dence. Both organizations reached the same assessment regarding clinical benefit in only 85% of cases.

CONCLUSIONS: A major procedural process difference, with respect to clinical evidence assessment compared to SMC. All AMNOG decisions are positive; however, final prices may resemble generic prices for products that demonstrate low additional benefit ("Testfettraprincipen"). In comparison, a negative decision warrants re-submission and, in case of re-assessment, a time-to-reimbursement price for successful drug reimbursement. orphan drugs are assessed as normal products in Scotland and may be rejected on the grounds of economic evidence, while the introduction of additional benefit is presumed and price negotiation starts automatically. Furthermore, the SMC assessment process starts later than the AMNOG process.

PHP137 ACCESSING THE PHARMACEUTICAL MARKETS OF BRAZIL, RUSSIA, INDIA AND CHINA
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While pharmaceutical sales in mature economies are declining, in emerging markets sales have been expanding rapidly, with growth rates in double figures. Here we focus on market access in BRIC (Brazil, Russia, India and China) which together represent just over 40% of the world population. OBJECTIVES: To identify the processes and key stakeholders involved in gaining market access in BRIC, to assess the importance of health technology assessment (HTA) in gaining reimbursement in these countries, to identify opportunities and challenges to market access. METHODS: A review was conducted to identify the current processes and key stakeholders in markets in the BRIC countries and to identify favourable and unfavourable factors to market access. RESULTS: The licensing and reimbursement processes vary in the BRIC countries. Brazil follows processes similar to those in Western Europe, including HTA and post-launch consultation as part of the reimbursement application. In China, the licensing process can take 4-6 years, though fast-tracking for innovative drugs has recently been introduced. Russia, China and India do not yet rely on HTA for reimbursement decisions. In India, pharma companies are only assessed in setting prices of new molecules that have been announced. Opportunities in all these countries result from increasing affluence and life expectancy and the diseases associated with these. Some challenges to market access are: poor IP protection; protectionist mechanisms; unstandardized assessment requirements. The perspective of the pharmacoeconomic model should be that of the HTA body (Model HTA Authority). Therefore, the Main Commission in SSI will be able to combine a general evaluation from the Technical Commission and an HTA report from SMC and compare them to that of the public payers’ requirements. The secondary objective was to determine the preferred components to present in a submission regarding private payers. METHODS: A survey was sent to 21 submission reviewers from 14 pharmaceutical companies in 14 different countries and regions and two different companies, representing 80% of the Canadian private payer market. Results: A total of 10 participants completed the survey. The survey included 15 questions divided in 5 sections: General information, Clinical information, Pharmacoeconomic evaluation, Budget impact analysis and General appreciation questions. Nine reviewers from eight different companies, which represent 80% of the Canadian private payer market, responded to the survey. Results showed that 67% of participants follow the Canadian Agency for Drugs and Technologies in Health (CADTH) guidelines for eco-

PHP138 PLACEBO-CONTROLLED TRIALS: ARE THEY ACCEPTABLE TO HEALTH TECHNOLOGY ASSESSMENT BODIES?
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OBJECTIVES: The gold-standard pivotal trial design has three arms with experimental medicine, placebo and active control however, often marketing authorisation is granted on placebo controlled (PLAc) trials. While PLAc trials are often still acceptable the European Clinical Trials Directive (CTD) requires an economic assessment (EA) on technological assessment (HTA) bodies. The latter request an (in)direct comparison vs. the relevant active comparator (AC) (AC can not yet in Russia, India or China. Although demand for new drugs is increasing in these markets, marketing authorisation, competition from generics and budget constraints due to the increased burden and requirement for new high priced drugs present a challenge when accessing the pharmaceutical market in BRIC countries.

