15% to 100%. In Italy only 9% are reimbursed in retail pharmacy and other 10% are reimbursed. In 63% cases ex-factory prices in Italy are higher than in France. The average price difference in price is 12% with 50% of products sharing almost same price (less than 5% difference). No information is available in France on managed entry agreement, while it is publicly available in Italy. This prevents fair price comparison. CONCLUSIONS: OD are more available in Italy compared to France but the actual reimbursement is poorer than in France. Prices are slightly higher in Italy but France displays multiple confidential rebates making it impossible to compare net prices. In Italy the actual accessibility depends a lot on regional level unlike France.

Orphan Drugs, only the Eculizumab for the treatment of PNH has no approved reimbursement by the National Health Surveillance Agency (ANVISA). CONCLUSIONS: Considering its high cost, high judicial demand and limited availability of scientific evidence, orphan drugs represent a challenge for researchers and decision makers. Clinical benefit, disease severity, availability of therapeutic alternatives, ethical, political and economic factors could be considered in the decision making. Further and discipline reflection on the development of HTA models and policies regarding rare diseases and innovative treatments in the SUS, as well as fostering the primary researches in this field.

PSY106
TO WHAT EXTENT DO DISEASE AND TREATMENT CHARACTERISTICS INFLUENCE HTA-BASED RECOMMENDATIONS FOR A SAMPLE OF ORPHAN DRUGS IN THREE COUNTRIES, AND COULD THESE INDICATE WHETHER ORPHAN DRUGS HAVE A "SPECIAL STATUS"?
Niccolè F.
Longoni
Routine HTA methods may not adequately capture all the important considerations of a treatment’s value and the impact of the condition on the patient given that evidence is often incomplete. This study aims to explore the broader considerations of scientific and social value judgments on reimbursement decisions for a sample of orphan drugs OBJECTIVES: To identify and compare the extent to which these broader considerations are influenced by (i) the incremental cost-effectiveness ratio (ICER) and (ii) the clinical and social impact of the disease. METHODS: 29 HTA reports were coded using thematic analysis to systematically identify and compare these broader considerations. Results: The review identified 15 HTA reports from three countries: one report was included in this analysis. CONCLUSIONS: Identifying and comparing these broader considerations of scientific and social value judgments on reimbursement decisions for orphan drugs is relevant. Further research is needed to explore whether orphans drugs have a “special status”.

PSY104
HEALTH TECHNOLOGY ASSESSMENT, PRICE AND REIMBURSEMENT REVIEW FOR ORPHAN DRUGS IN FRANCE
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OBJECTIVES: In France, HTA evaluates reimbursement recommendations for orphan drugs, using the database “Farmadati” (a database available only in French). This database contains information on reimbursement rates and decision details extracted for each drug using Farmadati. OBJECTIVES: To evaluate HTA reimbursement recommendations for orphan drugs, in France. METHODS: All HTA reports available in Farmadati for orphan drugs were reviewed. RESULTS: 27 HTA reports were identified and grouped into 15 clusters based on the information provided. CONCLUSIONS: The average difference in price is 12% with 50% of products sharing almost same price (less than 5% difference). No information is available in France on managed entry agreement, while it is publicly available in Italy. This prevents fair price comparison. CONCLUSIONS: OD are more available in Italy compared to France but the actual reimbursement is poorer than in France. Prices are slightly higher in Italy but France displays multiple confidential rebates making it impossible to compare net prices. In Italy the actual accessibility depends a lot on regional level unlike France.

PSY103
HEALTH TECHNOLOGY ASSESSMENT, PRICE AND REIMBURSEMENT REVIEW FOR ORPHAN DRUGS IN ITALY
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OBJECTIVES: The objective of the study is to review HTA decisions, prices and reimbursement of OD in Italy. METHODS: All OD assessed in Italy since 2000 were identified. Emphasis was placed on identifying and subsequent evaluation of scientific and social value judgments on reimbursement decisions for orphan drugs. RESULTS: 25 HTA reports were identified and grouped into 15 clusters based on the information provided. CONCLUSIONS: The average difference in price is 12% with 50% of products sharing almost same price (less than 5% difference). No information is available in France on managed entry agreement, while it is publicly available in Italy. This prevents fair price comparison. CONCLUSIONS: OD are more available in Italy compared to France but the actual reimbursement is poorer than in France. Prices are slightly higher in Italy but France displays multiple confidential rebates making it impossible to compare net prices. In Italy the actual accessibility depends a lot on regional level unlike France.

PSY105
HTA STUDIES ON ORPHAN DRUGS BY REBATESMEMBERS
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OBJECTIVES: In Brazil, the studies produced by members of the Brazilian Network for Technology Assessment (REBRATS) have contributed in a significant way to the development of the HTA methodology used in Brazil. METHODS: The objectives is to evaluate the production of HTA studies for orphan drugs made by REBATS members. RESULTS: The production of HTA studies for orphan drugs made by REBATS members was significant in 2005-2010. CONCLUSIONS: The studies produced by REBATS members have contributed to the advancement of HTA methodology used in Brazil.

PSY107
WHY ARE THERE DIFFERENCES IN HTA RECOMMENDATIONS ACROSS COUNTRIES? A SYSTEMATIC COMPARISON OF HTA DECISION PROCESSES FOR A SAMPLE OF ORPHAN DRUGS IN FOUR COUNTRIES
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HTA reimbursement recommendations often result in different outcomes across countries, despite being based on the same data. The objective of this study was to identify the reasons for these differences. OBJECTIVE: To systematically compare HTA processes for a sample of orphan drugs across four countries (England, Scotland, Sweden, France). METHODS: A total of 29 HTA reports were included in this analysis. RESULTS: Differences in decision-making processes were identified. These differences were driven by a variety of factors, including differences in the appraisal of scientific evidence, differences in the interpretation of the evidence, and differences in the decision-making process. CONCLUSIONS: Differences in HTA processes across countries are driven by a variety of factors, including differences in the appraisal of scientific evidence, differences in the interpretation of the evidence, and differences in the decision-making process. Further research is needed to explore the impact of these differences on the outcomes of HTA processes.

PSY110
TOP 20 ORPHAN DRUGS AVAILABILITY, PRICING AND REIMBURSEMENT IN THREE COUNTRIES, 2005-2012 REVIEW
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OBJECTIVES: Orphan drugs are highly priced and top 20 orphan drugs create almost 75% of total drug expenditure in Slovakia. We conducted 8 years review of government and literature sources to provide insight into pricing, reimbursement and availability situation surrounding top 20 orphan drugs in Slovakia from the health care payer perspective. METHODS: We provide analysis of official prices, reim-