

Abstracts

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adjusted 70 and CPI-H adjusted 40) and for basic refund category 147 (61; 35), respectively. In 1990 = 100 index the respective figures were: all drugs 110 (88; 68), prescription based 105 (83; 64), reimbursed 102 (81; 62), Basic Refund ("50%") 102 (81; 62), Lower Special Refund ("75%") 102 (81; 62) and Higher Special Refund ("100%") 103 (82; 63). **CONCLUSIONS:** Nominal drug wholesale prices have increased in Finland since 1980 and also slightly from 1990, but real prices have constantly decreased. Depending from the adjustment index used, the real prices of all drugs have decreased from 30–60% since 1980, or 12–33% since 1990. For reimbursed drugs the development was similar. The prices in general, and in the Basic Refund category have decreased 19–38% since 1990, and even 40–75% since 1980. Since the effectiveness of drugs has not decreased during the time period studied, we suggest that the drug treatment has clearly become more cost-effective in Finland.

PHP15**COMPARISON OF MARKET EXCLUSIVITY OF PHARMACEUTICALS IN CANADA, THE UNITED STATES, THE UNITED KINGDOM AND FRANCE**

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OBJECTIVES: To compare the periods of market exclusivity for branded pharmaceuticals in Canada with the United States, the United Kingdom, and France. **METHODS:** We identified the 50 top selling generic molecules in Canada. The dates of first sale of the original brand and corresponding first generic for each molecule were compared to determine the period of market exclusivity of each branded product. Corresponding data were collected and periods of exclusivity calculated for the US, UK and France. In cases where a generic had yet to be introduced in a comparator country, the period of market exclusivity was calculated as of May 2003. Average market exclusivity for the products in the study was calculated for each country. **RESULTS:** The average period of market exclusivity for the 50 brands in Canada was 10.7 years, considerably lower than in the other countries (US 12.1; UK 15.0; France 19.1 years). There was incomplete international information for nine of the fifty molecules. When the analysis was restricted to the remaining 41 products the results were similar (Canada 9.8; US 12.0; UK 15.0; France 17.0 years). Although the sample products represent the 50 top selling generic molecules in Canada, many were not yet marketed as generics in the comparator countries (US 6; UK 11; France 21). **CONCLUSIONS:** The analysis indicates that on average, market exclusivity for the same brands in Canada was significantly shorter than in the US, UK and France. A more favourable regulatory climate for generic drugs in Canada (early working, faster generic approval times, mandatory generic substitution laws etc.) and longer approval times for brand drugs may account for some of the differences. Despite changes in patent legislation (1987, 1993) to restore patent protection, the analysis

does not suggest a trend toward longer periods of market exclusivity for newer brands in Canada.

PHP16**SPANISH NATIONAL HEALTH SERVICE: ANALYSIS OF THE INTRODUCTION OF NEW DRUGS IN THE CLINICAL PRACTICE FROM 1996 TO 2000**

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OBJECTIVES: When the selection of treatments financed by public money is considered, rational decisions to incorporate a new drug in clinical practice has to be even more exact. Here, we analyse the incorporation of new medicines financed by the Spanish National Health Service (NHS) into the clinical practice from 1996 to 2000. The Spanish NHS covers more than 95% of the population. **METHODS:** A retrospective study has been made, selecting new medicines classified following the degree of therapeutic innovation at the moment of authorisation (A*, A, B, C, and D), according to the criterion of the Ministry of Health and Consume (MHC). Consume data were provided by the MHC database. They were expressed as Price for Sale Direct to Customer, tax-free (PVP) by means of Millions of Pesetas (MPTA) and in number of consumed units. The rapid incorporation of new medicines into the clinical practice (the one-hundred tops) and the evolution of their consume were the indicators used. **RESULTS:** The total number of new drugs selected was 68 (19, 20, 19, 8, and 2 in the years 96, 97, 98, 99, and 00, respectively). None of them were categorised in type A*. Mostly were types B (29.4%) and C (67.6%). From those, Olanzapine (96), Atorvastatin (97), Cerivastatine (98), Clopidogrel (99), or Celecoxib (00), among others, had a very fast incorporation. Analysing the evolution of new drug consumption, it detected that some of them have been withdrawn from the clinical practice because of adverse drug events (Ebrotidine (96) in 1998, Grepafloxacin (98) in 1999 or Cerivastatine (98) in 2001). **CONCLUSIONS:** The indicators used in this study have permitted analyse the quality of the selection of treatments financed by public money. From the results obtained, it would strongly recommend an urgent revision of type C (67.6%) new drugs financed by NHS.

PHP17**SURVEY ON DRUG VALUE ASSESSMENT AMONG PRESCRIBERS AND PAYERS IN ITALIAN HOSPITALS**

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OBJECTIVES: To identify and analyse elements on which hospital decision makers base their therapy value assessment, both in general terms and in relation to acute Heart Failure (aHF)treatment. **METHODS:** Thirty face to face interviews (15 hospital pharmacists and 15 cardiologists)