for the period 2002–2005, for the 180 most selling substances were used to calculate a chain price index. A regression model was used to estimate the effects of analog substitution, i.e. switches from one substance to another of the same class, for 5 major products whose patent expired during the period.

RESULTS: The general price level of pharmaceuticals has fallen 15% during the period and off-patent drugs have experienced a 40% fall in price level. In addition to the direct effect on prices of a substance due to generic competition, there has also been analog substitution effect from patented drugs to off-patent drugs. For two groups of pharmaceuticals, statins and PPIs, there were significant substitution effects between substances due to the changes in relative prices. CONCLUSIONS: Generic substitution in Sweden has been effective in reducing prices of off-patent pharmaceuticals. Generic substitution has also had more farreaching effects than what has been previously believed. There has been a move from patented to off-patent products within the same therapeutic area.

HEALTH TECHNOLOGY ASSESSMENT IN HUNGARY
Nádudvari N
National Institute for Strategic Health Research, Budapest, Hungary

OBJECTIVE: Hungary’s accession to the European Union in May 2004 compelled reconsideration of the social insurance inclusion of pharmaceutical products. The Office of Health Technology Assessment (HTA) of the National Institute for Strategic Health Research was formed in 2004 with the aim of establishing an independent institution to support decision-makers in their rational use of health care resources. METHODS: The Office provides an organisational framework for the technology assessment that forms the basis for the medicine subsidy approval policy of the National Health Insurance Fund, and performs the related medical and economic assessment duties. The National Health Insurance Fund makes decisions regarding the granting of subsidies for medicines, based on the findings presented by the Office of HTA, which X determines the professional guidelines for analysing health technology, coordinates the assessment of new and existing technologies, and issues instructions for the use of individual technologies X provides reliable and undistorted information for the appraisal of individual technologies, and issues instructions for the use of individual technologies X provides reliable and undistorted information for the appraisal of individual technologies, and issues instructions for the use of individual technologies X provides reliable and undistorted information for the appraisal of individual technologies, and issues instructions for the use of individual technologies X provides reliable and undistorted information for the appraisal of individual technologies, and issues instructions for the use of individual technologies X provides reliable and undistorted information for the appraisal of individual technologies, and issues instructions for the use of individual technologies. RESULTS: The Office also performs problem-oriented comparative examinations, such as the comprehensive policy study of Positron Emission Tomography (PET) and Gamma-knife Surgery, Drug-eluting Coronary Stents, etc. CONCLUSION: In the initial period, staff at the Office of Health Technology Assessment focused primarily on assessments of medicines to determine their eligibility for social insurance funding, but as the new institutional structure becomes more firmly established, it is increasingly able to perform thorough, comprehensive assessments of other health technologies.

OBJECTIVES: Anwendungsbeobachtungen (AWBs) are a common type of postmarketing surveillance studies in Germany. They provide information about medical benefit, safety, and effectiveness of drugs in daily practice and can support reimbursement decisions. As practice based research gains in importance the scientific quality of AWBs was evaluated. METHODS: The German drug law demands the reporting of AWBs to NASHIP. In the examined six-month period (July to December 2005), 453 AWBs were announced to NASHIP. Onehundredeighteen were announced for the first time, the others were supplementary information to ongoing AWBs. AWB-conducting companies were asked for more detailed information and AWBs designs were analysed by a validated data entry form that was based on recommendations of the Federal Institute for Drugs and Medical Devices for the conduct of AWBs. RESULTS: One hundred-eight AWBs included statements about goals: 46% listed drug utilisation, 87% safety, 68% effectiveness and 24% QoL. Only a third of AWBs chose a suitable design, basically those that examined safety and drug-utilisation. Only 10% were comparative. Most evaluated drugs were high-priced up to costs of Euro 4500 per prescription. Almost 50% of all drugs had obtained marketing authorisation during the last five years. Median observation time per patient was 140 days. Only 19% of all AWBs mentioned a planned publication of results explicitly. CONCLUSIONS: This study showed the very heterogeneous quality of AWBs in Germany. In most AWBs the marketing aspect dominated obviously and they were not suitable for reimbursement decisions on the basis of the price-benefit ratio.

OBJECTIVES: The aim of the study was to determine the cost-effectiveness ratio of professionals in five Spanish primary care teams (Spanish “EAPs”) on the basis of Adjusted Clinical Groups (ACGs). METHODS: Retrospective descriptive study. We included all patients attended by five EAPs in 2004. Principal measurements: age, sex, consultation episodes/years, total cost/expense (semi-fixed: personnel, procurement; variable: pharmaceutical expense, referrals, tests), department, centre, physician in charge (Spanish “UBA”—basic care unit) and a qualitative synthetic index (Spanish “ISC”) drawn from 36 process and outcome indicators relating to health care practice. Every patient was assigned to an exclusive ACG/category. We produced the adjusted efficiency index (Spanish “IE”) indicating relative efficiency with reference to a standard (observed/expected; grouper-6.0; Johns Hopkins University) and the ISC for each centre and UBA. We analysed the correlation of IE and ISC (Spearman’s rank correlation) and a range of indirect standardisations to adjust the results. Statistical significance p < 0.05. RESULTS: We studied 81,085 patients (use intensity 8.2 visits per patient ± 0.9). With a mean of 5.0 ± 3.6 and 8.0 ± 8.2 visits per patient per year. The total cost per attended patient per year was 340 euros (reference average relative weight). Pharmaceutical prescription costs accounted for more than 60%. The efficiency indices (IE) of the centres were: 0.92, 0.94, 0.95, 1.06, and 1.06 (p = 0.000). The qualitative synthetic indices (ISC) were: 68.9%, 66.1%, 45.8%, 43.4%, and 31.6% (p = 0.000). An inverse correlation was found between IE and ISC (p < 0.001; R² = 36%). The explanatory power of the classification was 53%. CON-