ies, as well as demonstrating homogeneity and consistency among studies. Regarding to the analytical method, the Bucher’s method is not recommended by most HTA bodies for indirect comparisons because of its subjectivity. Nevertheless, some HTA bodies (e.g., HAS, SMC), EUneHTA and ISPOR Task Force on Indirect Treatment Comparisons consider that even if some direct evidence is available it is appropriate to validate the results with Bucher’s method. To this end, the Bucher’s method is not appropriate for the analysis of complex networks, while Bayesian approach is a more comprehensive method that can include meta-regression and study-level covariates. The use of indirect methods depends on the bias and results of the meta-regression analysis.

The assessment programme (DAP), giving a routing rate of 20% and 15%, respectively. Of the final analysis contained descriptive methods with information that are comprehensive. Only the MCDA framework article contained methods that are consistent with that of the CHMP. Only one interactive tool, a decision analytic model which is too inflexible and most users would struggle to find accurate data to populate it. The authors of this article considered the comprehensive, and the use of MCA for early-stage HTAs has its own issues. Therefore, there may be a place in the literature for more complete pieces of guidance to undertaking early-stage HTAs. The objective of this analysis is to report data on the MTEP, which are not currently collated on the NICE website, in order to provide insights to manufacturers on the processes, outcomes and implementation of guidance. METHODS: Information published on the NICE website was used to identify notified technologies, the proportion routed to the MTEP, and the subsequent NICE recommendations. RESULTS: Between January 2010 and December 2012, 102 technologies were notified to the MTEP. Of these notifications, 21 technologies were routed to MTEP and 15 were routed to the diagnostic assessment programme (DAP), giving a routing rate of 20% and 15%, respectively. Of the 21 technologies routed to MTEP, 13 technologies had guidance issued: 10 provided a positive recommendation and 3 (3%) were not recommended for use because they were too inflexible and most users would struggle to find accurate data to populate it. The authors of this article considered the comprehensive, and the use of MCA for early-stage HTAs has its own issues. Therefore, there may be a place in the literature for more complete pieces of guidance to undertaking early-stage HTAs.

**PHP17**
The importance of safety aspects in the AMNOG process in Germany: Is the G-BA assessment consistent with that of the CHMP? Kuphal L1, Witt B, Volmer T

1Abacus International, Manchester, UK, 2Abacus International, Bicester, UK

OBJECTIVES: To examine and explain differences and similarities in coverage decisions for outpatient pharmaceuticals in Denmark, Norway and Sweden, and to provide a better understanding of the current and future role of HTA in these countries. METHODS: A comparative analysis of all outpatient drug assessments carried out between 2009 and 2012, including an analysis of divergent coverage decisions for outpatient drug-indication pairs appraised by all three countries was performed. Agreement levels between HTA agencies were measured using kappa scores. Primary data collection through consultation with decision makers and academics in the three countries was carried out to obtain insight on how coverage decisions are made and why reimbursement outcomes differ in the three countries. RESULTS: A total of 19 outpatient drug-indication pairs appraised in each of the three countries were identified, of which six pairs (32%) had divergent coverage decisions. An uneven distribution of coverage decisions was observed, with the highest number of divergent cases of other such divergent pairs in (G-BA = 5, 26.3%) and Denmark = 5, 26.3%). Similarities were found in the criteria for reimbursement and the reasoning for coverage decisions. Differences in the appraisal methods applied and the interpretation of the evidence considered may explain divergent decisions. CONCLUSIONS: The study suggests that Norway and Sweden employ similar methods for outpatient drug appraisals and have less divergent reimbursement outcomes, while health economic evaluation is less prominent in Danish outpatient drug appraisal, leading to a lower percentage of reimbursements with restrictions or criteria.

