and projected vials. Upper boundary was influenced more by total target patients, response rate, and expected price with no risk sharing. CONCLUSIONS: The concept of performance-based payment is a risk sharing between the payer and manufacturer for high-quality of new agent, and improves to patient's quality of life within the available national health-care budget. We show that the range of affordable price is calculated by a manufacturer’s profit and neutral point of health-care budget in the performance-based risk sharing and discuss potential challenges.

THE EFFECT OF PRICE CONTAINMENT ON THE TREND OF PHARMACEUTICAL EXPENDITURE FROM 1999 TO 2007 IN TAIWAN

Lane HJ, *Yan CH*
National Yang-Ming University,Taipei, Taiwan; National Taiwan University, Taipei, Taiwan

OBJECTIVES: To control the high pharmaceutical expenditure, the Bureau of National Health Insurance introduced the generic grouping method to reduce price variation among off-patent drugs since 2000. The purpose of this study was to examine the effect of the price adjustments on the trend of pharmaceutical expenditure.

METHODS: We used BNI monthly claim data from 1999 to 2007 and incorporated drug registry file, drug price file and 2009 WHO ATC/DDd file. To further analyze the effect of generic grouping, we classified the branded drug into three categories patented branded drug, off-patent branded drug with no competitive generic drug and off-patent branded drug with competitive drug.

RESULTS: We found that from 1999 to 2007, the annual growth rate of pharmaceutical expenditure was 6.0%; outpatient 6.3% and inpatient 5.5%. During the study period, the sales of the branded drugs rose from 20.6% to 30.9% with the highest increasing rate. The sales of the off-patent branded with competitive generic drugs and generic without the BA/BE testing drugs fell from 21.1% to 18.6% and from 39.3% to 28.4% respectively. The sales volume in terms of DDD also has the same pattern as the drugs sales. Regarding the impact of drug price adjustment on Hospital, we found the share of clinically unimportant drugs rose from 35.5% to 41.3% respectively (from 25.3% to 30.2%), however local hospitals and primary health care decreased their share. Instead of the IRPA group held the highest increasing rate of share and importers held the lowest. CONCLUSIONS: The generic grouping price adjustment policy has effectively reduced the off-patent branded drug expenditure. However, total drug expenditure didn't decrease due to the increased expenditure of the new drugs with high prices.

POSTER SESSION

CANCER = Clinical Outcomes Studies

THE EVALUATION OF ADR ONLINE REPORTING OF RADIOPAQUE AGENTS IN A UNIVERSITY HOSPITAL IN TAIWAN

Huang CY, *Hsieh YW, Lin WL, Wu HC*
China Medical University Hospital, Taichung, Taiwan

OBJECTIVES: Radiopaque agents induce ADR frequently. But the numbers of ADR reports were half of ADR reports were rash and no serious side effects in the intervention group, more than half ADR reports were rash and no serious side effects in the intervention group, comparing it with the paper report in 2007.

METHODS: In the system, the cases reported by physician including medication used, time of ADR come up and description of ADR event. We downloaded the data of patients who administrated radiopaque agents retrospectively as the base of study group, and observe the rate of ADR reporting from 2008 July to 2009 June (i.e., intervention group), comparing it with the paper report in 2007.

RESULTS: There are 5 radiopaque agents with four nonionic and 1 ionic contrast media (e.g., Gd-dimeglumine, Ioxanmod, Iohexol, Ioversol and Urografin) used in our hospital. We received 20 ADR reports within 22,754 prescriptions of radiopaque agents from January to December in 2007 and 62 ADR reports in 29,840 prescriptions from 2008 July to 2009 June. The reporting rate elevated 2.3 times (0.99% to 2.01%) when we shifted paper reporting to online reporting system. In the intervention group, more than half ADR reports were rash and no serious side effects (e.g., nephrotoxicity, anaphylactic shock) had been reported. CONCLUSIONS: ADR report is important in patient safety and pharmacovigilance issues. In clinical practice, staff may miss to report ADR because of enormous amount of work load. If the reporting system is more user-friendly, it would be closer to the true incidence of adverse events which have been reported.

ASSESSMENT ON THE DECREASING USE OF NARCOTIC ANALGESICS BY USING CANCER PAIN ADJUVANTS

Chen CH1, *Chen KT, Chen HY1, Hou MP1, Huang YB1, Chen AL1
1Chi Mei Medical Center, Tainan, Taiwan; 2Chi Mei Medical Center, Tainan, Taiwan; 3Chi-Mei Medical Center, Liu Ying, Taiwan, Taiwan; 4Khonkang Medical University Chung-Ho Memorial Hospital, Kaohsiung, Taiwan

OBJECTIVES: Narcotic analgesic was usually used to relieve cancer pain in the past decades. Recently, co-analgesics with adjuvant drugs have become an essential way and successful alternatives for holistic care. The aim of this study is to assess the outcome of using cancer pain adjuvants. METHODS: This is an observational study.