reimbursement decisions. Our objective was to evaluate the lag between a drug’s FDA approval and the publication of the first CUA evaluating the product.

**METHODS:** We used the FDA’s website to identify newly approved drugs from 2000-2010 (n=342). For each drug, we searched the Tufts Medical Center Cost-Effectiveness Analysis Registry and the NHS Economic Evaluation Database for CUA evaluations and the time to CUA publication. We included drugs with a corresponding CUA in our dataset. When multiple CUA studies were available, we included the CUA with the earliest publication date. We used multiple linear regression to determine factors associated with time to CUA publication (years). Independent variables included drug approval year, study funder, i.e., whether the CUA was supported by industry, and whether the FDA assigned the drug priority review status.

**RESULTS:** One hundred and fifty-six (45.6%) drugs in our sample had a corresponding CUA. Average time to CUA publication was 4 years (standard deviation 2.3 years). We divided drug approvals into three time intervals: 2000-2002 (mean time to CUA publication=5.3 SD=2.4), 2003-2006 (mean=3.9, SD=2.4), and 2007-2010 (mean=3.0, SD=0.9). The percentage of drugs approved from 2000-2002, time to CUA publication was 1.5 years shorter for drugs approved from 2000-2002 (p<0.001) and 3 years shorter for drugs approved from 2007-2010 (p<0.001). Source of study support and FDA priority review status were not linked to shorter CUA times.

**DISCUSSION:** The FDA’s approval process is important for drug reimbursement decisions, but reimbursement decisions often lag FDA approval. In the future, more time-efficient reimbursement decision-making could be implemented and more reimbursement decisions could be made.