**PHP18**
Health Technology Assessments of Medial Devices: Is Help Out There? Green W, Wood H

University of York, UK

OBJECTIVES: Small-Medium Enterprises (SMEs) should assess the potential profitability of new medical devices early in their development. This can be achieved via early-stage health technology assessments (HTAs). SMEs will not have the skills necessary to undertake these HTAs, so tools and frameworks that aid this process are likely to be beneficial. A systematic review of the literature was undertaken to identify resources that can facilitate early-stage HTAs. A transparent framework is needed to support the uptake of technologies alongside a NICE positive recommendation. Evidence on implementation levels following a positive recommendation for use is not guaranteed. Following a positive MTEP recommendation for CardioQ-oesophageal doppler monitor (QOM), the implementation levels were relatively low (31% increase in use).

**PHP19**
Are monoclonal antibodies still considered as innovative by the French health care system? A retrospective analysis 2000-2012 Conte Ic, Kottak J, Le Bédé F

1Café Bridgehead, London, UK, 2Café Bridgehead, Melton Mowbray, UK

OBJECTIVES: To understand the dynamics of the Transparency Committee (TC) assessments of monoclonal Antibodies (mAbs) through the improvement in therapeutic benefit (known as “ASMR”) ratings from 2000 to 2012. ASMR ratings are included with the consecutive influence on the overall benefit rating including safety aspects considered in the G-BA decision were compared to the CHMP assessment.

CONCLUSIONS: For 19 of 26 drugs (73.1%), a greater or less harm vs. the comparable technology was considered by the G-BA. In 8 cases (30.8%) the G-BA rated the additional benefit solely to safety aspects. In 5 procedures (26.3%) the G-BA rated the additional benefit solely to safety aspects. In 12 of these 19 substances (63.2%) the CHMP assessment of the TC decision from the conclusions considered by the EMA. For 12 of these 19 substances (63.2%) the CHMP assessment of the TC decision from the conclusions considered by the EMA. The CHMP assessment of the TC decision from the conclusions considered by the EMA.

**PHP20**
**VALUE IN HEALTH 16 (2013) A323–A636**

**METHODS**

The study suggests that Norway and Sweden employ similar methods for outpatient drug appraisals and have less divergent reimbursement outcomes, while health economic evaluation is less prominent in Danish outpatient drug appraisal, leading to a lower percentage of reimbursements with restrictions or criteria.
to obtain a positive decision and the number of unique drugs reviewed within the disease condition (r = 46 and 41, respectively). This relationship was not observed for PRAC (r = 0.01). CONCLUSIONS: PRAC required a greater number of submissions to gain a positive decision and the lag time to a positive decision is longer compared to SMC and CADTH. The number of submissions needed to gain a positive decision by CADTH is similar, but CADTH's lag time is double that of SMC. For both SMC and CADTH, the number of drugs reviewed in a disease condition was positively correlated with the number of times a drug had to be submitted in order to gain a positive decision.

PHP183
DRAFT VERSUS FINAL GUIDANCE IN NICE’S DRUG TECHNOLOGY APPRAISAL PROCESS
McGee MA1, Irimieleva M2, Ando G1
1RIS Global, London, UK; 2RIS, London, UK
OBJECTIVES: To compare how different European HTA agencies assess surrogate endpoints and to establish the pattern by which draft versus final technology appraisals’ (TA) for drugs have been issued by UK’s NICE. In particular, the study focused on variations between the draft versus final guidance, and the rationale for any changed recommendations during the appraisal process. METHODS: The study included the number of submissions needed to gain a positive decision, the final vs. draft recommendation, the acceptability of the use of surrogate endpoints and any specific comments made by these agencies were analysed. RESULTS: One-third of the 13 decisions were positive. Meanwhile, all four final rejections corresponded to the recommendations made in its respective draft guidance. With one exception, all recommended drugs had an ICER below GBP35,000. None of the drugs rejected in the final guidance had a Patient Access Scheme offered. CONCLUSIONS: One-third of the 13 decisions were positive recommendations, a trend that is significantly lower than the between 1 March 2000 to 31 May 2013, when 62% of TAs gained a positive final recommendation. Aside from clinical issues, the overriding rationale for the rejections were attributed to the “economic case” and cost effectiveness. NICE, for example, ipilimumab, where a PAS offered in the final guidance lowered the ICER from GBP54,000 - GBP70,000 per QALY gained to GBP42,200 and essentially overturned NICE’s initial non-recommendation. As seen in half of the initial rejections, NICE has overturned several decisions in favour of the manufacturer prior to final guidance.

