OBJECTIVES: Health policy changes may effect the conducted studies in all fields. Pharmacoeconomics dossiers for the reimbursement applications for new medicines before year 2008 need to be re-evaluated in order to improve the effectiveness and possible budget effect with their applications for reimbursement to Social Security Institution from 2008. This policy changing may effect pharmacoeconomics and health outcome studies in Turkey. The aim of the study is to evaluate the economic or cost-containment reasons, and to misaligned incentives in the supply side. Drug shortages can have multiple reasons and are currently often induced by economic or cost-containment reasons, and to misaligned incentives in the supply chain.

Drug shortages are increasingly observed over the last decade. A survey was e-mailed to 47 pharmacy schools listed on the federal educational portal www.edu.ru. Follow-up phone calls were made to non-respondents. Questions were used to determine: whether PE topics were taught and under what discipline, whether it was a required (base) or elective (variable) course, the number of academic hours dedicated to PE, the number of students in the course, topics covered, resources used, an opinion of the instructor on the sufficiency of the number of hours devoted to PE, and suggestions on PE instruction outcome risk.

The main hypothesis in this study is that stakeholders have different preferences concerning IT innovations in hospitals, and these preferences are caused by perceived cost/benefit ratios. This will translate in disagreement between stakeholders on which innovations to implement first, possibly explaining the slow diffusion of innovations in health care. METHODS: Analytic Hierarchy Process (AHP) was used to quantify stakeholders positions in their priority of nine decision criteria. The objective of this study was to investigate the extent of PE education in 2012 across pharmacy schools/Departments in Russia. METHODS: A survey was e-mailed to 47 pharmacy schools listed on the federal educational portal www.edu.ru. Follow-up phone calls were made to non-respondents. Questions were used to determine: whether PE topics were taught and under what discipline, whether it was a required (base) or elective (variable) course, the number of academic hours devoted to PE, and suggestions on PE education improvement in pharmacy schools.

The analysis focused on the evidence submitted, the final decision and critique by NICE, and any changes in approach by the manufacturer at re-submission. RESULTS: Clear patterns emerged for each scenario. For example NICE accepted data from surrogate endpoints (scenario 2) in all of the 4 submissions analysed. This was due to support by clinical experts and a clear rationale for the surrogates as established markers of efficacy. Observational data (scenario 4) were accepted in the absence of randomised controlled trials (RCTs), or in addition to RCTs where long-term or country-specific evidence was required. However, it was important to align incentives and expectations of stakeholders with the desire of observational studies. CONCLUSIONS: An evaluated database can be used to understand the impact of any clinical evidence scenario on NICE decisions. The results can be used to inform submission strategy and assess decision flexibility as a risk.

The type of drug shortages were categorized and considered in context to their impact on access to medicines and health care system efficiency. RESULTS: While there were 20 publications of any type around this subject in PubMed in 1995, the number increased with 34 in the year 2000, 70 in 2005, 100 in 2010, and 120 in 2011. The publications have discussed the health care consequences, workarounds, and the health consequences of the workarounds. In February 2011, 110 drugs were listed on the FDA Web site, including at least 14 commonly used cancer chemotherapy drugs. Likewise, drug shortages are reported in many countries around the world including European countries such as Spain, France, UK, Russia, Portugal, Greece, or Rumania. Over the years, the reasons for drug shortages have changed from being predominantly caused by shortages in the active ingredients or insufficient distribution systems to currently often being caused by economic or cost-containment measures, or to misaligned incentives in the supply chain.

Drug shortages have many possible consequences and are currently often induced by economic or cost-containment reasons, and to misaligned incentives in the supply chain.