charge a fee of Rs5.00 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.

PHPS7

AN ANALYSIS OF DRUG COST CONTAINMENT POLICY AT A HOSPITAL IN SOUTHERN THAILAND

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OBJECTIVES: To examine drug cost containment policy implemented at a hospital in southern Thailand. METHODS: This study was a retrospective, pre-post policy intervention descriptive design. During the fiscal years of 2005 and 2009, various drug cost containment strategies, including generic substitution for any drug group and a successful focus for orthopedic drugs, were adopted at a hospital in southern Thailand. Drug expenditures across those fiscal years were examined. The expenditure proportions between drugs listed and unlisted in National Essential Drug List were calculated. Cost-saving analysis of all generic substitution was conducted. Since the treatment guideline for orthopedic drugs was available in the hospital, their expenditures were also examined. RESULTS: Total drug expenditures had increased with decreasing rate across the study years. It increased by 47.15% from year 2005 to 2006, 43.19% from year 2006 to 2007, 21.11% from year 2007 to 2008 and 2.17% from year 2008 to 2009. The expenditures of essential drugs in the National Drug List were accounted for 61.64%, 56.62%, 54.38%, 48.67% and 50.94% across those study periods, respectively. Results showed that generic drug substitution policy reduced overall drug expenditures by 34.35%, or 7.66 million bahts from year 2008. In 2009, only 11 items of generic drug substitution for branded name drugs could reduce drug expenditures by 13.33%, or 4.73 million bahts which reflected annual cost-saving about 25.95 million bahts. In the same year, a result showed that the implementation of orthopedic drug guideline reduced drug expenditures by 5.53% or 2.10 million bahts. CONCLUSIONS: The study indicated that treatment guideline and generic drug substitution policies could control related amount of drug expenditures at a hospital in southern Thailand. Hospital administrators should consider to continue these policies.

PHPS8

ANNUAL HEALTH INSURANCE REIMBURSEMENT OF DENTAL CARE IN HUNGARY

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OBJECTIVES: The aim of this study was to assess the annual health insurance reimbursement of dental health care in Hungary. METHODS: The assessment base of the study was the annual reports of National Health Insurance Fund Administration (OEP). Only the data collected from the services in contractual relationship with the OEP and delivered in 2008 were evaluated. Dental care services are organised in different levels: general dental service, specialist dental care, special dental care on university level and inpatient departments. Our study covers primary, outpatient and hospital dental care. RESULTS: Dental care was supplied by 3378 general and specialist dental care services until the end of 2008. For the Hospital treatment, more serious cases 17 inpatient department is available with 154 patient beds. Within the period of examination (2008) 7.6 million cases or rather 23.6 million interventions were carried out. The health insurance expenditures of the OEP for outpatient dental care was 2.29 billion (HUF) ($815.18 million). The health insurance reimbursement of dental care (including primary, outpatient and hospital care) was 24.92 billion Hungarian forints ($88.82 million) in 2008. CONCLUSIONS: The health insurance reimbursement of dental care services in Hungary is approximately 2% of the total health insurance expenditure of OEP.

PHPS9

EVOLUTION OF PUBLIC EXPENDITURE WITH PHARMACEUTICAL CARE IN BRAZIL DURING THE PERIOD 2005–2008

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OBJECTIVES: There is a known concern of health researchers and public managers in Brazil with the population’s access to medicines. We quantified the public expenditure on dental care services during the period of 2005 to 2008. METHODS: The expenditure on medicines comes from a data warehouse of the Ministry of Planning, Budget and Management that stores the information concerning any purchase made by the Brazilian Federal Government. We also computed the amounts transferred to official laboratories to produce medicines. Information on the states, Federal District and municipalities came from the Information System on Public Health Budget (SIOPS). RESULTS: In the period 2005 to 2008, the public spending with drugs rose from US$ 1.8 billion to US$ 2.0 billion in real terms, with an average annual growth equivalent to 3%. The average spending in this period was US$ 1.8 billion. Most of the spending on medicines is attributed to the Federal Government, with values exceeding US$ 835 million per year. Just under half of the expenditure is given to states and municipalities. Considering only the federal spending, the “strategic component” represents the largest share, with participation from 56% to 64% in the period. This result is expected, since the Ministry of Health is responsible for funding all the medicines from the “strategic component” of pharmaceutical care which includes, among others, the antiretroviral drugs and blood products. The amounts of transfers to official laboratories ranged between 20–25% of drug costs. CONCLUSIONS: The expenditure for those pharmaceutical care programs whose purchases are centralized at the federal Ministry of Health, didn’t show a significant increase in the period of 2005–2008. Rather, the evidence suggests relative stability of procurement of medicines from pharmaceutical care programs under the Federal Government’s responsibility in this period.

PHP60

HEALTH INSURANCE SUBSIDY OF SPA TREATMENT IN HUNGARY

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OBJECTIVES: 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 spa treatment. RESULTS: In 2007 the number of spa treatment was 8,160,438 and the full treatment expenditure of subsidy was 3.43 billion HUF (US$526,632 million). The average value of (HUF) was 500,000 HUF (US$1324). Two outlier points are the region of North Hungarian Plan (different from average HUF/ STN value = -6.76%) and region of North Transdanubia (different from average HUF/STN value was 12.47%). 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 baths are much more significant, 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.

PHP61

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-based/commercial schemes) but often with little experience and knowledge. We performed in-depth analysis of their design and we formulate recommendations to stakeholders. METHODS: MAA is a formalized compensation 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 MAAs 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 Boosting Agreement: Disease Management Initiative→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 performance. Motivations of payer: Main: Buy health production; Other: Control expenditure; Improve ICER of expensive products; Prevent media coverage of negative decision; Provide patient access; Expand benefit basket. Motivations of the industry: Main: Achieve Market Access for a product at high price in all markets; Other: Mitigate development failure; Reassure share holders; Improve company publicity; Fulfills requirements of authorities. In UK the design of MAA was a direct consequence of formalized HTA, in Italy there was no apparent rationale. CONCLUSIONS: Commonly used nomenclature needs to be revisited. Applying our typology framework should allow health care payers and the industry to design and implement MAAs rationally and with transparency. MAAs in UK are a direct repercussion of a not favorable primary HTA.

PHP62

VALUE OF CONGRESS ABSTRACTS OF COST-EFFECTIVENESS STUDIES FOR DECISION MAKERS

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OBJECTIVES: ISPOR, IHEA and HTAi regularly organize congresses in the field of health economics. Given the number of abstracts accepted each year it is crucial to assess their credibility and how results of cost-effectiveness analyses differ across meetings. METHODS: We collected all abstracts published 2007–2009 at ISPOR (International and Europe), HTAi and IHEA meetings. Abstracts on cost comparison, cost of treatment, cost benefit, cost consequences, cost-effectiveness, cost minimization and cost utility analysis in the period. This in-depth analysis including the reading grid which allowed extraction of essential information that could enable evidence-based decision-making in health policy. This included e.g. availability of key methodological parameters, involvement of the industry in authorship and details of conclusions. RESULTS: We analysed 5488 abstracts from ISPOR, 1410 from HTAi and 1969 from IHEA. Our preliminary analysis showed that abstracts from ISPOR are published in the most journals, in the most countries and are the most cited. The most frequently cited abstracts came from ISPOR. There is a significant variation in the quality of research: the proportion of abstracts that have no methodological assessment is significant. The credibility and the differences in results of cost-effectiveness analyses differ across meetings.