6.13%, pregnancy 5.57% and nervous system diseases 3.45%.
These groups of diseases are, by importance, the main cause of
absence from work in all the regions. The rate of sick leaves over
30 days for the entire territory of the Republic of Serbia is
7.06%. The point of interest here is that this rate is very uneven
in various regions and amounts from 1.72% to 18.27%.
The total liabilities of RHII in the period from January to September
2005, for reimbursement of sick leaves were €56,732,175. CON-
CLUSIONS: Data obtained by this analysis illustrate that the
sick leave rate is very high and uneven, which is the result of
absence of medical doctrine standards for evaluation of tempo-
rary work disability. In addition, the most frequent reasons for
sick leaves are the effects of bad habits, poverty and risk factors:
smoking, lack of physical activity, overweight and generally poor
life quality and insufficient protection at work by employers.

**PHP28**
PILOT STUDY OF THE IMPACT OF NEW PRICING SCHEMA ON DRUG PRICES IN REPUBLIC SERBIA
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OBJECTIVE: To analyze the price changes in the leading thera-
peutic groups and medicines after the introduction of the new
pricing schema in Serbia. METHODS: The legislative analysis of
the new pricing schema was applied on price changes. The
leading 10 medicines by therapeutic classes both in financial
terms were chosen on the basis of the previous market analysis.
The relative share of price changes and waged price indexes were
calculated. RESULT: In 2005 the Ministry Council has issued the
new drug prices regulation that changes the pricing approach
from “cost+” to reference pricing. Italy, Croatia and Slovenia
were chosen for reference countries and prices have been com-
pared at wholesale level on the basis of different discounting per-
centages matching the local interest rate. The manufacturers
should provide a set of documents including pharmacoeconomic
analysis in free form for new price registration. The goal of the
pharmacoeconomic analysis should be to evaluate the impact of
the new price on the affordability. The market analysis revealed
that the leading ATC groups in financial terms are cardiovascu-
lar medicines (C), anti infective (J), acting on muscles and bones
and anxiolytics (N) accounting for near 30% of the whole
market. After the introduction of the new pricing schema the leading medicines in those ATC groups changed their character-
istics—group C quantities prescribed and total cost increased by
10,86% and 21,08% respectively; group J reduced quantity by
15,50% and increased value by 19,02%, group M reduce quantity
by 15,46% and total cost by 99, 40% and anxiolytic increased quantity and total cost by 8,08% and 63,75% respect-
ively. CONCLUSION: New pricing schema lead to the increas-
ing usage of the most important medicines in value terms but has
controversial effect on quantities consumed.

**PHP29**
PHARMACEUTICAL BUDGET ALLOCATION: A CAPITATION MODEL
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OBJECTIVES: To allocate an annual budget (2006) for each primary care health team (PHCT) in relation to pharmaceutical expenditure. METHODS: Three factors are considered in the allocation formula: A capitation factor: allocation for insured population based on real average costs per capita of the autonomous community (7 million people) considering 20 isocost age bands. Pearson’s variation coefficient was applied to
define isocost bands (criteria: PCV < 10% in each band). Gender
is also considered in this indirect standardization process. This
allocation value is increased by the monetary flows generated by
not-assigned insured (other PHCT, other autonomous commu-
nities and foreigners) and subtracted by the pharmaceutical cost
direct service lent to their own insured population in other PHCT. This
capitation factor is increased in the coefficient of global growth
expenditure established for 2006 (4%). Modulator factor con-
siders the number of old people’s homes managed, the variation
of insured population during last year and the value of the rate
of use (Pearson’s correlation coefficient between standardised
expenditure per inhabitant and the rate of use is 53% (p < 0.05)).
Finally an adjustment factor is applied in order to establish a
temporal horizon. Three PHCT groups (33–66 percentiles) are
defined according to deviations in relation to real expenditure
for 2005 (normal distribution: p > 0.1 in Z-Kolmogorov
Smirnov). For every group a minimum and maximum increase
is determined, maintaining the order and the global increase
established for all the PHCTs (4%). RESULTS: Considering pop-
ulation structure for each PHCT makes possible to obtain allo-
ations per capita between €157–350. For 99% of PHCT, modulator factor doesn’t represent an impact above +/−20% over
capitation factor. For each PHCT, final allocation represents
an increase between 2%-6.25% on pharmaceutical expenditure
of 2005. CONCLUSION: The model leaves behind historical
models of growth, and establishes a high degree of responsibil-
ity to PHCTs in relation to pharmaceutical expenditure.

**PHP30**
ASSESSING THE ECONOMIC AND SAFETY IMPACT OF GLASS VERSUS POLYMER CONTAINERS IN A RADIOLOGY DEPARTMENT
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OBJECTIVES: Diagnostic x-ray procedures using contrast imaging agents especially in CT are on the rise. Typically con-
trast media are available in glass bottles and associated with a
number of potential problems including increased risk of injury,
costs of waste disposal, lost revenue, and disturbances in depart-
ment routines. A model was developed to estimate the annual
financial and safety impact of switching glass to a polymer con-
tainer for a typical radiology department. METHODS: The model
was developed using results from a multi-European market survey of radiology technologists on rates of technolo-
gists’ injuries from glass and/or metal crimps and from bottle
breaks. Survey results were confirmed by a radiology department
head from a UK community hospital. In addition, disposal costs
for waste, acquisition cost of contrast media, utilization patterns
of media, procedure rates, technologist salaries, and cost of dis-
turbed department routine were incorporated in the final budget
comparison. RESULTS: For a typical community hospital in the
UK conducting 56 procedures per shift, there is a potential to
waste approximately 200 manpower hours for clean-up of glass
breaks, injury care, and setting up additional contrast imaging
sets. This is associated with annual revenue loss to a department.
Budgetary gains are noted in lower disposal costs for polymer
bottles as they are lighter in weight. Significantly more disposal
costs gains would be noted with the implementation of separat-
ing hazardous from regular waste. PLUSPAK, a polymer bottle
containing iohexol, a low osmolar contrast medium, has the
potential to save a radiology department considerable savings
due to cost-offsets associated with lower injury rates, product
wastage, disposal waste costs and faster departmental efficien-
cies. CONCLUSIONS: Improvements in radiology technologist