OBJECTIVES: To evaluate utilization of drugs involved in treatment of NSCLC, its consumption in terms of expenditures and number of packages prescribed in Slovenia between 2008–2011. METHODS: Statistical analyses were performed using IMS Health’s Oncology Analyzer™ as the primary data source. The study population comprised patients with diagnosis of NSCLC and treatments in Slovenia during 2008–2011. RESULTS: Of 18 drugs selected, data on 8 drugs were reported only. In 2008, gefitinib was among the highest in terms of expenditures ($28 772 pcgs, $5 385 830.90 respectively). In 2011, tendency of gefitinib since 2010 was observed. Differences were noted for oncology and non-oncology, namely expenditures in rare cancers remained among the lowest in Canada ($0.19) while these expenditures were highest in France, Germany and Italy ($0.76; $0.47 and $0.47 respectively). This trend appears to follow previously reported low access of oncology drugs in Canada vs. other developed systems (13/14 countries). France, Sweden and Italy were associated with the highest percentage of less than 50%, 41% and 40% respectively while the lowest were observed in the UK, The Netherlands and Canada (0.22%, 0.19% and 0.14% respectively). CONCLUSIONS: Canada was among the lowest in regards to cost/capita and percentage of OD expenditure compared to total drug expenditures in 10 countries. This is likely explained by the higher access of NICE negative recommendations which impairs payers decision.

PCN137 NICE TECHNOLOGY APPRAISALS AND THE UPTAKE OF BREAST CANCER DRUGS IN THE UK

Berriswelle D1, Anderson P2, Jofre-Bonet M3
1Duke University London, UK, 2Suanseen University, Prifysgol Aberystwyth, Swansea/Aberystwyth, UK, 3Vcty University London, London, UK

OBJECTIVES: Health technology appraisal (HTA) recommendations from the UK National Institute of Health and Clinical Excellence (NICE) are intended to standarize health care and increase the use and uptake of new medicines that are cost-effective. Several studies have investigated whether NICE guidance influences UK drug uptake, mainly using sales data. However, this approach does not reveal which indication, line of therapy, nor patient subgroup a drug has been used to treat. This study aims to avoid these limitations by using IMS Health’s Oncology Analyzer™ as the primary data source. Oncology AnalyzerTM contains detailed records for a representative patient sample, allowing analyses to be focussed on the particular indication and treatment criteria specified in NICE HTAs. METHODS: HTAs for breast cancer drugs were reviewed based on the following inclusion criteria: 1) approved by NICE between 2005 and 2008, 2) recommended by NICE for breast cancer, 3) remained available until December 2011. RESULTS: Of the 18 drugs selected, data on 8 drugs were reported only. For each HTA, the proportion of the eligible patient subgroup who received the recommended (or not recommended) drugs from Q1 2005 to Q1 2009 was calculated. Changes in drug use in the relevant period were assessed using the IMS Health database. RESULTS: NICE produced 6 HTAs for breast cancer, encompassing 8 drugs, during the period assessed. In 5 out of 6 cases, the publica- tion of an HTA was followed by the recommended change in UK drug uptake. In one case, when UK uptake of the same drug in other European countries (France, Germany, Italy and Spain), the UK ranked at the bottom of the group. CONCLUSIONS: The NICE HTAs assessed were mostly followed by the intended changes in drug uptake, suggesting they were implemented, at least by some PCTs. Despite this, international comparisons of uptake of these drugs revealed that the UK performed poorly compared to similar European countries.