according to their statutes for those vaccinations not defined as mandatory. Vaccines are generally prescribed by a physician and where appropriate, a pharmacist can prescribe vaccines. The vaccination is conducted by physicians, and pharmacies have the obligation to stand the advice patterns and reasoning behind its decision. METHODS: Research was conducted using the SMC Ad Necessity Form for indications requests all SMC advice made. The advice published between January 1st 2012 and April 7th 2015 was examined. Variables collected include drug name, manufacturer, BNF category, subcategory, status of orphan drug and/or end of life, submission type, resulting status and the rationale behind the decision. RESULTS: During the time period examined, 120 missions have been made to the SMC. Among these 120 submissions, 46 submissions have been accepted for use in Scotland for the indications requested, all 43 have been accepted for restricted use and 31 have not been recommended. The following are the three types of drugs that have been most frequently submitted to the SMC for its review: cytotoxic drugs (20 submissions), those used in diabetes (12) and vaccines (9). During the immune response (10). CONCLUSIONS: There have been some interesting features of the SMC advice. Nevertheless, due to the small number of the advice published during the time period analysed, it is difficult to reach any statistically valid conclusion regarding its decision-making patterns.

PHP203
ATC1 GROUP DISCOUNT DISTRIBUTION ANALYSIS OF ORIGINAL MEDICINES WHICH HAS NO GENERIC IN TURKEY
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OBJECTIVES: Pharmaceutical industry continues to grow and drug prices are a burden for countries. Reference price system is assumed that such a practice concerning medicines will lead to a decrease in medicine expenditures as medicine prices decrease, and it is determined the average discount rate. The aim of this study is to examine of original medicines in ATC groups from the reimbursement agency perspective in Turkey. METHODS: “Detailed Price List” data published on the website of the Ministry of Health and ATC1 Group “Detailed Price List” data published by Social Security Institution (SSI) were used. The lists were merged using the Excel software and generic medicine including generalized original medicines with different pricing and payment methods were compared with each other. The indicative properties of those medicines such as blood products, etc. and specific conditions such as medicines with no reimbursement were excluded. The analysis was made with a total of 568 original medicines with no generic Ex-factor prices were used in the analysis. RESULTS: The original drug distribution examination according to ATC1 groups showed that the most expensive original medicines with no generic in group L with 37.31%. The examination of SSI discount rates according to ATC1 groups showed that original medicines in group S had the highest average discount rate with 46%. The ATC1 group with the second highest average discount rate, 41%, was not specified and identified to be original medicine. The discount methods and discounts in ATC1 group the original drugs distribution is mostly contains group B and L. The highest-priced original drugs are in ATC1 is in L group that is also expected in terms of the properties of L group. The highest discount rates are in group S however, the lowest price of original drugs are also in S group.

PHP204
IMPACT OF HEALTHCARE REFORMS ON PRICING AND REIMBURSEMENT IN TURKEY
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OBJECTIVES: Given the limited resources and increasing healthcare expenditure, a number of countries have established their own health-technology assessment (HTA) bodies. These HTA bodies carry out their own assessments of medicines to accept for use. The approval processes of medicines represent good value in the sense that they are cost-effective. In Scotland, the Scottish Medicines Consortium (SMC) is responsible for such role as it reviews information supplied by the manufacturers and provides advice to the National Health Service (NHS) in Scotland. The purpose of this research is to examine the SMC formal advice following its assessment of products in order to better understand the advice patterns and reasoning behind its decision. METHODS: Research was conducted using the SMC Ad Necessity Form for indications requests all SMC advice made. The advice published between January 1st 2012 and April 7th 2015 was examined. Variables collected include drug name, manufacturer, BNF category, subcategory, status of orphan drug and/or end of life, submission type, resulting status and the rationale behind the decision. RESULTS: During the time period examined, 120 missions have been made to the SMC. Among these 120 submissions, 46 submissions have been accepted for use in Scotland for the indications requested, all 43 have been accepted for restricted use and 31 have not been recommended. The following are the three types of drugs that have been most frequently submitted to the SMC for its review: cytotoxic drugs (20 submissions), those used in diabetes (12) and vaccines (9). During the immune response (10). CONCLUSIONS: There have been some interesting features of the SMC advice. Nevertheless, due to the small number of the advice published during the time period analysed, it is difficult to reach any statistically valid conclusion regarding its decision-making patterns.

PHP205
OPTIMAL ANALYSIS OF PRICING AND REIMBURSEMENT PROCESS ON THE BASIS OF NEW INTRODUCED PHARMACOECONOMIC GUIDELINES IN BULGARIA
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OBJECTIVES: The objective of the study was to determine what is necessary for the benefit/risk assessment and estimating the added value (HTAs evaluations) based on the experience of previously introduced innovative products in the Bulgarian positive list from 2013 till July 2015. METHODS: Analysis based on publicly available

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