OBJECTIVES: The Turkish Medicines and Medical Devices Agency (TMMDA) gives permission to unlicensed medicines use by patient basis. Authorized wholesalers, including Turkish Pharmacists’ Association (TPA) can import the drugs based on the TMMDA’s permission. These medicines are reimbursed by the Social Security Institution (SSI), the main reimbursement agency in Turkey. Until 2014 when wholesalers were also authorized, pharmacists under this status could only be imported by the Turkish Pharmacists’ Association (TPA). The aim of this study is to understand the trends in L group (Antineoplastic and immunomodulating agents) of TPA. The objective of this study was to analyze the costs of septic shock in England, Wales and Northern Ireland.

METHODS: We analyzed length of stay and drug costs in 20,549 adult septic shock patients geographically spread across England, Wales and Northern Ireland. Unit costs were obtained from the National Audit & Research Centre (ICNARC). These analyses were based on data from 136,880 admissions to 205 adult, general critical care units (CCU) based in NHS hospitals geographically spread across England, Wales and Northern Ireland. Unit costs were reported in the 2014 National Schedule of Relative Costs. The cost of imported medicines (antineoplastic medicines) should be taken to reduce the increasing cost without risking the patients’ access to these innovative medicines.

RESULTS: Consumption data of L group in the top 100 imported unlicensed medicines with the highest sales share in total expenses of imported off-label use was taken from the TMMDA computer database. Descriptive analysis was conducted. RESULTS: The analysis showed that the numbers of active ingredients of L group in the top 100 rose from 37 to 55, between 2011 and 2013. The average cost per box of unlicensed medicines in the top 100 increased from €4,973.71 to €7,245.12 in the same period. The consumption of the unlicensed medicines in L group increased from 107 billion TL to 482 billion TL. CONCLUSIONS: The cost of imported unlicensed medicines used increased every year in Turkey. Some cost-containment measures (especially for antineoplastic medicines) should be taken to reduce this burden.

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USE OF BUDGET IMPACT ANALYSIS (BIA) IN ECONOMIC EVALUATIONS OF DRUGS AND MEDICAL DEVICES SUBMITTED TO THE FRENCH NATIONAL AUTHORITY FOR HEALTH (HAS)

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OBJECTIVES: Since October 2013 HAS is required to provide the inter-ministerial pricing committee (CEPS) with an economic evaluation on innovative drugs and medical devices prior to their reimbursement and/or price setting. We aimed at assessing the degree of HAS evaluating the impact on budget of introducing new drugs and medical devices using budget impact analysis. RESULTS: Approximately 67% of the decisions related to new drugs and medical devices included in this study were classified as ‘successful’ if a reduction in utilization of the low-value interventions was expected. The disinvestment program. The disinvestment program. The disinvestment program. The disinvestment program. The disinvestment program.

CONCLUSIONS: The focus of economic evaluations in 2014 was on infectious diseases, followed by cancer and cardiovascular disease. These three disease areas accounted for almost 60% of all health economic research. Researchers are encouraged to invest more resources into health economic research in these areas. A disinvestment program has been implemented in the Netherlands. The disinvestment program is focused on health economic research with the aim of reducing the costs and improving the quality of care. The disinvestment program.

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SICK-PAY EXPENDITURES IN HUNGARY ACCORDING TO MAJOR DISEASE GROUPS

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OBJECTIVES: In our study we investigated how monetary payment of sick-pay from National Health Insurance Fund Administration changed in the analysed period according to groups of illnesses. METHODS: We used the data of National Health Insurance Fund Administration of Hungary and statistical reports of Nr. OSAP 1514, as well as data of Hungarian Central Statistical Office from the period between 2005-2013. At the determination of groups of illnesses we used the main diagnosis of ICD classification of diseases. We analysed the following indicators: the number of sick-pay cases as well as the number of days spent on sick-leave with regards to groups of illnesses. RESULTS: After having analyzed the data we can ascertain that mostly musculoskeletal illnesses can be named as reasons for adhering to sick-pay every year. (24-28% of all cases) The average time spent on sick-leave in these cases was 33-41 days. The inflammatory disease of the respiratory system was the second cause every year (17-20% of all cases). Resorting to sick-pay because of mental illnesses fell from 9 to 5%. The period of sick-leave continuously decreased from 2009. The shortest, on average 7-8 days of sick-leave was resorted to because of infectious diseases; due to the inflammatory disease of the respiratory system per year 12-19 days on average. The period spent on sick-leave because of cancer diseases in the investigated years was 55-65 days. CONCLUSIONS: Significant decrease occurred in the case of days spent on sick-leave due to mental and nervous system diseases (2007: 50 days, 2013: 33 days) and inflammatory disease of the respiratory system (2005: 19 days, 2013: 12 days).

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COST-EFFECTIVENESS ANALYSES IN FRANCE, ENGLAND AND CANADA: COMPARATIVE ANALYSIS OF STRATEGICAL CHOICES, RESULTS AND PERSPECTIVES

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OBJECTIVES: to determine the disease focus of all economic evaluation papers indexed in the PubMed database that were published in 2014. METHODS: An evalu-