for the delay in indexing of publications, we included all studies with a publica-
tion date of 2010 or later, which were indexed in PubMed by 1 June 2015. 
The search identified 1,870 articles published in 2014. Of these, 975 met the inclusion 
criteria and were subcategorised according to topic. The greatest number, 13%, 
were conducted in patients with cardiovascular diseases, with 11% in musculo-
skeletal diseases, 8% in endocrine and urogenital disorders, and 7% each in infective disease or acute care, and 6% each in respiratory, endocrine and urogenital disorders, and in general populations or healthcare set-
tings. The trends in cost-effectiveness studies (for different clinical conditions) 
were relative in nature (accounted, representing, accounted for 3% or fewer of the relevant publications. CONCLUSIONS: Despite product pipelines 
being weighted towards new cancer drugs and the challenges in demonstrating 
their cost-effectiveness, cancers are relatively under-represented in recent studi-
es assessing economic burden. The reasons why costs may be less important an 
outcome in cancer than in cardiovascular or musculoskeletal diseases are unclear, 
but may reflect a more established, often generic or surgical, therapeutic portfolio.

PHP107
SYSTEMATIC REVIEW OF COST EFFECTIVENESS OF ULTRA-ORPHAN THERAPIES
Aggarwal S1, Topaloglu H2, Kumar S3
1NOVIA Health Strategies, Cherry Chase, MD, USA, 2GLOBAL ACCESS Monitor, Bethesda, MD, USA
OBJECTIVES: Ultra orphan therapies are indicated for rare diseases affecting less 
than a few thousand patients. The annual and lifetime per patient cost of these 
treatments have generated controversy and policy questions regarding cost effec-
tiveness and reimbursement. The objective of this analysis was to review all avail-
able cost effectiveness studies and develop lessons for policy development for ultra 
orphans.

METHODS: Fifteen European Union (EU) National Health Authorities, and the 
FDA approved ultra orphan drugs were identified and reviewed for their published 
A total of 76,488 studies were identified and 213 met the inclusion criteria and were 
subcategorised according to topic. The greatest number, 13%, were conducted in 
patients with cardiovascular diseases, with 11% in musculoskeletal diseases, 8% in 
endocrine and urogenital disorders, and 7% each in infective disease or acute care, 
and 6% each in respiratory, endocrine and urogenital disorders, and in general 
populations or healthcare settings. The trends in cost-effectiveness studies (for 
different clinical conditions) were relative in nature (accounted, representing, 
accounted for 3% or fewer of the relevant publications. CONCLUSIONS: Despite 
product pipelines being weighted towards new cancer drugs and the challenges 
in demonstrating their cost-effectiveness, cancers are relatively under-represented 
in recent studies assessing economic burden. The reasons why costs may be less 
important an outcome in cancer than in cardiovascular or musculoskeletal diseases 
are unclear, but may reflect a more established, often generic or surgical, therapeutic portfolio.

PHP108
OFF-PATENT DRUGS CONSUMPTION AND EXPENDITURES IN ITALY: 2009-2013
Daniel F1, Aiello A1, D’Ausilio A1, Toumi M2
1International University of Health and Welfare, Ohtawara City, Japan, 2CRECON Medical 
Studies - Health Economics & Outcomes Research, Milan, Italy
OBJECTIVES: As in most European countries, spending on pharmaceuticals has 
also increased in Italy in through the years, including price reductions and boosting 
of off-patent drugs prescription. Laws 338/2000 and 405/2001 incentivized the use of 
generic drugs and introduced patients’ co-payment if they preferred a brand vs off-patent drug. The aim of this study was to analyse the consumption of generic drugs in Italy, and the trend in the use of off-patent drugs in Italy, since the introduc-
tion of these new measures. METHODS: Off-patent (branded and unbranded) 
drug consumption and expenditure indicators from 2004 (first year in which net 
expenditure was available) to 2013 (last available year) were analysed from the 
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