disease-related information, e.g. epidemiology, frequency of interventions (Federal Health Monitoring, German Foundation Organ Transplantation, German Index for Stem Cell Transplantation, Literature). RESULTS: Bavarian demand for blood products of approximately 2,850 units per workday (750,000 units per year) was estimated. Potential blood donors add up to approximately 8,474 million people. Assuming a donation rate of 3% an approx. number of 250,000 donors exist. Most active segment of donors is between 32–56 years. It will be affected by the demographic shift, means a declining population of approximately 425,000 people in this segment. Stem cell transplantations (+50% in the last 7 years) and organ transplantations (+15% in 2005) lead to an increasing demand of blood products. Statistical data show an increasing life expectancy of 5 years until 2050 (male 81.1/female 86.6 years) entailing higher cancer incidence rates (+50% until 2050) affecting blood consumption (20% of all blood products are used in cancer therapies). The German blood market volume for the year 2005 is estimated to €500 mill. For the Bavarian sub-segment a value of €75 million can be deducted. CONCLUSION: Further research and survey will be necessary to derive systematic recommendations for the blood market participants. Then a dynamic population model will be developed to project future effects on blood demand and supply.

**A DETERMINATION OF TOPICS FOR HEALTH TECHNOLOGY ASSESSMENT IN THAILAND**


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**OBJECTIVES:** Health Intervention and Technology Assessment program (HITAP), a newly established Health Technology Assessment (HTA) agency in Thailand, has tried to develop the systematic, transparent, and participatory mechanisms for HTA topic selection. An overall aim of this study was to describe quantitatively and qualitatively progression and findings from HTA topic selection process recently developed by HITAP.

**METHODS:** The process involved potential users of HTA information namely 1) public health insurers; 2) national health policy makers; and 3) HITAP public funding organizations. In December 2006, these key players were invited to submit the topics needed to be assessed based on their considerations. The submitted topics were reviewed and prioritised by HITAP researchers in January 2007 using several preset criteria. Furthermore, a consultation workshop was conducted and the representatives from those organisations submitted the HTA topics provide justificatio...
products from Canadian on-line pharmacies during a 180-day exclusivity period. A decrease of U.S. generic prices is expected following this period as more products enter the market, and U.S. prices over time typically fall below those of Canadian generic prices. The availability of Canadian drugs to U.S. residents increases the short-run competition to independent and authorized generic companies during exclusivity periods.

OBJECTIVES: Patent protection is the key condition of pharmacetical innovation. After patent expiry utilisation of generic drugs decreases health care expenditure, and alleviates the scarcity of health care budget. Our objective was to measure the ability of generics to reduce the pharmaceutical expenditure in the Hungarian market. METHODS: Drug utilisation records of 10 substances with patent expiry between 2001–2006 have been compared 12 months before and after the entry of the first generic product. RESULTS: Although entry of generics reduced daily therapeutic costs, the increase in volume sales outweighed the potential savings in drug budget. Overall generic drugs increased the expenditure of a substance with no patent protection by 30.1%, the public reimbursement by 25.7%, and unit sales by 21.0%. In 5 cases the originator successfully converted the majority of patients to a non-substitutable formulation. When we limited our analysis to substances with no restrictions in generic substitution, public reimbursement and unit sales were still increased by 21.1%, 17.4% and 18.6% respectively. CONCLUSION: The entry of generic drugs in Hungary—as opposed to the international experience—did not reduce pharmaceutical expenditure between 2001–2006, what is more, generics increased the tendency of pharmaceutical spending. The main reason for this failure was the inappropriate generic drug policy. The lack of delisting, the low generic price erosion, the lack of incentives to physicians and pharmacists to switch patients to generic products, the branded promotional campaigns by generic manufacturers, and the conversion of patients to patented formulations by original manufacturers contributed to the inefficiency of the generic programme in Hungary.

INTERNATIONAL COMPARISON OF GENERIC MEDICINE PRICES

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OBJECTIVES: The introduction of generic price-regulated systems in many European countries, the trend towards international generic medicine companies, and competition from Indian companies emphasise the need to gain insight into international prices of generic medicines. The aim of this study is to compare generic medicine prices in ambulatory care in Belgium with prices in other countries in 2005. The price difference between original and generic medicines in Belgium is also elicited. METHODS: Data on ex-manufacturer prices of generic medicines of 15 molecules/strengths were derived from IMS Health. Belgian prices were compared with prices observed in Denmark, France, Germany, India, The Netherlands, Norway, Spain, Sweden and the UK. Comparability of pharmaceutical form was attained by limiting the analysis to medicines in immediate-release, oral, solid dosage forms. For each molecule/strength, the average price per standard unit weighted by volume of sales of all available package sizes and generic manufacturers was calculated. RESULTS: India and Scandinavian countries had the lowest ex-manufacturer prices of generic medicines of selected molecules/strengths. The 15 molecules/strengths were, on average, 63% cheaper in India than in Belgium. The average price across generic molecules/strengths in Belgium (0.206 €) was higher than the mean price across all countries (0.190 €). The highest average price levels were observed in France (0.254 €), The Netherlands (0.260 €) and Germany (0.269 €). Ex-manufacturer prices of a specific generic molecule/strength varied between countries by a factor 3–36, depending on the molecule/strength. The price difference between original and generic medicines generally ranged from −12% for simvastatin 20 mg to −62% for enalapril 5 mg in Belgium. CONCLUSION: Ex-manufacturer prices of selected generic medicines varied substantially between countries. India has emerged as a low-cost producer of generic medicines. The international price comparison reveals that there may be scope for reducing generic medicine prices in a number of countries.