EVIDENCE USED DURING PHARMACEUTICAL TECHNOLOGY ASSESSMENT
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OBJECTIVES: The purpose of this study is to better understand the types of evidence considered and how evidence is used by health care payers and payer intermediary organizations to evaluate prescription drugs and biologics for possible formulary inclusion. METHODS: We conducted semi-structured one-hour telephone interviews with key decision-makers at payers and payer intermediary organizations. Respondents included medical and pharmacy directors who actively participate in pharmaceutical technology assessment (PTA). Participants were asked to describe their PTA process and to rate the importance of the sources and types of evidence they review. RESULTS: Pharmacy and medical directors from 15 national and regional health plans, prescription drug plans, and pharmacy benefit managers rated information used for PTA on a scale of 1 (not important) to 5 (very important). While preliminary results indicate that respondents rated peer-reviewed studies as the most important source of information (mean = 4.7), technology assessments such as comparative effectiveness studies (e.g., from AHRQ or Hayes) and internal trial (health plan) data on utilization were rated almost as highly (4.2 and 4.1, respectively). Medical directors gave comparative effectiveness studies higher ratings than did pharmacy directors (4.7 vs. 3.8; p < 0.001). Among types of evidence, randomized control trials (RCTs) were rated the highest (mean = 4.6); budget impact analyses (mean = 3.1) and pharmacoeconomic studies (mean = 2.9) had substantially lower ratings, although both of these received higher ratings from pharmacy vs. medical directors. There was little variation in ratings by payer type. CONCLUSIONS: While it is not surprising that key decision-makers highly value RCTs from peer-review literature, other sources of information were rated as having essentially the same importance. Medical and pharmacy directors have significant differences in the importance assigned to certain information. Additional data would help explore variations in perceived value of information among different types of PTA staff and potentially differences across payer type.

THE INFLUENCE OF SAFETY ISSUES ON DECISIONS OF CONSULTATIVE COUNCIL OF THE AGENCY FOR HEALTH TECHNOLOGY ASSESSMENT IN POLAND
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OBJECTIVES: Consultative Council (CC) is an independent body playing a central role in decision making of Polish Health Technology Assessment Agency (AHTAPol). We were interested in how much safety issues of the appraised technologies concern members of CC, and what is the influence of safety issues on CC’s decisions. METHODS: We analyzed decisions of CC published until the end of 2009 and distinguished those where safety issues were significant arguments for or against the decision. RESULTS: A total of 70 were identified in a 9-year period. Thirty-six (51.4%) were significant to CC regarding safety. A wider safety analysis according to the AHTAPol’s guidelines 2009 would be required.

HEALTH CARE USE & POLICY STUDIES – Prescribing Behavior & Treatment Guidelines

PH90
A DESCRIPTIVE STUDY OF PATIENTS ON FDA-CATEGORIZED INNOVATIVE DRUGS IN ANTICHOLESTEROL AND ANTIDIABETIC THERAPEUTIC CLASSES
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OBJECTIVES: Drugs receive priority (P) or standard (S) review based on FDA’s prescriptions that the drug offers significant benefit over existing options. The study will describe patient characteristics associated with drugs that got P and S approval. METHODS: This pilot study employed a retrospective cohort design using MEPS data (full year consolidated, prescription medicine, and medical condition files) from 2004-2007. Subjects were identified from the prescription medicine files if they received P drugs (atorvastatin, pioglitazone, rouguiatrazine, repaglinide) or S drugs (simvastatin, pravastatin, rosuvastatin, glimepiride, exanetide, sitagliptin). All other drugs that were received by these subjects and approved 1990 onwards were coded for their approval status from the FDA website. Subjects in the S group receiving any P drug or who received the aforementioned drugs from both groups were excluded. Results: A total of 5835 patients—3810 patients on one or more P drugs and 2025 on S drugs—were identified. There was no significant difference of age of the patients in these groups. Patients’ race and gender (Asian vs. White OR = 1.556; female vs. male OR = 1.367) was associated (p < 0.05) with odds of receiving priority drugs. Patients receiving P drugs had significantly (p < 0.05) higher number of comorbidities compared to those in the S group. Respiratory diseases, endocrine disorders, tumor, hypertension, and number of comorbidities were significant (p < 0.05) predictors of receiving P drugs. Patients in the P group reported significantly (p < 0.05) poorer health status. However, when adjusted with propensity score such difference was not associated with the drug category. CONCLUSIONS: Patient demographics was associated with receiving antidiabetic and anticholesterol therapeutic classes of drugs that received priority review. After controlling for comorbidities, number of comorbidities was positively associated with likelihood of receiving P drugs. When adjusted for covariates, such categorization was not associated with self-reported health status.

PH91
DRUGS PRESCRIBING INDICATORS IN SECOND AND THIRD-LEVEL COMPLEXITY HOSPITALS FROM COLOMBIA
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OBJECTIVES: To evaluate drugs prescribing indicators of outpatient medication in medium- and high-level complexity hospitals from Colombia METHODS: This was a cross-sectional study where medication prescription was evaluated in 131 second- and third-level complexity hospitals from 27 Colombian departments during 2006-2007. RESULTS: 38663 prescriptions for 3663 patients were analyzed; 54,7% of them patients affiliated to contributory health care system. Average prescribed medication per person was 2,2 (2,1–2,2 95 % CI), the percentage of antibiotics formulated by prescription was 29,2 % (28,7–29,6 95 % CI), essential prescribed medicines accounted for 64,2 % (63,7–64,6 95 % CI) and injectable medicines was 22,1 % (21,7–25,5 %). More than half the medications (62,1 %; 61,5–62,7 95 % CI) were in three ATC groups: anti-infectious agents, immunomodulating agents and medications for the alimentary and metabolic tract. DI90% consisted of 64 medications and the medication consumption was of 8, 39 daily defined doses (DDD)/10 patients CONCLUSIONS: Respect to previous studies in Colombia the indicators remain with few change, except the percentage of antibiotics formulated by prescription that increased more than recommended by OMS (25%). This is the first report of DI90% and OMS in Colombian patients. All these indicators must be continuously evaluated in future to follow the quality of prescription and drug consumption.