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yis, logistic analysis, survival analysis, and recursive partitioning decision analy-
sis were used to estimate the relationship between the financial impact of a new
drug indication and the probability of its reimbursement. The multivariable analy-
cases controlled for other clinical and economic variables that have been shown to be
correlated with the probability of reimbursement, including the reimbursement-per-
adjusted life-year gained. RESULTS: In all analyses, financial impact was a signif-
ificant predictor of the probability of reimbursement. For example, in the logistic analysis,
the odds ratio of reimbursement for a drug submission with a financial impact greater than A$10 million compared with A$0 or less was 0.12 (95% confi-
dence interval [CI]: 0.03-0.55), the odds ratio of reimbursement for a drug submis-
sion with a financial impact greater than A$0 up through A$10 million compared
with A$0 or less was 0.16 (95% CI: 0.04-0.60). Similar results were obtained in the
survival analysis. In the recursive partition decision analysis, the first split of the data
was associated with a positive financial impact compared with those
with a negative financial impact. CONCLUSIONS: In Australia, financial impact on
the health care system is an important determinant of whether a new drug is
reimbursed, even when cost-effectiveness estimates and other clinical and economic variables are controlled.

PHP65
HEALTH OUTCOMES AND ECONOMICS RESEARCH FOR CELLULAR THERAPIES
AND REGENERATIVE MEDICINES: LESSONS FROM A HEALTH TECHNOLOGY
ASSESSMENT AND REIMBURSEMENT ANALYSIS IN THE UNITED STATES
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OBJECTIVES: Cellular therapies and regenerative medicines, are poised to have the
same paradigm-shifting influence on healthcare as monoclonal antibodies (mAbs)
and personalized medicine. While these therapies hold similarities to conventional
biopharmaceuticals, they also differ in material ways including attributes of both
medical devices and pharmaceuticals, use of multiple procedures to prepare and
deliver cells; and the potential to cure some diseases. Because of their complexity,
these technologies are also anticipated to be costly and face heavy scrutiny of
value. The objective of this research is to evaluate recent reimbursement policies
on regenerative medicines, compare them to current biopharmaceuticals, and
evaluate lessons for health economics and outcomes research (HEOR) and reim-
bursement planning. METHODS: A search of US HTAs from the Centers for Medi-
care and Medicaid Services, the Agency for Healthcare Research and Quality
(AHRQ), the BlueCross BlueShield Technology Evaluation Center and publicly avail-
able commercial payer coverage policies was conducted to identify reimbursement
recommends for regenerative medicines reflected decision factors commonly associated
with biopharmaceuticals, other factors beyond conventional biologics were iden-
tified. These factors include special evidentiary considerations for cell processing
steps, influence of the evidence-base supporting multi-procedural steps on reim-
bursement, and evaluation of the entire procedure vs. the biopharmaceutical
alone. Key considerations for HEOR are discussed.

PHP66
DEMONSTRATING “DISEASE MODIFYING THERAPIES”? AN HTA PERSPECTIVE
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OBJECTIVES: The objective of this study was to understand what stakeholders in US, EU, Canada & Australia interpret as disease modification. In chronic progres-
sive conditions, disease modification versus symptom control is the ultimate goal
of healthcare specialists. However, there is no consensus on what “disease modi-
fication” really is. From a HTA perspective, not only is there difficulty in valuing
disease modifying interventions, but also implied risk to payers approving to re-
imbursement system, direct-sale to hospitals is the primary revenue channel for
pharmaceuticals, with KOL-endorsement a major market access driver. In terms of
price caps. The Vietnamese P&R system is similar to that of China 5-10 years ago. Several fundaments in terms the structure of the health
system formalisation of the reimbursement system and market access drivers are
the same, but China is significantly further down the line than its neighbour. How-
ever, the health reform agendas of the two markets are both heading in similar
directions.

PHP68
THE 15 YEARS EXPERIENCE OF NEW DRUG ADOPTION AND REIMBURSEMENT
IN TAIWAN’S NATIONAL HEALTH INSURANCE
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OBJECTIVES: To present the empirical experience of new drug listing and reim-
bursement under Taiwan’s National Health Insurance (NHI), and to discuss the
performance of such mechanism. We also attempt to assess its impact on the
public access to pharmaceutical innovations. METHODS: The materials are based
on the documentation of Taiwan’s NHI Drug Review Committee (DRC) over 15 years
period (1996–2010). We defined the criteria of pricing methods into 9 categories: International Price Comparison, Comparison with Similar Products with Equiva-
cient Therapeutic Effects, Price Proportion Method, Equivalent Therapeutic Effect with Similar Product, International Price Comparison, Comparison with Similar Products with Equiva-
cient Therapeutic Effects, Price Proportion Method, Equivalent Therapeutic Effect with Similar Product, Price Proportion Method, Equivalent Therapeutic Effect with Similar Product, Price Proportion Method, Equivalent Therapeutic Effect with Similar Product.

PHP69
HOW MUCH FOR A QALY IN KOREA
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OBJECTIVES: To measure willingness to pay (WTP) for a QALY in Korea. METHODS:
A 3-item EQ-5D questionnaire based on EQ-5D scenarios was developed to measure QALY
improvements in Korea. Double bounded dichotomous choice (DBD) questions along
with an open question were used to elicit WTPs. Each participant was asked for four
scenarios chosen from 3-item EQ-5D scenarios (< 1 QALY) and an additional
scenario: ‘live in perfect health’. In both scenarios, WTP questions were also repeated for QALY improvements of a family member instead of self. The questionnaire also included questions on demographics, disease status, and a visual analog scale (VAS) measure of each scenario presented. Consistency of each respondent was checked by matching ranking of five scenarios between WTP
and QALY improvements either by VAS or Korean EQ-5D tariff. Initial bids for DBD questions were determined by the quintiles of pilot survey WTPs. Survey questions for each study were fine tuned though two focus group interview sessions per general population were interviewed by phone in 2010. RESULTS: Of the total 1,017 persons surveyed, 933 persons passed consistency test. For those who passed consistency and not in Medical Aids program, WTP for a QALY calculated from the final open questions (after DBD questions) was 19 million KRW (approximately 16,000 USD). WTP for family member were consistently