CONCLUSIONS: Cardiovascular diseases are still leading cause of death in BH, so we suggest deeper analysis of all guidelines, programs and interventions focused to decrease CV mortality and making Government(s) expenditure in CV drugs more efficient.

PHP43 INTRODUCTION OF A PRESCRIPTION CHARGE ON THE COMMUNITY DRUG SCHEME IN IRELAND – WHAT IMPACT HAS IT ON DRUG UTILIZATION?

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OBJECTIVES: In October 2010, the Irish healthcare payer (i.e. the Health Service Executive, HSE) introduced a €0.50c charge on all prescription items dispensed under the General Medical Services (GMS) scheme, the largest of the community drug schemes in Ireland covering approximately 40% of the population. We investigated whether this charge was associated with changes in drug utilization.

METHODS: Monthly prescription dispensing was analysed from September 2009 to September 2012 (pre-intervention period) and then from November 2010 to March 2011 (post intervention period). In addition to utilization (prescription items) and cost information the database classifies drugs according to whether they are generic, off-patent or patent. The volume of drugs dispensed in each class was calculated and trends in utilisation and expenditure from the pre intervention period were compared with those in the post intervention period using segmented regression analysis. All analyses were performed using SAS (v9.1, SAS Institute Inc. Cary, US). Statistical significance at p < 0.05 is assumed throughout. RESULTS: No effect was noted following the introduction of the prescription charge on prescription items in the post intervention period. A decrease in ingredient cost was noted however, for generics in the month post the implementation (p = 0.01). A change in the overall number of off-patent drugs was noted also in the post intervention period (p = 0.05). The intervention had no significant effect on utilisation and expenditure of patented medicines. CONCLUSIONS: The study findings suggest that the recent introduction of a prescription charge has had no significant effect on utilization of prescription medicines, while decreased expenditures could be attributed to changes in the pricing mechanisms for generics and off-patents occurring around this time. Further analysis is warranted to determine if the effect on utilization is sustained over time.

PHP44 MARKET UPTAKE OF ORPHAN DRUGS – A EUROPEAN ANALYSIS

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OBJECTIVES: The principle of equitable treatment establishes that everyone has the right of access to preventive health care and the right to benefit from medical treatment. Variations in market uptake of orphan drugs have important implications with respect to access to care and inequality of treatment. Therefore, the aim of this descriptive study is to examine the uptake of orphan drugs in Europe.

METHODS: We analyzed both the sales and volume uptake from 17 orphan drugs in 24 European countries from 2001 until the beginning of 2010 using the IMS Health database. Countries were clustered based on differences in demographics, gross domestic product (GDP) and protection law. RESULTS: This study found that there is a difference in the uptake of orphan drugs across European countries. Not only does the number of orphan drugs launched differ, the sales on orphan drugs and the share of orphan drugs on total pharmaceutical expenditure varied. Additionally, the volume uptake and the share spent on orphan drugs during the first year after the launch are highest in countries with high GDP and strong patent laws. CONCLUSIONS: The uptake of orphan drugs could be promoted through a variety of mechanisms such as the harmonization of European patent laws, the implementation of conditional reimbursement mechanisms, and the introduction of non-binding EU scientific assessment reports on the clinical added value of specified drugs.

PHP45 EVALUATION OF GENERAL PUBLIC’S EXPENDITURE ON HEALTH PRODUCTS

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OBJECTIVES: Most countries including Malaysia are facing escalating healthcare expenditures. The purpose of this study was to evaluate general public’s expenditure on health products. METHODS: A cross-sectional study using convenience sampling technique was used in this study. 800 questionnaires were distributed to the general public in the state of Penang Malaysia. All data were analysed using descriptive and appropriate inferential statistics at alpha value of 0.05. RESULTS: A total of 56.73% of total 704 respondents felt that branded medicines were expensive or moderate, while 56.53% of them felt that the cost of generic medicines were moderate. In terms of private market, the costs of health products sold in community pharmacies were perceived to be cheaper as compared to private clinics and road side pharmacies. The mean of monthly expenditure per household on modern medicines, vitamins and non-herbal health supplements, and herbal products were RM 171.80, RM 125.41 and RM 61.03, respectively (1 USD = RM3.30). Respondents’ age, gender, race and income were found significantly affecting on patients’ responses. CONCLUSIONS: This study has highlighted the need to control the medicines prices in the private market, especially in road side private hospitals. There is a need to promote generic products and to educate patients about the evidence based medicine since a good proportion of their income is monthly spent on herbal products.

PHP46 PERFORMANCE OF THE PREDICTIVE CAPABILITY OF THE CLINICAL RISK GROUP SYSTEM IN IRELAND – WHAT IMPACT HAS IT HAD ON DRUG UTILISATION?

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OBJECTIVES: To evaluate the predictive ability of the Clinical Risk Group System in predicting pharmaceutical expenditure in the Valencian Community. METHODS: We ran a generalized linear model to examine the predictive validity of the CRG system and report the correlation between the predicted and observed expenditures. We reported mean predicted expenditures across medical condition and cost-defined groups. RESULTS: The CRG system predicted pharmaceutical expenditure with precision, except for groups 8 and 9 of ACRG. A new weight adjusted model has been developed to better fit pharmaceutical expenditure in primary health care to the real situation in Valencia. CONCLUSIONS: In order to use the CRG system to estimate pharmaceutical expenditure in primary health care, the groups of greater clinical risk must be weight adjusted, as the pharmaceutical consumption of these groups is hospital-