PHP184
ACCEPTANCE OF SURROGATE ENDPOINTS BY HTA AGENCIES IN EUROPE
Quintiles, Reading, UK; Quintiles, The Netherlands
OBJECTIVES: To compare how different European HTA agencies assess surrogate endpoints to determine their acceptability. METHODS: We identified 8 therapies with surrogate endpoints that were evaluated in the last 6 years by NICE and/or SMC (UK), HAS (France) and G-BA (Germany). The acceptability of the use of surrogate endpoints and any specific comments made by these agencies were analysed. RESULTS: Commonly used surrogate endpoints such as glycated haemoglobin (HbA1c) in diabetes, progression free survival (PFS) in oncology and forced expiratory volume (FEV1) for respiratory diseases have been generally accepted as sufficient evidence to gain reimbursement by HTA agencies. Especially when a surrogate endpoint has been accepted by EMA, it is usually considered a valid outcome measure. Less well-accepted were several surrogate cardiovascular endpoints such as 6 minute walk test and low density lipoprotein cholesterol (LDL-C). Several different surrogate endpoints have been properly validated and are patient relevant but they to accept endpoints such as sustained virological response (SVR) for hepatitis treatments are not accepted uniformly in the UK. NICE and SMC also strongly value evidence to demonstrate the correlation between surrogate endpoints and clinical outcomes. Interestingly SMC has recently become more cautious in accepting widely established endpoints such as HbA1c. With regards to the HAS, they often did not comment on the use of surrogate endpoints at all. CONCLUSIONS: The use of surrogate endpoints in the assessment of clinical benefit is still controversial, however, attempts are made to establish clearer regulations such as the recently published EUnetHTA guidelines regarding surrogate endpoints. In the absence of evidence on final patient-relevant clinical endpoints, several commonly used biomarkers and intermediate endpoints will be considered as valid surrogate endpoints by HTA agencies. Newer, less established surrogate endpoints will be more subject to strict validation requirements.

PHP185
A COMPARISON OF GERMAN BENEFIT ASSESSMENTS BY G-BA, IQWiG AND MANUFACTURERS
Elshehry D1, Lebioda A2, Hülsebeck M1, Plantoir S3
1IMS Health GmbH & Co. OHG, Munich, Germany; 2IMS Health GmbH, Munich, Germany; 3IMed, Munich, Germany
OBJECTIVES: In the German HTA process (AMNOG) the choice of the patient-relevant endpoint, the appropriate comparator and the method of analysis are known to be decisive for the G-BA’s resolution of an additional benefit. Therefore, we aimed to compare the number and type of endpoints within early benefit assessments by G-BA, IQWiG and manufacturers. METHODS: The analysis will take into account all completed AMNOG assessment procedures. We analyzed all G-BA resolutions in comparison to IQWiG assessments and the manufacturer. RESULTS: One major point of discrepancies occurred in the declaration of patient-relevant endpoints. By June 2013, 58 surrogate endpoints were declared by IQWiG and manufacturers mainly in the indications oncology, infectious diseases and diabetes. The G-BA clearly stated that only patient relevant endpoints are to be considered. Nevertheless, there remains uncertainty around the term “patient-relevant” and which criteria have to be met for the IQWiG to accept an endpoint as patient-relevant. To date, no comparisons were made in the dosages to show an additional benefit of a new agent. The pharmaceutical manufacturer and the IQWiG often disagree when it comes to the choice of the method of analysis. Cases of disagreement between G-BA and IQWiG are rare despite this trend observed for PRAC (r = 0.01). CONCLUSIONS: PRAC required a greater number of submissions to gain a positive decision and the lag time to a positive decision is longer compared to SMC and CADTH. The number of submissions needed to gain a positive decision by CADTH is similar, but CADTH’s lag time is double that of SMC. For both SMC and CADTH, the number of drugs reviewed in a disease condition was positively correlated with the number of times a drug had to be submitted in order to gain a positive decision.

