that could be included in a comprehensive measurement set, falling into the four major categories of PBM activities, are suggested. CONCLUSIONS: A standardized, comprehensive set of performance indicators should be developed to enable public and private sector purchasing organizations to evaluate PBM services and the impact of these activities on quality of care and consumer satisfaction.

**PHP5**

POLISH GUIDELINES FOR CONDUCTING PHARMACOECONOMIC EVALUATIONS IN COMPARISON TO INTERNATIONAL HEALTH ECONOMIC GUIDELINES

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OBJECTIVES: Poland is the next European country, which is in the process of drafting country-specific guidelines for economic evaluation of pharmaceuticals. The aim of the study was to compare Polish pharmacoeconomic guidelines with international health economic guidelines, highlighting areas of agreement and dissent.

METHODS: Existing documents from 18 countries were reviewed, analyzed and a comparison was undertaken. The following topics were considered: objective, use of pharmacoeconomic analyses, responsibility in their conduct and target audience, methodology and ethical code of practice while conducting and publishing results of pharmacoeconomic analysis. The explanation of differences was taken.

RESULTS: For a number of issues recommendations are consistent between Poland and other countries. For the purpose of the Polish pharmacoeconomic research guidelines, the Canadian, Australian, Dutch and Belgian guidelines have, in some parts, been specially adopted to the Polish situation. In some parts it was possible to combine certain aspects; in the other, due to the unique local circumstances, there was a need to develop the methodological guidelines on a pure national level. For example there is a lack of consensus concerning costing and utility measurement. CONCLUSIONS: The guidelines for conducting pharmacoeconomic evaluations are linked to existing health care system and approaches to the pricing and reimbursement of pharmaceuticals. This is the purpose of differences between international health economic guidelines. To reach an optimal degree of the use of pharmacoeconomic studies in decision-making process it is essential to take into account local situation and create country-specific guidelines.

**PHP6**

ACTIVITIES, FUNCTIONS AND STRUCTURE OF PHARMACY AND THERAPEUTICS COMMITTEES IN ISRAELI HOSPITALS

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OBJECTIVES: The pharmacoeconomic literature shows that one of the means available to HMOs for wisely using the medical budget is the Pharmacy and Therapeutics Committee (PTC). The present procedure for the hospital PTCs was written by the Ministry of Health in 1978. The aim of the study was to investigate the Israeli hospitals PTCs work.

METHODS: This study was based upon a questionnaire which included subjects from the PTCs procedure and also subjects that the PTC dealt with in the late nineties. The questionnaire was sent in October 1999 to 51 hospitals. The information was processed on Excel software.

RESULTS: Hospital responses were 41/51 (80.4%). Thirty one hospitals reported having PTC and answered the questionnaire, ten hospitals reported not-having PTC at all. The PTCs chairperson appointed is a department director as demanded by the Ministry Procedure by 12 (41%) of the hospitals, the deputy chairperson nomination matched by 2 (7%) hospitals, organizer of the PTC nomination matched by 20 (69%) of the hospitals. The attending doctors specialities are: intern, pediatrics, surgery, gynecology, infection diseases, anesthesiology and mental health. Nine (31%) hospitals reported having a PTC procedure, 28 (97%) hospitals are checking requests for enlarging the local formulary and just 25 (86%) recommend of formula reduction; 20 (69%) hospital PTCs recommended 50 guidelines to the local management and 28 of them were adopted. CONCLUSION: From the returned questionaries it seems that no PTC keeps the entire procedure. In 1999, the local PTCs reported adding 494 medicines and decreasing 48, which means a total of 446 medicines added. One hundred seventy nine members of PTCs formed 50 guidelines; 28 of them were accepted by the local management. There is no control of the Ministry of Health on the PTCs procedures implementation; the procedure has not been upgraded since 1978 and it is not familiar to most of the hospitals.

**PHP7**

APPLICATION OF HEALTH ECONOMICS IN THE CANADIAN PHARMACEUTICAL INDUSTRY

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OBJECTIVES: The field of health economics (HE) has undergone vast growth over the last decade. One continually evolving main factor is the motivation for performing HE studies, in particular in Canada because of changing requirements for provincial formulary submissions. The objective of this study was to determine how HE data is being applied by the Canadian pharmaceutical industry to date.

METHODS: A survey was sent to key personnel working in HE in the Canadian pharmaceutical industry and followed-up. Data from returned surveys were compiled in a database, tabulated, and evaluated.

RESULTS: Twenty-one (84%) of 25 surveys sent to companies reporting previous experience with HE were re-