but not acquainted on principles of STG. We conclude that Mps need repetitive in-service training programs to ensure the adherence to STG and Mps are in need of skill development programme to prepare STG in clinical practice.

**PHP135**
EVALUATION OF COST CONTAINMENT INTERVENTIONS INTRODUCED ON THE COMMUNITY DRUG SCIENCES IN IRELAND USING A NATIONAL PRESCRIPTION CLAIMS DATABASE

**OBJECTIVES:** The aim of this paper was to examine trends in expenditure of pharmaceuticals on the community drug schemes from 2005 to 2010, during which time a range of cost-containment interventions were introduced which affected the pricing mechanism for pharmaceuticals in Ireland. METHODS: Data were analysed using a national prescription claims database according to drug class, i.e. generic, patent, and sales margin and pharmacy margin. A range of cost-containment interventions were included in the analysis. RESULTS: The total pharmaceutical expenditure during the study period. This analysis of national expenditure trends over a six-year period provides valuable information for the healthcare payer, and the impact of the cost-containment interventions and may provide a benchmark for future negotiations with the pharmaceutical industry.

**PHP136**
RADIOLOGY DIAGNOSTICS AND INTERVENTIONAL RADIOLOGY SERVICES: UTILIZATION PATTERNS AND ECONOMIC CONSEQUENCES ANALYSIS IN A LARGE TERTIARY CARE UNIVERSITY HOSPITAL – THREE YEAR TRENDS

**OBJECTIVES:** Health economic estimates of radioactivity-mediated diagnostic and treatment procedures are seldom in literature. This would be the first one to compare actual vs. these examinations and interventions in a large scale trial. Assessment of costs matrix and prescribing patterns of radiology diagnostics and interventional radiographic services and the roots of clinical decision making process contributing to unacceptable allocation of scarce health care resources. METHODS: All inpatients and outpatients (>18 years) were included in the study. The patients medical dossier files due to wide range of admission causes (approximately 1,829,764 in 2009). The patients cost on average 9.887 € per patient. RESULTS: In 2009, each patient got one lung graph, each 7th got the NMR of the head. The obvious findings were: 69.552 RSD (218 €) in 2009. On average, each patient got one lungs graph, each 7th got the NMR of the head. CONCLUSIONS: The study indicates that reductions in the whole sale margin and pharmacy mark-up had the largest impact on reducing pharmaceutical expenditure during the study period. This analysis of national expenditure trends over a six-year period provides valuable information for the healthcare payer, and the impact of the cost-containment interventions and may provide a benchmark for future negotiations with the pharmaceutical industry.

**PHP137**
GUIDELINES FOR PHARMACOECONOMIC EVALUATION FOR SERBIA

**OBJECTIVES:** The aim of this paper was to examine trends in expenditure of pharmaceuticals on the community drug schemes from 2005 to 2010, during which time a range of cost-containment interventions were introduced which affected the pricing mechanism for pharmaceuticals in Serbia. METHODS: Data were analysed using a national prescription claims database according to drug class, i.e. generic, patent, and sales margin and pharmacy margin. A range of cost-containment interventions were included in the analysis. RESULTS: The total pharmaceutical expenditure during the study period. This analysis of national expenditure trends over a six-year period provides valuable information for the healthcare payer, and the impact of the cost-containment interventions and may provide a benchmark for future negotiations with the pharmaceutical industry.

**PHP138**
INTANGIBLE CAPITAL AND RETURN ON ASSETS IN THE PHARMACEUTICAL INDUSTRY

**OBJECTIVES:** The aim of this paper was to examine trends in expenditure of pharmaceuticals on the community drug schemes from 2005 to 2010, during which time a range of cost-containment interventions were introduced which affected the pricing mechanism for pharmaceuticals in Serbia. METHODS: Data were analysed using a national prescription claims database according to drug class, i.e. generic, patent, and sales margin and pharmacy margin. A range of cost-containment interventions were included in the analysis. RESULTS: The total pharmaceutical expenditure during the study period. This analysis of national expenditure trends over a six-year period provides valuable information for the healthcare payer, and the impact of the cost-containment interventions and may provide a benchmark for future negotiations with the pharmaceutical industry.

**PHP139**
EVALUATING P&R COMPLEXITIES ARE AFFECTING LAUNCH SEQUENCING AND TIME TO MARKET IN 18 DEVELOPED AND EMERGING MARKETS

**OBJECTIVES:** The aim of this paper was to examine trends in expenditure of pharmaceuticals on the community drug schemes from 2005 to 2010, during which time a range of cost-containment interventions were introduced which affected the pricing mechanism for pharmaceuticals in Serbia. METHODS: Data were analysed using a national prescription claims database according to drug class, i.e. generic, patent, and sales margin and pharmacy margin. A range of cost-containment interventions were included in the analysis. RESULTS: The total pharmaceutical expenditure during the study period. This analysis of national expenditure trends over a six-year period provides valuable information for the healthcare payer, and the impact of the cost-containment interventions and may provide a benchmark for future negotiations with the pharmaceutical industry.

**PHP140**
EVOLVING P&R COMPLEXITIES ARE AFFECTING LAUNCH SEQUENCING AND TIME TO MARKET IN 18 DEVELOPED AND EMERGING MARKETS

**OBJECTIVES:** The aim of this paper was to examine trends in expenditure of pharmaceuticals on the community drug schemes from 2005 to 2010, during which time a range of cost-containment interventions were introduced which affected the pricing mechanism for pharmaceuticals in Serbia. METHODS: Data were analysed using a national prescription claims database according to drug class, i.e. generic, patent, and sales margin and pharmacy margin. A range of cost-containment interventions were included in the analysis. RESULTS: The total pharmaceutical expenditure during the study period. This analysis of national expenditure trends over a six-year period provides valuable information for the healthcare payer, and the impact of the cost-containment interventions and may provide a benchmark for future negotiations with the pharmaceutical industry.

**PHP141**
MEDICAL DEVICES AND DRUGS: ECONOMICS OF RELEVANT LIFE-STYLE CHANGES AND INCREASE IN COST-EFFECTIVENESS WHEN CONDUCTING FE FOR EACH COMPONENT OF THE ECONOMIC EVALUATION.

**OBJECTIVES:** Result from the study indicate that reductions in the whole sale margin and pharmacy mark-up had the largest impact on reducing pharmaceutical expenditure during the study period. This analysis of national expenditure trends over a six-year period provides valuable information for the healthcare payer, and the impact of the cost-containment interventions and may provide a benchmark for future negotiations with the pharmaceutical industry.