PHRP3
DRUG PRICING REFORM IN CHINA - IMPACT OF THE REFORM FROM A SOCIOECONOMIC PERSPECTIVE
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OBJECTIVES: Chinese drug pricing reform initiated on 1stJune 2015 aims to create incentives for efficient management of drug reimbursement budget. This study aimed to assess the potential impact of the reform from the sociocleral perspective.
We conducted a thorough research on the drug pricing reform using three Chinese databases (CNKI, Wanfang, Weipu), Chinese health authorities’ websites, relevant press releases, pharmaceutical blogs and discussion forums. This research was complemented with targeted interviews with Chinese key opinion leaders representing authorities’ and prescribers’ perspectives. RESULTS: The reform may include introduction of internal reference pricing (IRP) for drugs with the same active ingredient and dosage form; it set the reference price at the price of the cheapest generic. Shaoxing and Anhui are testing the concept of “2nd price negotiation” allowing hospitals to directly negotiate the reimbursement standard. To inform the best approach guided pricing are abolished for most drugs giving manufacturers more freedom to set prices. Additionally, the reform should not be implemented in isolation. Creating effective incentives for cost-containment while avoiding affecting healthcare quality requires global, rather than “micro-level” focus. With hospitals being the main distributor of output, the cost-containment depends on profit generated from drug sales, pricing reform should be comprehensive and address restructuring of hospitals financing and management system.
CONCLUSIONS: Before introducing the reform on a large-scale, all local specialties and changes should be properly addressed, e.g. the issue of poor-quality drugs. International reference pricing policies cannot be transferred to China without being adjusted for local context. To be successful, the reform requires a comprehensive approach.

PHRP4
DRUG PRICING REFORM IN CHINA - AN ANALYSIS OF PILOTED PRICING APPROACHES IN THE CONTEXT OF INTERNAL PRICE ELABORATION
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OBJECTIVES: Since 2009, the Chinese government has launched a global drug pricing reform program aiming to control healthcare expenditure and increase the quality of care. China, being a new drug market, a new drug pricing system was initiated starting January 2015. The objective of this study is to describe the changing landscape of drug pricing policy in China.
METHODS: We conducted a thorough research on drug pricing reform using three Chinese databases (CNKI, Wanfang, Weipu), Chinese health authorities’ websites, relevant press releases, pharmaceutical blogs and discussion forums. The secondary research was complemented with targeted interviews with Chinese key opinion leaders representing authorities’ and prescribers’ perspectives. RESULTS: With the current reform, the government attempts to replace its direct control over prices with reimbursement caps. First results of Shaoxing and Shaoxing pilot have already been reported, proving their potential for drug budget saving. CONCLUSIONS: Many elements of the reform remain unclear and will likely depend on pilot projects outcomes. It seems that the Chinese government is considering adaptation of IRP policies commonly used by European countries. However, foreign pricing policies cannot be transferred to China without being adjusted for local characteristics.

PHP40
CURRENT PROCESS AND FUTURE PATH FOR HEALTH ECONOMIC ASSESSMENT OF PHARMACEUTICALS IN FRANCE
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OBJECTIVES: The Economic and Public Health Assessment Committee (CEESP) was introduced in 2012 as a specialised committee affiliated with the “Haute Autorité de Santé” (HAS) in charge of providing health economic opinions. This research provides an overview of the HTA system in France and its impact on market access of drugs. It also provides likely directions of the future French HTA organisation and processes.
METHODS: We conducted a thorough research on the HAS and health technology assessment (HTA) websites, relevant press releases, pharmaceutical blogs and discussion forums. This search was complemented with a meeting with experts in market access and health economics, HTA and public health to discuss the current functioning and the likely future path of health economic assessment in France. We have also conducted interviews with key opinion leaders and decision-makers and consolidated and analysed.
RESULTS: Major sources of inefficiencies appeared following the introduction of health economic assessment: (1) Duplication of work between the CESP and the CT; (2) Revocation of divergent opinions between the CESP and the CEPS; (3) Confusion and conflicting information with respect to the current regulation and practices; (4) Lack of an ICER threshold. The likely future of health economic assessment of drugs in France will imply the expansion of health economic assessment scope, the implementation of an impactful ICER threshold, the generalisability of coverage with evidence, and eventually the possible merge of the CESP and the CT. CONCLUSIONS: Major steps in French HTA are expected to occur in the near future, as expected, and it may become the unique or leading committee addressing the HTA of pharmaceuticals in France. However, it is likely that the robust and well-established methodology developed by the CT (SMR, ASMR) to assess comparative efficacy or economic usefulness will remain in force.

