Tunisia). Cardiovascular disorders are the most common cause of death followed in Algeria and Morocco: 120 and 110 per 100,000 births, respectively (60/100,000 in respectively. Despite substantial progress, maternal mortality rate remains high province median time-to-listing for products having received a CDR recommendation to mine which of these factors had an impact on the national median time-to-listing. as measured in days starting from the date of the Common Drug Review (CDR) or the drug registration number by the Health Canada. The provincial median time-to-listing for products having received a CDR recommendation since 2010 were compared between products not evaluated by the pCPA and those evaluated by the pCPA. RESULTS: For drugs evaluated by the pCPA, the national median time-to-listing differed among drugs offering a slight or no improvement in therapy, ranging from 190 days for products with prices lower than their comparators, up to 345 days for medicines with prices higher than their comparators. For the latter group, the level of therapeutic improvement appeared to be an important factor to guarantee quick access to new treatments. The national median time-to-listing were shorter for products considered as substantial improvement (166 days) compared to drugs offering a moderate improvement (525 days) and a slight or no improvement in therapy (750 days). Further, the further affected the provincial median time-to-listing, increasing these by 26 days up to 247 days depending on the jurisdictions. CONCLUSIONS: The pCPA negotiations are influenced by the level of therapeutic improvement of the drugs and seemingly increase the time-to-listing of medicines on provincial drug plan formularies in Canada.

PHS128
CORRELATION BETWEEN MULTIDIMENSIONAL POVERTY INDEX, INEQUITY IN HEALTH AND SOCIAL INEQUALITY VARIABLES IN COLOMBIA, 2005
Sandarýa Varón G, Celaya-Schmalbach J, Saboya D, Romero F
Universidad Nacional de Colombia, Bogotá, Colombia
OBJECTIVES: It was performed a diagnosis of the correlation among Multidimensional Poverty Index (MPI), Colombia's nationalization, with quality of health services proxy variables: (AFMMR), (AFNMR) and (AFICS). We estimated Acute Myocardial Infarction Age-Standardized rate (AMIASR) for each health regime. The Inequity in Health Index (IHI) was calculated using the Atkinson's method. We found correlation between MPI and PL (Pearson r = 0.8286, p = 0.001) and the MPI and HPI (Pearson r = 0.7748, p = 0.0000) respectively. We also found correlation between MPI and PL (Pearson r = 0.3081, p = 0.0539); MPI and HPI (Pearson r = 0.3386, p = 0.0053). AG: Acute Myocardial Infarction, HPI: Health Poverty Index, PL: Poverty line.

Maria J. Kristensen, Robert van Wijk
Aalborg University Hospital, Denmark
OBJECTIVES: To assess the impact of the drug price submitted by pharmaceutical companies on the time-to-listing of drugs on provincial drug plan formularies across Canada.

PHS127
IMPACT OF THE PAN-CANADIAN PRICING ALLIANCE (pCPA) ON ACCESS TO DRUG TREATMENT OPTIONS FOR CANADIAN PATIENTS
Luciani L1, Gregory V2, Barbeau M3
1 Université de Montréal, Montreal, QC, Canada; 2 Novartis Pharmaceuticals Canada Inc., Dorval, QC, Canada; 3 Novartis Pharmaceuticals Canada Inc., Montreal, QC, Canada
OBJECTIVES: To assess the impact of the drug price submitted by pharmaceutical manufacturers and the impact of the level of therapeutic improvement as determined according to the Pan-Canadian PRICING ALLIANCE (pCPA) on a sample of drugs evaluated by the pan Canadian Pricing Alliance (pCPA), on the time-to-listing of these drugs on provincial drug plan formularies across Canada. METHODS: Drugs evaluated by pCPA were grouped according to their daily cost versus their comparators and their level of therapeutic improvement. Analyses were conducted to determine which of these factors had an impact on the national median time-to-listing. As measured in days starting from the date of the Common Drug Review (CDR) or the drug registration number by the Health Canada. The provincial median time-to-listing for products having received a CDR recommendation since 2010 were compared between products not evaluated by the pCPA and those evaluated by the pCPA. RESULTS: For drugs evaluated by the pCPA, the national median time-to-listing differed among drugs offering a slight or no improvement in therapy, ranging from 190 days for products with prices lower than their comparators, up to 345 days for medicines with prices higher than their comparators. For the latter group, the level of therapeutic improvement appeared to be an important factor to guarantee quick access to new treatments. The national median time-to-listing were shorter for products considered as substantial improvement (166 days) compared to drugs offering a moderate improvement (525 days) and a slight or no improvement in therapy (750 days). Further, the further affected the provincial median time-to-listing, increasing these by 26 days up to 247 days depending on the jurisdictions. CONCLUSIONS: The pCPA negotiations are influenced by the level of therapeutic improvement of the drugs and seemingly increase the time-to-listing of medicines on provincial drug plan formularies in Canada.

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