results. CONCLUSIONS: The current study extends the evaluation into Europe to confirm and explore the variability decision makers continue to rigorously review new drug therapies, accurate, robust, peer-reviewed published and generalisable real world data will become particularly important for outcomes- or performance-based access schemes and health care budget management both in the US and Europe.

**PHP3**

THE SURVEY OF THE JAPAN-STYLE PREMIUM SCHEME IN PHARMACEUTICAL PRICING: DECISIONS

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**OBJECTIVES:** To review the new drugs which were listed in the past on the Medical Fee Schedule of Japan, and to clarify the impact of premium category on drug prices. Data was collected from the country’s database on drug pricing.

**RESULTS:** Among total of 106 new drugs, 27 have been identified with premium, whilst 79 with no premium. For each category, there existed 12 antihypertensive (single agent), 25 antibiotic, 32 psychotropic, 10 antithrombotic, 3 antisecretory, and 4 others. The distribution of drugs was categorized as follows: 24% of premium drugs were antihypertensive, 18% diabetic, 6% antibiotic, 9% psychotropic, 2% antithrombotic, 4% others. The proportion of drugs in each category was 17%, 6% 5% and 4% respectively. The proportion of drugs in the category of “Usefulness II,” i.e., the 3rd ranked premium, was the only one drug obtained the premium of innovativeness, the highest ranked premium. Regarding the benefit associated with the premium, both of clinical and humanistic outcomes seemed to be accepted for decision-making although the criteria for the decisions were not clearly indicated. CONCLUSIONS: The profile of the Japan-style premium scheme was clarified based on the survey over the new drugs listed in 1998 to 2013. The information extracted in our study will be useful for further investigations to improve the Japanese quasi-value-based pricing methods.

**PHP4**

THE STRUCTURE AND PROCESS OF WORK OF SPANISH REGIONAL COMMITTEES ASSESSING MEDICINES: PRELIMINARY RESULTS

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**OBJECTIVES:** To describe the healthcare organization and the procedures and tools to assess medicines in Spain after its ascension to the European Union. The objective of this study was to analyze the structure and process of work of those RC.

**RESULTS:** A total of 743 health care professionals and 330 patients responded. The study highlighted 4 areas where prescribers and pharmacists differed; (1) Prescribers ranked cost-savings as the most important information to impart to patients while pharmacists advocated therapeutic equivalence as highest. (2) Pharmacists considered that more patients would be agreeable to generic substitution (52%) as compared to 41% of prescribers. (3) Prescribers considered that generic substitution would have a greater effect (23%) on patient care while pharmacists (19%) expected a smaller impact. (4) 95% of participants supported generic substitution in all cases and 76% with some exceptions, compared to 16% and 84% for pharmacists respectively. More than 80% of patients were on at 3.6 and 8 medicines daily, and of these were obtained that they were generally in good. More than 80% would be happy with generic substitution, while more 75% of those interviewed considered generic drugs to contain the same drug, to be as effective as and as safe as brand-name medicines. CONCLUSIONS: To prevent possible confusion and concern among patients it is important that health care professionals acquire the necessary tools and knowledge to manage transition into and rollout of this new system, so that they can work together to ensure the obvious benefits of the new system are maximised.

**PHP5**

AN ANALYSIS OF PRESCRIPTION AND REIMBURSEMENT OF POTENTIALLY INAPPROPRIATE MEDICATION (PIM) IN A GERMAN PRACTICE NETWORK

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**OBJECTIVES:** To assess potentially inappropriate medication (PIM) in the elderly increases the risk of adverse drug reactions (ADR) and consequently has an impact on both patients’ quality of life and health care costs. In 2010, the PRISCUS list was published in Germany to identify PIM and to propose adequate substitution medication. The objective of this study was to compare the presence of PIM in a German practice network applying the PRISCUS list. More recently, criteria were added to the local health fund AOK Bavaria, (2) treated by physicians of the practice network, and (3) aged ≥65. Data was provided from AOK Bavaria and contained 214,177 anonymized prescriptions between Q1/2009 and Q4/2011. Information included age, gender, date of prescription and ATC-Code. Since no information on dosage and package size was available, the number of individual prescriptions and its application duration were differentiated in acute and long-term medication by expert opinion. Costs were calculated by applying the concept of DDD. **RESULTS:** On average, 16.6% of the patients received at least one prescription per quarter and 13,736 prescriptions were classified as PIM (6.4, 68.7% to women). Out of these, psychotropics such as Zopiclone (11.8%) and calcium antagonists such as Nifedipin (7.9%) were used most frequently. Total costs of PIM-prescriptions were calculated to be 446,430€ (mean 40,585€ per quartet, min. 32,869€, max. 50,024€). When assuming prescription of surrogates, costs varied between 267,990€ and 935,826€. **CONCLUSIONS:** PIM represents both a medical and economic burden to the German health care system. From an economic perspective, substitution of PIM may result in cost disadvantages. Thus, there is little economic incentive for health insurances to further promote the substitution of PIM. Future research should take a broader perspective and investigate the potential of PIM-related ADR to fully evaluate the economic impact of PIM in the elderly.

**PHP6**

HOW DOES PRESCRIPTION OF GENERIC DRUGS SPREAD OUT? DATA MINING AND VISUALIZATION BY USING PRESCRIPTION DATA FORM ACUTE CARE HOSPITALS NATIONWIDE

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**OBJECTIVES:** To clarify the spread with prescription of generic drugs and the shift from brand drug market by using nationwide administrative data. **METHODS:** For the sample, out of 30 drugs seen as the parameter for generic drugs in France, 27 have been selected after considering unavailability of drugs approved in Japan. For those drugs unapproved in Japan, they were replaced by other drugs with the same effects, and anticancer agents as well as radio contrast agents were added. New drugs listed to National Health insurance list around the same time were also included for comparison. Database was created by extracting the data of patients who were...