PHP139 THE IMPACT OF THE ECONOMIC RECESSION AND PHARMACEUTICAL-HEALTH SERVICE RELATIONSHIPS ON THE PROBABILITY AND TIME OF REIMBURSEMENT OF NEW MEDICINES IN IRELAND
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OBJECTIVES: To assess the impact of the Irish economic recession (September, 2008) and the Irish Pharmaceutical Healthcare Association agreement (IPHA; November, 2012) on the probability of reimbursement decided by the National Centre for Pharmaceutical Economics (NCPE). We also aim to re-assess the new (PH1A) agreement reduced the time-to-reimbursement for new medicines in the General Medical Services (GMS) and High Tech Drug Scheme (HTDS). METHODS: A database of all NCPE decisions since 2006 to present was compiled from publicly available NCPE decision reports and a logistic model was used to test the occurrence of the recession and the IPHA agreement on the rate of positive reimbursement made by NCPE. We also tested whether the new agreement had an impact on the time-to-reimbursement using a linear regression model. RESULTS: The results of the logit model suggest that neither the economic recession nor the agreement had any statistically significant impact on the probability of reimbursement. However, there were significant decreases in time-to-reimbursement as the time-to-reimbursement was reduced after the agreement (p<0.10). CONCLUSIONS: Although the analysis suggests that these two events had no impact on the rate of reimbursement it is possible that the reimburse-

PHP140 MODELLING THE HEALTH TECHNOLOGY ASSESSMENT (HTA) PROCESS FOR INNOVATIVE DRUG TECHNOLOGIES (IDTS) IN THE TURKISH HEALTH CARE SYSTEM
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OBJECTIVES: Offering a standardized HTA process model through economic evaluation of IDTs in the Turkish health care system. METHODS: Current regulations on evaluation of innovative drug technologies through the reimbursement process are defined via a process flow scheme. A stepwise model is proposed to cover a standard-ized HTA process evaluation technique and a PH1A to HTA body (Model HTA Authority). RESULTS: In the current system, economic evaluation content of a reimbursement application dossier is evaluated by Social Security Institution (SSI) through Technical and Main Commissions respectively. However, this evaluation process is not standardized with respect to main variables such as scientific methodologies, timelines and responsibilities. This study offers a model, which includes a re-defined HTA application step for economic evaluation content of an IDT reimbursement dossier, parallel application to SSI and an independent HTA body (Model HTA Authority). Therefore, the Main Commission in SSI will be able to combine a general evaluation from the Technical Commission and an HTA report from SMC and compare them to that of the public payers’ requirements. The secondary objective was to determine the preferred components to present in a submission regarding private payers. METHODS: A survey was sent to 21 submission reviewers from 14 pharmaceutical companies in 14 different countries and regions and two different companies, representing 80% of the Canadian private payer market. Results showed that 67% of participants follow the Canadian Agency for Drugs and Technologies in Health (CADTH) guidelines for eco-

PHP141 CANADIAN PRIVATE PAYERS’ PERCEPTIONS AND EXPECTATIONS OF SUBMISSION REQUESTS FOR DRUG REIMBURSEMENT SUBMITTED BY THE PHARMACEUTICAL INDUSTRY
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OBJECTIVES: To identify, from a private payer’s perspective, the required elements to reimburse a drug and a budget impact analysis (BIA) as well as to compare them to that of the public payers’ requirements. The secondary objective was to determine the preferred components to present in a submission regarding private payers. METHODS: A survey was sent to 21 submission reviewers from 14 pharmaceutical companies in 14 different countries and regions and two different companies, which represent 80% of the Canadian private payer market. Results showed that 67% of participants follow the Canadian Agency for Drugs and Technologies in Health (CADTH) guidelines for eco-

PHP142 POINT OF CARE TESTS: THE LONG AND WINDING ROAD TO REIMBURSEMENT
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OBJECTIVES: Market access for innovative new technologies can be complex and time consuming. As cost containment pressures in the European Union (EU) intensify, evidentiary hurdles to justify new point-of-care (POC) tests continue to grow. Decentralized health care decision making can also be a significant hurdle. This study aimed to characterize the process and identify challenges for Health Technology Assessment (HTA), pricing, reimbursement, and market access for a new POC test in the EU-5 countries. METHODS: We conducted desktop research of