the number of hours and students in these courses increased. Although the extent of FE education has increased, a large variation in number of required credit hours and students was observed among the schools. This variability and schools demonstrates a lack of uniformity or standardization for this area.

**PHP7**

**THE STATUS OF PHARMACOECONOMIC EDUCATION IN EGYPTIAN SCHOOLS OF PHARMACY: AN EXPLORATORY ANALYSIS**

**Background:** Pharmacoeconomics education in Egypt is still in its infancy. The purpose of this study was to assess the existing state of undergraduate and postgraduate pharmacoeconomics education in the Egyptian schools of pharmacy.

**METHODS:** A survey methodology was employed in which a previously published survey was adapted and modified into a 15-item survey to suit our research purpose. The survey was administered to the head of the department under which offers pharmacoeconomics education. The survey was adapted and modified into a 15-item survey to suit our research purpose. We attempted to reach all the schools of pharmacy in Egypt (n=23). We received usable responses from 13 schools of pharmacy (56.5%). Only 4 schools were offering pharmacoeconomics education at the time of survey completion. The questionnaire included 15 questions (35.5 hrs). Average estimated class size was 420 students (range: 280-600). Among the 4 schools offering pharmacoeconomics, only 1 faculty member was trained through a formal PhD program. Two schools offered pharmacoeconomics education at the graduate level. Methods of pharmacoeconomic analyses were the most commonly taught topics. Of the 13 schools of pharmacy, 9 schools expressed their interest to teach a course fully dedicated to pharmacoeconomics in the near future (2-4 years).

**CONCLUSIONS:** Pharmacoeconomic education in Egypt is still in its infancy. Interest was expressed by faculty members in integrating pharmacoeconomics into pharmacy education. Lack of subject area experts might be a major barrier in such adoption. There exists a unique opportunity for well-trained individuals to fill this gap.

**HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs**

**PHP73**

**BUDGET IMPACT ANALYSIS: DO CANADIAN GUIDELINES MEET THE NEEDS OF PUBLIC DRUG PLAN MANAGERS?**

**Objective:** The objective of this research was to validate with provincial drug plan managers what was written in Canadian Provincial Drug Plans. However, they should be updated in order to reflect the current guidelines.

**Methods:** We attempted to reach all the schools of pharmacy in Canada, dorval, Quebec, Canada. A non-significant decrease was observed in patients with Hgb < 9 g/dL and without a ferritin assessment (3.1% - 2.8%, p=0.396). The objective of this study is to describe the impact of the guidelines for conducting pharmacoeconomic analyses issued for innovative drugs (other recommendations were excluded) and identified the reasons related with reducing the cost-effectiveness outcomes. Negative recommendations were given for reimbursement to 18 of 85 (21%) of innovative drug submissions. In one case budget impact and the corresponding high prices were emphasized as a main reason of negative recommendations. Also only in one case the reason was connected with drug safety issues, while in 16 cases with insufficient evidence of efficacy and safety. Low efficacy of approved innovative drugs was a key factor of negative recommendations published by AOTM in 2011. Neither cost-effectiveness nor costs, safety and budget impact were significant arguments in negative recommendations of AOTM.

**PHP75**

**A WEB APPLICATION TOOL FOR ENHANCED MEDICATION UTILIZATION EVALUATION OF ERYTHROPOIESIS STIMULATING AGENTS**

**Objectives:** The objective of this research was to validate with provincial drug plan managers what was written in Canadian Provincial Drug Plans. However, they should be updated in order to reflect the current guidelines.

**Methods:** We attempted to reach all the schools of pharmacy in Canada, dorval, Quebec, Canada. A non-significant decrease was observed in patients with Hgb < 9 g/dL and without a ferritin assessment (3.1% - 2.8%, p=0.396). The objective of this study is to describe the impact of the guidelines for conducting pharmacoeconomic analyses issued for innovative drugs (other recommendations were excluded) and identified the reasons related with reducing the cost-effectiveness outcomes. Negative recommendations were given for reimbursement to 18 of 85 (21%) of innovative drug submissions. In one case budget impact and the corresponding high prices were emphasized as a main reason of negative recommendations. Also only in one case the reason was connected with drug safety issues, while in 16 cases with insufficient evidence of efficacy and safety. Low efficacy of approved innovative drugs was a key factor of negative recommendations published by AOTM in 2011. Neither cost-effectiveness nor costs, safety and budget impact were significant arguments in negative recommendations of AOTM.