the characteristics of community pharmacies in Egypt. The current study and future ones would significantly improve the ability to probe practice-related issues and economic challenges community pharmacies and pharmacists face in Egypt.

**PHP141**

**BRIDGING HTA AGENCIES ACROSS EUROPE: A SYSTEMATIC APPROACH TO CATEGORIZE EVOLVING AGENCIES**

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**OBJECTIVES:** HTA agencies are mushrooming in Europe. Industry faces the challenge to meet their diverse requirements and comply with decision criteria. Our aim was to investigate similarities and distinguishing characteristics of HTA agencies and anchor institutes and use different approaches for HTA and serve as a reference for others, and to assign other countries to one of the anchor institutes.

**METHODS:** We identified the primary institutions in European countries where HTA plays a role in decision making. We developed a template for the unified assessment of the input needs of the agencies, and a set of criteria an anchor country should meet. Agencies were assessed based on a literature review, and assigned to one of the anchor countries, which was validated by MSD subsidiaries across Europe. Future trends in anchor countries were investigated.

**RESULTS:** We identified three anchor institutes in Europe using different value assessment concepts. IQWIG in Germany primarily assesses HTA submissions on the basis of patient-related outcomes requiring hard endpoints. HAS in France sees the medical benefit of technologies in innovativeness rating them from no innovation to breakthrough innovation. NICE in the UK provides evidence of the cost-effectiveness and lifetime utility of technologies. This analysis converges on the importance of the HTA strategy and how many patients are considered.

**CONCLUSIONS:** European HTA agencies can be systemized based on their requirements. This review can serve as a repository of individual country needs in HTA, an input to the design of clinical trials, and can support the development of industrial HTA strategies. Such a snapshot however cannot substitute the deep knowledge of local requirements and needs regular update to follow-up future trends.

**PHP142**

**CHANGES IN THE NUMBER OF ENROLES IN THE HUNGARIAN MANAGED CARE PROGRAMME**


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**OBJECTIVES:** A pilot care managing programme was introduced in Hungary in 1999. The conceptual foundations of the Hungarian implementation of managed care is closer to what was called the GP fundholding in the UK than HMOS in the USA. The purpose of the study is to analyse the changes in the number of enrolees in the care managing programme.

**METHODS:** The data derive from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA) covering the period 1997-2007. We identified the average annual number of persons enrolled to Care Managing Organizations. The Hungarian HTA framework was financed through a risk adjusted capitation fee and the health services covered by CMOs were defined in legal regulations.

**RESULTS:** The total number of the Hungarian population was around 10 million people (100 %) during the study period. Since the beginning of the programme (1997) the total number of persons covered by the care managing programme increased from 158,984 (1.5 % of the Hungarian population) to 601,915 persons (5.9 %) in 2007. After this peak, the number of enrollees decreased to 593,475 persons in 2006 and 554,758 persons in 2007. With the time allowed for review to allow for a more in-depth evaluation.

**CONCLUSIONS:** With the development of the Hungarian care managing system, the average number of enrollees increased. This increase resulted in larger-pooling structure providing a more stable environment for Care Managing Organizations.

**HEALTH CARE USE & POLICY STUDIES – Risk Sharing/Performance-Based Agreements**

**PHP144**

**THE 2012 US PAYOR LANDSCAPE: RESULTS FROM A SURVEY OF MEDICAL AND PHARMACY DIRECTORS**

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**OBJECTIVES:** To determine the types of approaches preferred by payers to enhance the P&T decision-making process and how medications accessed onto the formulary should be covered.

**METHODS:** An online-interactive survey of US medical directors (MDs-PhDs) and pharmacy directors. The survey was designed to allow for a more in-depth Likert scale (1=agree completely, 1=disagree completely), some questions used qualitative responses and interpretive analysis to explore views and beliefs.

**RESULTS:** Twenty-nine (20 MDs-9 PhDs) responded, representing 44 commercial plans, 8 Medicaid plans, and 23 Medicare plans. Respondents indicated that current process in obtaining usable comparative-effectiveness research (CER) information was slow (average=4.17, MD=4.06, Fd=4.10 on the 10-point scale). However they anticipate regular utilization CER, its present formality in decision making by 2015 (average=6.03, MD=6.0, Fd=6.1). Their rating of the use of evidence-based medicine in coverage decision making was today somewhat higher (average, 7.08, MD=7.38, Fd=6.0). The survey participants pointed out that emerging CER results were greatly adding to the following areas: Optimization/improvement of clinical guidelines (22.6%), medical/pharmacy benefit management (19.4%), evaluation of the value (16.1%), appropriateness of care (16.1%), pharmaceutical R&D (6.5%). When asked how they would change their company’s pharmacy benefit design, the most frequent responses were incorporating CER data into copayment tiering management (13.3%), further incentivizing adherence through benefit design (10.0%), and altering benefit design structures to prioritize medications (9.0%), primarily lowering member out-of-pocket costs. To improve their P&T Committee process, 23.3% would incorporate more CER results, 13.3% would enhance the physician/specialist presence on the review committee, and 6.6% would increase the time allowed for review to allow for a more in-depth evaluation.

**CONCLUSIONS:** The environment for P&T Committee decision making in managed care is undergoing a series of changes, and payer medical directors and pharmacy directors, who commonly serve as P&T Committee members, have distinct opinions as to how to alter the process to adapt to these influences.