PHRP41
ARE THE IRISH SLOWER THAN THEY THINK? A SYSTEMATIC ANALYSIS OF ALL RECENT NCPE APRAISALS
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OBJECTIVES: The National Centre for Pharmacoeconomics (NCPE) reviews the cost effectiveness of new medicines following an application for reimbursement in Ireland. All medicines are subjected to a preliminary rapid review (RR), stated to take 2 weeks with only high cost products and those with significant budget impact subjected to formal pharmacoeconomic assessments (FEA, stated to be completed in <3 months). This research aims to review all recent NCPE appraisals to determine what proportion of drugs require a full appraisal, the review times and rates of approvals.
METHODS: Publicly available decision summaries from the NCPE were identified (from 1st January 2013 to 31st May 2015) and the outcome, date, indication, and whether a full FEA was needed was extracted. RESULTS: 110 approvals from 1st January 2013 to 31st May 2015 were approved and 113 were reviewed, including only 21% (10/47) were reviewed within <2 weeks; the rest taking on average >2x longer than stated (29 days). Of the 57% (63/111) appraisals deemed to require a full FEA, 62% (39/63) took >5 months post RR. Only 33% (13/39) of full FEAs were eventually recommended, adding another 5 months (average 152 days) to the process. 27% (30/110) appraisals were for oncology medicines; 90% (27/30) of which were for FEA approval, almost all were not recommended (87%, 13/15).
CONCLUSIONS: The total average length of time between start of the RR to final FEA recommendation is up to a year (12 months), which is substantially longer than what is claimed. If companies can convince the NCPE that their medicine is not high cost, not requiring any NCPE input, the RR process can enable rapid reimbursement within 1-2 months. However, if a full FEA is required, this significantly delays reimbursement decisions, with positive recommendations being difficult to achieve, especially for oncology medicines.

PHRP42
COULD GIVING COST-UTILITY HTA BODIES NEGOTIATING POWERS HELP BRIDGE THE GAP BETWEEN COST-CONTAINMENT AND BROADENING COVERAGE? A SYSTEMATIC REVIEW OF ALL SWEDISH NLT APRAISALS OF HOSPITAL PHARMACEUTICALS
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OBJECTIVES: The Swedish Dental and Pharmaceutical Benefits Agency (TLV) make recommendations on whether outpatient prescription drugs should be publicly reimbursed. By giving a cost-effectiveness threshold for reimbursement of reimbursable drugs by an indirect influence. Government pricing and government-guided pricing are abolished for most drugs giving manufacturers more freedom to set market prices. However, prior to introducing the national co-payment referred to as “reimbursement standard” has been announced. To inform the best approach for implementation of this reform, China is currently running pilot projects in several cities. Spain is piloting a form of IRP for drugs, where the same active ingredient and dosage form is reimbursable with cost at the price of the cheapest generic. In Anhui are testing the concept of “2nd price negotiation” allowing hospitals to directly negotiate discounts with manufacturers using provincial government procurement prices. CONCLUSIONS: Before introducing the reform on a large-scale, all local specialties and changes should be properly addressed, e.g. the issue of poor-quality drugs. International reference pricing policies cannot be transferred to China without being adjusted for local context. To be successful, the reform requires a comprehensive approach.

PHRP43
CLOSING THE GAP BETWEEN HTA AND INNOVATION UPKEEP IN FINNISH HOSPITALS
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OBJECTIVES: Health Technology Assessment (HTA) is not deeply rooted in Finnish hospitals despite of long lasting attempts to introduce it into routine decision making. Both the processes and content of the HTA approach have been challenged. The EU-funded AdHophTA project has provided good practices and new tools for hospitals in the EU. The aim of this study is to smoothen the introduction of these new tools by examining the obstacles HTA currently faces in hospitals.
METHODS: Semi-structured group interviews in five public hospitals and two health care centres. Interviews were with clinical unit managers, division managers, and financial or procurement managers. Questions were related to the process of proposing,