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 be €300 mill. For the Bavarian sub-segment a value of €75 million can be deducted. CONCLUSION: Further research and survey will be necessary to derive strategic 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 justifications and prioritize their own list of top ten HTA topics needed to be assessed in 2007. Results from each organisation were analysed and the final list made by workshop participants were compared with the list made by HITAP researchers. RESULTS: Fifty-one topics were submitted from ten organisations. However, only 29 distinct HTA topics were met inclusion criteria and then included in the priority setting process. Most topics were pharmaceuticals (51%), medical procedures (24%), medical devices (15%) and health policy (10%). At final, six out of ten topics selected by HITAP researchers were the same as those made by the representatives from public health authorities.

CONCLUSION: Findings from this study illustrated the possibility to make HTA topic selection process to be systematic, transparent and participatory, which would eventually increase the usefulness and credibility of HTA.

BUDGET SILO MENTALITY BEHIND THE FORMER IRON CURTAIN: A CASE STUDY FROM HUNGARY

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OBJECTIVES: Between 1994–2006 the budget for pharmaceutical reimbursement of the Hungarian National Health Insurance Fund Administration (OEP), the only health care financing agency in Hungary, showed significant deficit. It means that the actual drug expenditures became much higher at the end of the year as it was originally planned at the beginning of the fiscal year. The aim of the study to analyse the drug budget of the OEP by identifying the pattern of this deficit. METHODS: Data derived from the financial database of the Hungarian National Health Insurance Fund Administration, covering the period 1994–2006. We analysed the planned and the actual drug budget focusing on the deficit. Deficit was calculated as follows: dividing the gap between the planned and the actual budget by the actual budget. RESULTS: In each year between 1994–2006 we found a deficit at the drug budget of the OEP. This deficit varied between 2.8% (lowest, 1996) and 36.6% (highest, 2006) of total actual expenditures. We found 4 peaks on the diagram showing the deficit in the following years: 1994 (21.5%), 1998 (32.1%), 2002 (36.6%) and 2006 (30.4%). In each of these years, both national governmental and local elections were held in Hungary. CONCLUSION: We found deficit in the drug budget of the Hungarian OEP in each year between 1994–2006, however the highest deficit occurred in those years with political elections. Such strong coincidence between political elections and drug budget should be omitted as soon as possible in order to provide a more transparent way of drug reimbursement policy.

CANADIAN COMPETITION DURING A U.S. GENERIC DRUG’S 180-DAY EXCLUSIVITY PERIOD

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OBJECTIVES: To compare Canadian brand and generic drug prices and U.S. generic drug prices for ten months following U.S. brand patent expiration and to bring attention to a growing source of competition during a generic company’s 180-day marketing exclusivity period. METHODS: The Canada/U.S. Internet Pharmacy Drug Price Database contains weekly prices since January 2005 of more than 50 prescription medications from eight Canadian and five U.S. on-line pharmacies. Ten months of pricing data ($US) were extracted and compared for the Canadian and U.S. brand and generic versions of sertraline and simvastatin following U.S. patent expiration in 2006. RESULTS: During the first six months after U.S. patent expiration, the average prices of brand and generic sertraline 100 mg from Canadian on-line pharmacies were 11.4 and 45.5 percent less, respectively, than the price of generic sertraline from U.S. on-line pharmacies. Canadian brand and generic simvastatin 20 mg were 32.2 and 60.4% less expensive, respectively, than U.S. generic simvastatin. At the tenth month post U.S. patent expiration, the average price of the Canadian brand product exceeded that of the U.S. generic product for both sertraline (by 15.8%) and simvastatin (by 35.2%). However, Canadian generic products were still less expensive than U.S. generic products (sertraline, 34.3% less; simvastatin, 41.6% less). Prices for U.S. generic sertraline and simvastatin dropped an average of five and 14 percent monthly, respectively, after the exclusivity period. CONCLUSION: U.S. generic drugs can be more expensive than both brand and generic...