A241

Paris Abstracts

pathways for biopharmaceuticals are well established, it is only in the past decade that regulatory development has evolved to secure guidelines and controls for stem cell based therapies, creating evaluation challenges for payers as these agents enter the market. METHODS: Conventional pharmaceuticals are generally assessed using a “value based” approach, in which their value is assessed by evaluating the positive and negative differentiation from established references. As no true direct reference will be available for allogenic products, potential references will be identified to support the “value based” approach and identify market access challenges. RESULTS: Skin replacement therapies are the only commercialized allogenic products to date (e.g. TransCyte and Alplagraft), and serve as interesting case studies to evaluate how these types of therapies may be valued. Biologic agents faced a similar dilemma when first launched and demonstrated the importance of identifying appropriate indirect references to support these novel drugs. CONCLUSIONS: In the evolving regulatory and P&R environment, a greater unknown in regenerative medicine surrounds the process of pricing and market access. Learning from biologics and skin replacement therapies can infer challenges and opportunities for these new therapies.

**PHP20**

**COST-EFFECTIVE PHARMACOLOGICAL CARE IN THE NETHERLANDS? A REVIEW OF THE PHARMACOECONOMICS AND ITS ROLE IN THE ASSESSMENT OF NEW DRUGS**

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BACKGROUND: In The Netherlands, the reimbursement of new drugs is not only based on their therapeutic value and budget impact but also on their cost-effectiveness. Since 1 January 2005, economic evaluations are formally required for establishing the costs of drugs. These evaluations should follow pharmacoeconomic guidelines. OBJECTIVES: This study reviews: 1) the extent to which guidelines are followed in pharmacoeconomic evaluations; 2) the use of guidelines in the assessments of the effectiveness of drugs; and 3) the role of pharmacoeconomics in reimbursement advice and decisions. METHODS: All reimbursement files that were submitted and assessed between 1 January 2005 and 1 October 2008 are reviewed (n = 21). Information on the follow-up and use of pharmacoeconomic guidelines as well as the advises and decisions on drug reimbursement is extracted from publicly available files. We also conduct a two independent reviews on both quantitative and qualitative descriptive analyses are conducted. RESULTS: Formally required pharmacoeconomic evaluations increasingly follow guidelines, particularly those concerning the analytic perspective (81%), the relevant comparators (81%) and both the total and incremental cost-effectiveness analyses (100%). Due to flaws in drug indication, type of analysis and time horizon, however, the cost-effectiveness of drugs is not always well established (62%). Moreover, the costs and effects are not always correctly analysed and modelling studies are often non-transparent. Partly based on pharmacoeconomics, 12 new drugs are reimbursed, and 9 rejected. CONCLUSIONS: Cost-effectiveness of new drugs and sound pharmacoeconomic evaluations become increasingly important in drug reimbursement and ensuring the quality and affordability of Dutch pharma-ceutical care.

**PHP21**

**THE ROLE OF MONETARY AND NON-MONETARY INCENTIVES ON THE CHOICE OF PRACTICE ESTABLISHMENT: A STATED PREFERENCE STUDY OF YOUNG PHYSICIANS IN GERMANY**

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OBJECTIVES: Descriptive analyses were conducted. CONCLUSIONS: There is a need to consider what incentives exist and influence the decision-making process and what can be done to improve the current situation.

**PHP22**

**THE CHOICE OF PRACTICE ESTABLISHMENT: A STATED PREFERENCE STUDY OF YOUNG PHYSICIANS IN GERMANY**

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OBJECTIVES: Identify the health agencies/committees that are involved in new drug evaluations in Spain. METHODS: Search in the Spanish Health System and in the several Regional Health Systems databases the different agencies/committees that are developing new drug evaluations. RESULTS: Five regional drug evaluation committees which are working since late 2003 in a coordinated way are playing the main role of new drug evaluations in the primary care (PC) setting, conforming a Joint Committee. Other 12 regions are publishing with different degrees of periodicity their own new drug information leaflets in the PC setting. In the hospital setting each centre has also a taskforce regarding new drug applications. CONCLUSIONS: Spain has one of the biggest European framework of health technology agencies that is seldom used to develop new drug evaluations. In parallel, all the Regional Health Systems have developed their own new drug evaluation entities to evaluate drugs with a high potential consumption in the PC setting. Other initiatives have been developed to diminish potential evaluation duplicates either in the PC or in the hospital setting. Most of the new drug evaluations are negative and focused to restrict the consumption of new drugs available in the market to control drug expenditure.

