PHP14

GENERIC PRESCRIPTION MEDICINES PRICE VARIATION AMONG COMMUNITY PHARMACIES, PUBLIC HOSPITAL PHARMACIES AND DISPENSING DOCTORS IN ZIMBABWE
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OBJECTIVES: To evaluate generic medicine price variation among private retail pharmacies, public hospital pharmacies and dispensing doctors in institutions in different provinces in Zimbabwe. To compare prices of drugs on the Essential drugs list of Zimbabwe (EDLIZ) and those not on the list and prices of imported versus locally produced medicines. METHODS: Using a standardized WHO and Health Action International (HAI) methodology and data collection form, we collected medicine price data for 58 institutions (comprising 27 community pharmacies, eight public pharmacies and 23 dispensing doctors) on 37 carefully selected and commonly used generic medicines. At each institution, we identified and recorded the price of the least price generic medicine. The study was done in five of the ten provinces in the country. We used a computerised WHO/HAI International Medicine Price Workbook for data analysis. RESULTS: Of the 37 generic medications, 18 and 22 were significantly expensive in dispensing doctors than in community pharmacies and public hospital pharmacies respectively (p < 0.05). Price of generic medicines were not significantly different across provinces (p > 0.05). EDLIZ drugs had higher overall mean prices than non-EDLIZ drugs (t = 2.274, df = 35; p = 0.029). This was true in all the three sectors surveyed. There was no significant difference in overall mean drug prices between locally produced medicines and imported medicines (t = -1.313; df = 34; p = 0.197). Medications with high prices in the private sector also had high prices in the public sector (t = 0.98, p = 0.001). CONCLUSION: Zimbabwean generic medications’ prices are high and vary widely across sectors and by status of the drug (EDLIZ vs. non-EDLIZ drugs). This may have differential impacts on affordability and clinical outcomes.

PHP15

PREFERENCES FOR DRUG REIMBURSEMENT CRITERIA IN SOUTH KOREA USING DISCRETE CHOICE EXPERIMENTS
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OBJECTIVES: The purpose of this study was to elicit preferences for drug listing decision criteria in South Korea using the discrete choice experiment (DCE) method. METHODS: A DCE survey questionnaire was administered to a sample of respondents who were educated in the principle concepts of pharmacoeconomics and are decision makers or stakeholders within that field. To develop choice designs, we first decided on the attributes and balanced designs were determined using a computer algorithm. A total of 15 choice sets were produced from the aforementioned process. With the addition of 2 test questions, subjects were shown a total of 17 sets of drugs with different levels of ICER, uncertainty, budget impact, and severity of disease. We used the conditional logit model to assess the effects of each attribute. RESULTS: Parameter estimates from the model indicate that all attributes influenced respondent’s choice significantly and each parameter has an expected sign. The Lower the ICER, the higher the probability of choosing that alternative. Respondents also preferred low levels of uncertainty and a smaller impact on health service budget, and were likely to choose drugs for serious diseases rather than mild or moderate ones. We also found that those in our sample were willing to accept high ICER to get medication for severe diseases. CONCLUSION: This study demonstrates that the cost-effectiveness, budget impact and severity of disease are the main reimbursement decision criteria in South Korea, and that DCE can be a useful tool in analyzing the decision making process where a variety of factors are considered and prioritized.

PHP16

ASSESSMENT OF DECISION MAKER NEEDS RELATED TO HEALTH ECONOMIC MODELS AND DATA ANALYSIS TOOLS
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OBJECTIVES: The objective of this study was to gather information from individuals involved in the decision-making process for determining the value of health care interventions. METHODS: In April 2007, health care decision makers from organizations across the US were invited to participate in a focus group discussion. Prior to the focus group, participants completed a questionnaire, which inquired about the challenges and/or opportunities associated with using health economic and outcomes research information in the decision-making process. RESULTS: Nine individuals with an average of over 14 years experience, representing major managed care and pharmacy benefit management organizations, the Veteran’s Affairs Department, and Academia participated. The three most challenging issues to health care decision makers included: 1) filtering through all the information needed to determine value; 2) agreeing with the key assumptions used in models and/or research reports; and 3) accepting model projections as an accurate reflection of outcomes that may be seen in their own patient populations. Findings revealed that decision makers are looking for more customization, more applicability to their own organizations, and increased transparency when reviewing outcomes research and/or health economic models. Other key findings included, decision maker interest in being involved in the development of tools and models from early phases, maximizing the user-friendly aspect of models (without compromising transparency), development of tools that help decision makers analyze real-world data, and the need for education and training as an essential component of successful implementation of health economic models and tools. CONCLUSION: This investigation gives critical insight into how future health economic and outcomes research models and data analysis tools should be developed. As payer needs continue to evolve, so must the models and analysis tools that are developed, especially if they are expected to continue to be used in the decision-making process.

PHP17

RECOMMENDATIONS FROM REIMBURSEMENT AGENCIES FOR ADDITIONAL POST-LAUNCH RESEARCH. THE NEXT HURDLE
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OBJECTIVES: There is increased interest in post-launch economic studies as more jurisdictions require economic data for the formal decision process of pricing and reimbursement of drugs. METHODS: We reviewed all of the final recommendations regarding all pharmaceutical submissions to the CDR from its inception in May 2004 through January 2007. Decisions were categorised as: listed, listed with criteria or not listed. Recommendations for further research post-launch were reviewed and