SUCCESSIVE FOR THE INTRODUCTION OF ORPHAN MEDICATIONS IN DENMARK—THE INFLUENCE OF FRAMEWORK POLICIES ON THE TIME IT TAKES FOR A PHARMACIST TO DELIVER A PHARMACEUTICAL INTERVENTION

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The time it takes for a pharmacists to deliver a pharmaceutical intervention is crucial for patients' outcomes. The study aimed to explore the time it takes for a pharmacist to deliver a pharmaceutical intervention in Denmark.

The results showed that the time it takes for a pharmacist to deliver a pharmaceutical intervention varies depending on the patient's condition and the type of intervention. The study highlighted the need for policies to improve the efficiency of pharmaceutical interventions.
charge a fee of R35.00 for this service. CONCLUSIONS: PIT is an important service that pharmacists deliver where the need exists. It is recommended that pharmacists be encouraged to counsel patients thoroughly when delivering a PIT service.

HEALTH INSURANCE SUBSIDY OF SPA TREATMENT IN HUNGARY
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OBJECTIVES: The aim of our study is to calculate the average health insurance reimbursement of spa treatment according to counties in Hungary. METHODS: Data were derived from the Hungarian National Health Insurance Fund Administration (OEP) and covers the fiscal year of 2007. These data was analyzed in the light of different value of its average health insurance reimbursement of a single spa treatment. RESULTS: In 2007 the number of spa treatment was 8,160,438 and the full treatment expenditure of subsidy was 4.34 billion HUF (US$25,632 million). The average value of (HIS/STN) was 54,000 HUF (US$3124). Two outlier points are the region of North Hungarian Plan (different from average HIS/STN value was –6.76%) and region of North Transdanubia (different from average HIS/STN value was 12.67%). The other regions performed similar outcomes ratio between 1.33% and 2.95%. CONCLUSIONS: The main cause of the two outlier regions is the inadequate structure of Spa services. Less people visit to North Transdanubian Region, because the number of spa facilities isn’t significant, but these thermal waters are very high, which price is higher. The North Hungarian Plan attracts a lot of patients with lower price. The result if the price is lower, the subsidy will be lower because of the financing system is based on relative method.

MARKET ACCESS AGREEMENTS IN EUROPE: TYPOLOGY AND RATIONALE
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OBJECTIVES: Achieving Market Access for new products has become complex for pharmaceutical companies. Faced with growing expenditure, health care authorities accept or propose various Market Access Agreements (MAA) (risk-sharing/performance agreements or commercial schemes) with little experience or knowledge. We performed in-depth analysis of their design and we formulate recommendations to stakeholders. METHODS: MAA is a formalized compromise between payer and industry to achieve; Price and Reimbursement, HTA recommendation and Formulary listing. We reviewed published and grey literature from major health insurers in France, Italy, Germany and UK. We conceptualized MAA typology according to the nature of uncertainty perceived by stakeholders and their motivations. RESULTS: We identified above 30 MAAAs and classified them as follows: 1) Value for money not questioned: a) Conditional Market Access Agreement: Evidence development agreement→Aim: address actual uncertainty; b) Health Outcome Booster: Add-on to a market access agreement→Aim: improve competitive advantage; 2) Value for money questioned: a) Cost Containment Agreement: Basic commercial agreement→Aim: reduce/control drug bill; b) Health Outcomes Agreement: Value based on the performance of the drug→Aim: improve competitive advantage: Disease Management Initiative→Aim: improve competitive advantage; 3) Value for money not questioned: a) Agreement→Aim: improve competitive advantage. CONCLUSIONS: Commonly used nomenclature needs to be revisited. Applying our typology framework should allow health care payers and the industry to design and implement MAAAs rationally and with transparency. MAAAs in UK are a direct repercussion of a not favorable primary HTA.