**PHP23**

**GENERAL PRACTITIONERS’ PRESCRIPTIONS INDICATORS TRENDS, A TIME-SERIES REVIEW DURING 1998–2003 IN IRAN**

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OBJECTIVES: Regular monitoring of drug consumption is an important tool for planning and policy making in rational use of drugs. This study has evaluated the general practitioners’ prescriptions indicators’ trends in prescriptions during 1998–2003 periods. METHODS: In this ecologic study, over 9 million prescriptions from the data bank of National Committee of Rational Drug Use (NCRUD) in Iran were analyzed. Mean items per prescription, mean cost of prescription, percentage of prescription parenteral drugs, percentage of prescription antimicrobial drugs, percentage of prescription Non-Steroidal Anti Inflammatory Drugs (NSAIDs) and percentage of prescription corticosteroid drugs were calculated quarterly from 1998 to 2003. Time series analysis by using appropriate regression models was performed with SPSS software version 11.5. RESULTS: Mean items per prescription shows descending trend during the study period. This indicator decreased from 4.9 in 1998 to 3.07 in 2003. Linear regression model predicted 0.037 decrease for this indicator per each season. Percentage of prescription antimicrobial drugs had an ascending pattern at first, following with a descending trend. Injectable drugs prescription decreased from 52.2% in the spring of 1998 to 45.5% in the fall 2003. NSAIDs prescription had 0.37% decrease per season. CONCLUSIONS: Observed descending trends of the study indicators shows the effectiveness of NCRUD committees’ activities and it is suggested to promote their activities.

**PHP24**

**ANTIPSYCHOTICS CONSUMPTION IN THE REPUBLIC OF CROATIA IN 2005, 2006 AND 2007**

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OBJECTIVES: Evaluation of the drug use is a system of continuous, systematic, criteria-based drug evaluation that ensures the appropriate use of drugs. Drug utilization research in itself does not necessarily provide answers, but it contributes to rational drug use. Antipsychotics are used to treat the symptoms of schizophrenia and bipolar disorders. A review of the cost and consumption for all medicines and antipsychotics in Croatia, as well as the data on medicine usage for these two groups are obtained. Collecting and analyzing the data on antipsychotic consumption may lead to the improvement of the antipsychotic therapy. METHODS: Agency for Medicinal Products and Medical Devices in Croatia collected and processed data on consumption of the medicines. Data on medicines usage between 2003–2007 was gathered, processed by the DDD/1000 inh/day and ATC classification, and analyzed according to the financial indicators. RESULTS: The total medicines market in Croatia in 2003 was €520 million, in 2006 market was €62 million and in 2007 it was €54 million. By processing consumption data as DDD, between 2003–2007 consumption of N05A group the result was 8.30, 9.56 and 9.65 DDD/1000 inh/day, respectively. Expendi-ture of antipsychotic drugs individually was as follows: haloperidol held the first place with 2.33 DDD/1000 inh/day in 2007, in 2006 and 1.93 in 2005. Total expenditure was second with 1.80 DDD/1000 inh/day in 2005, 1.86 in 2006 and third with 1.89 in 2007. Olanzapine was third with 1.07 DDD/1000 inh/day in 2005, 1.46 in 2006 and second with 1.92 in 2007. CONCLUSIONS: Within the period of 2003–2007, the increased consumption in antipsychotics in Croatia showed a continuous increase in prescribed DDD/1000 inh/day. Haloperidol, promazine and olanzapine were the most prescribed drugs. By collecting and analyzing data useful for the improvement of pharmacist-apy, we also obtain information for the many other factors essential for the rational health care.