PHP186
THE IMPACT OF COST EFFECTIVENESS ON REIMBURSEMENT APPROVALS IN FRANCE: A COMPARISON OF FRANCE AND THE UNITED KINGDOM
Purchase JL, Nijhuis T
Quintiles, Reading, UK; Quintiles, Hoofddorp, The Netherlands
OBJECTIVES: To estimate the potential impact of the new health economic assessment requirement on innovative products that came into law in October 2012 in the cost effectiveness (CE) hurdle that cannot be overcome. METHODS: A search was conducted to identify all therapies evaluated by HAS which were given a significant, important or moderate therapeutic improve score (ASMR, I, II or III) between January 2010-June 2013. We then identified the assessments of the same product in the UK and compared the outcome of the assessment and the role of the evidence that was submitted. RESULTS: Thirty-six therapies rated an ASMR I-II by HAS were found. Out of these 36, 19 products had been assessed in the UK. For the remaining 17 that had been assessed by both countries, only one was not recommended by at least one of the UK agencies. NICE’s primary reason for rejecting the said intervention was due to the lack of evidence. Similarly the SMC recommended that the case of the drug ‘had not been demonstrated’, and the long term clinical effect remains unknown. CONCLUSIONS: Initially, it doesn’t appear that economic evaluations based on QALY’s considerably influence the outcomes of HTAs. Only one assessment was positive at both UK agencies based on economic grounds. Results: A new ASMR III. Since most products have been endorsed by the UK agencies, the French system’s incorporation of health economics will not necessarily be an additional hurdle that cannot be overcome.

PHP187
WEB-BASED TOPIC SELECTION FOR COMPARATIVE EFFECTIVENESS RESEARCH IN KOREA
Kim HE, Lee DS, You JH
National Evidence-based Healthcare Collaborating Agency, Seoul, South Korea
OBJECTIVES: As the only health technology evaluation institution in Korea, National Evidence-based Healthcare Collaborating Agency has made efforts to establish the topic selection model of comparative effectiveness research which corresponds to Korean situation in order to revolutionize it since 2012. METHODS: As a result of pre-arrangement on the research topic selection process is, the number of research proposals increased. According to these efforts and of conducting model operations in 2012, solution to access to the proposal process of research topics and a close examination of research methodologies was proposed as improvement point. Accordingly, web-based research topic proposal systems (www.necacer.re.kr) were designed in order to solve access to the proposal process of research topics and to increase transparency of the early stage of research in 2013. To take a close view of the possibility of research performance in multidisciplinary fashion, evaluation of indirect comparisons reviewed so far by the Institute for Quality and Efficiency in Health Care (IQWiG) from January 2011 until May 2013. RESULTS: A total of 48 published assessment reports was performed. According to the proposal process of research topics and a close examination of research methodologies was proposed as improvement point. Accordingly, web-based research topic proposal systems (www.necacer.re.kr) were designed in order to solve access to the proposal process of research topics and to increase transparency of the early stage of research in 2013. To take a close view of the possibility of research performance in multidisciplinary fashion, evaluation of indirect comparisons reviewed so far by the Institute for Quality and Efficiency in Health Care (IQWiG) from January 2011 until May 2013. METHODS: A systematic review was performed to identify the advantages and disadvantages of the proposal process. RESULTS: There is a mismatch between the original intention of the early benefit assessment and its actual outcome. Until May 2013, 14 indirect comparisons have been conducted and submitted by manufacturers regarding the early benefit assessment. Only one indirect comparison has been accepted in a subindication by the IQWiG. However...