Patients from lower-income groups spent more on ambulatory services than those in higher-income groups, as well as individuals living in regions with very high level of social exclusion. Among other main determinants, individuals that looked for private health care attention along with the decrease in their health problems as a result of their health expenditure. CONCLUSIONS: Of pocket expenditure has been regressive among health care users at IMSS. Therefore especial attention to lower income patients should be paid.

P8F5 Impact of Advanced Therapeutic Medicinal Products cost on Public Health Care Budgets

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OBJECTIVES: Advanced Therapeutic Medicinal Products (ATMPs) include innovative and regenerative therapeutic substances such as gene therapy, somatic cell therapy medicinal product, and tissue engineered product. They represent major opportunity for curing chronic diseases and disabilities that are ongoing. Should some of these therapies reach their goal, which is considered to be likely, the impact on already constraint public payer budget would be dramatic. The objective of this project was to assess yearly cost of ATMPs for payers assuming a pay for performance split over years as long as disease do not re-emerge. METHODS: We reviewed the economic impact of curing a range of chronic disabling conditions with ATMPs. We assumed that some ATMPs might cure a disease through one treatment cycle. We computed cost per QALY by considering the avoided cost as well as disability associated to the diseases. We assumed a cost per QALY of £30,000/ QALY. We considered the payment would be by yearly basis for each patient and that payment is a lump sum. This payment scheme was chosen as drug cost might not be affordable through a single payment. RESULTS: Results showed that payment for ATMPs would range from about £10,000 to £480,000 per year depending on conditions. Assuming the main driver of the yearly ATMPs price, while generated QALY was comparatively smaller. These yearly payments are among the highest for rare disease driven by orphan drug prices avoided, while they are the lowest for chronic conditions with episodic clinical manifestation (as well as conditions as those every 5 years). CONCLUSIONS: ATMPs cost might represent a source of important financial liability for public payers in a short future. This study raised awareness about need for new payment schemes for ATMPs and new sources of funding.

P8F6 COST IMPLICATION OF IRATIONAL DRUG PRESCRIPTION UNDER THE NATIONAL HEALTH INSURANCE SCHEME IN RURAL GHANA

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OBJECTIVES: To provide cost estimates and implications of irrational prescribing habits under the national health insurance scheme in the Kintampo North Municipality of rural Ghana. METHODS: A retrospective cross sectional study carried out for the whole of 2012 Vested outpatient department claim forms submitted by all facilities to the Kintampo Municipal Mutual Health Insurance Scheme were used. Cost of all drugs and antibiotics per claim form were computed for four random months of March, April, May and June to represent the first, second, third and fourth quarters of the year respectively. RESULTS: A total of 4278 claim forms were reviewed with a total of 12415 drugs prescribed within the period. The average cost of antibiotics per prescription was GH¢ 45.40 (95% CI: $2.25 and GH¢ 108 (8.54) respectively. The average cost of drugs and antibiotics avoided, while they are the lowest for chronic conditions with episodic clinical manifestation (as well as conditions as those every 5 years). CONCLUSIONS: Average cost of drugs and antibiotics were high in this setting. Significant level of cost savings can be achieved if prescribing is optimal as recommended by the WHO.

P8F7 The Impact of Direct Price Control on Pharmaceutical Prices in Hungary

Mohamed D, Kreiling D

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OBJECTIVES: In Egypt, the Ministry of Health and Population (MOHP) sets pharmaceutical prices from ex-factory to retail. In July 2012, the pricing policy changed from a cost plus to an external reference pricing method which was effective in October 2012. Our goal was to quantify the policy change impact on retail prices in pharmaceuticals. We used IMS data to identify and analyze drug prices with price changes. Purchase and sales data were obtained from a chain pharmacy in Alexandria for all transactions pre- and post- the policy change (April-January 2012). We used a multiple regression model to identify the impact of factors associated with out of pocket payments made by the users of these services. RESULTS: 29% of health care users that reported any type of out of pocket spending were affiliated at IMSS. Among them, the total and mean out of pocket spending was anti-inflammatory (55.3%), and anti-infective (38.1%) drugs and anti-inflammatory drugs and anti-infective drugs were anti-inflammatory (55.3%), and anti-infective (38.1%) drugs and anti-infective drugs. The highest expenditure was associated with the drugs over 61%, followed by the spending on laboratory and ancillary services (30%) and drugs (9%). There was not a statistically significant difference between gender and total expenditure (p=0.24). On the contrary, a significant statistical difference was found with groups of age and income (F=3.16 and F=3.15). The results from the regression model showed that as age increases, the per capita expenditure rises especially at old ages. Patients from lower-income groups spent more on ambulatory services than those in higher-income groups, as well as individuals living in regions with very high level of social exclusion. Among other main determinants, individuals that looked for private health care attention along with the decrease in their health problems as a result of their health expenditure. CONCLUSIONS: Of pocket expenditure has been regressive among health care users at IMSS. Therefore especial attention to lower income patients should be paid.

P8F8 The Impact of Direct Price Control on Pharmaceutical Prices in Hungary

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P8F7 The Impact of Direct Price Control on Pharmaceutical Prices in Hungary

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OBJECTIVES: The aim of this study is to identify the determinants of out of pocket expenditure, defined as the spending on physician visits, drugs and laboratory and ancillary tests, among users of the ambulatory health services at IMSS. METHODS: Data were collected from 10 hospitals in Mexico in 2013. We used a multiple regression model to identify the impact of factors associated with out of pocket payments made by the users of these services. RESULTS: 29% of health care users that reported any type of out of pocket spending were affiliated at IMSS. Among them, the total and mean out of pocket expenditure was anti-inflammatory (55.3%), and anti-infective (38.1%) drugs and anti-inflammatory drugs and anti-infective drugs were anti-inflammatory (55.3%), and anti-infective (38.1%) drugs and anti-infective drugs. The highest expenditure was associated with the drugs (61%), followed by the spending on laboratory and ancillary services (30%) and drugs (9%). There was not a statistically significant difference between gender and total expenditure (p=0.24). On the contrary, a significant statistical difference was found with groups of age and income (F=3.16 and F=3.15). The results from the regression model showed that as age increases, the per capita expenditure rises especially at old ages. Patients from lower-income groups spent more on ambulatory services than those in higher-income groups, as well as individuals living in regions with very high level of social exclusion. Among other main determinants, individuals that looked for private health care attention along with the decrease in their health problems as a result of their health expenditure. CONCLUSIONS: Of pocket expenditure has been regressive among health care users at IMSS. Therefore especial attention to lower income patients should be paid.