and adverse event investigations (14.6%). Foremost cited products were bevaci- zumab and ranitidine, treatment was incorrect (37.4%), not reported (28.7%), industry (6.6%), or inaccessible at time of assessment (21.3%). Many SLRs were from China. CONCLUSIONS: In our analysis, PLoS ONE published the most SLRs. Journals offering open access are attracting a growing number of SLRs and many boast a diverse readership. A significant body of work is emerging from China, where, as in the rest of the world, the majority of SLRs appear to be independently sponsored. SLRs are valued by, clinical, payer, and regulatory decision-makers, since they provide a convenient synthesis of available evidence to address knowledge gaps and facilitate translation of research into practice.

PHP61

DESPENCING OF VITAMIN PRODUCTS BY RETAIL PHARMACIES IN SOUTH AFRICA
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OBJECTIVES: Few studies have been conducted on vitamin dispensing patterns in retail pharmacies in South Africa. The aim of this study was to analyse the dispensing patterns of vitamins (ATC group A11) over a one year period in a group of community pharmacies in the Western Cape Province. A retrospective drug utilization study was conducted on community pharmacy electronic dispensing records in South Africa for 2013. All products in ATC subgroup A11 were extracted and analysed. RESULTS: A total of 164 233 vitamin products were dispensed to 84 805 patients. Most patients were females (62.64%) and most of the vitamin products (59.62%) were dispensed to females. Males received on average 2.09 (SD=2.63) vitamin products per year, compared to 1.84 (SD=2.13) products for females. Ergocalciferol (Vitamin D3) was the most frequently dispensed (37.68% of all vitamin products), followed by vitamin B complex products (A11EA00) accounting for 32.77%. Ergocalciferol is only available on prescription in South Africa (50 000 IU tablets-
lets of 50). The tablets are relatively inexpensive (approximately R2.50 per tablet). Of all the dosage formulations, tablets were preferred (62.84% of all vitamin products). Most injections were for Vitamin B1 or Vitamin B12 combinations. The injections have outpatient visits prior to prescription-only products and consumers therefore no longer can buy these products from a pharmacy or ask the pharmacist to administer a Vitamin B injection without a prescription. The number of vitamin products dispensed increased steadily over the 2013 year. CONCLUSIONS: Vitamin dispensing in treating nutritional deficiencies, yet few studies on vitamins have been conducted in pharmacies. It is expected that the change in the over-the-counter availability of Vitamin B injections in South Africa will impact on their dispensing and usage patterns. It will be important to monitor the effect that this change in prescribing status will have on vitamin sales in pharmacies.

PHP62

BIOSIMILAR SUBSTITUTION POLICIES: AN OVERVIEW
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OBJECTIVES: Substitution has been implemented for generics in most markets and very often resulted in high uptake correlated with fast and strong price ero-
tion. In low and middle-income countries, the level of substitution of biosimilars in most of Europe prompted some countries to discuss the implementation of substitution for biosimilars as an initiative to quickly reduce healthcare spend-
tation. Although biosimilars and generics are different, the low biosimilar penetra-
tion in rural residents who live alone, come from less well-off families and have significant influence on health service utilization equity. CONCLUSIONS: Parallel inequity of health service utilization of rural residents of different income lev-
els exists in outpatient expenditure, inpatient expenditure and its compensation levels, vertical inequity of rural residents of different ages exits in days of hospitalization, inpatient expenditure and its compensation level. Comprehensive measures should be considered to alleviate the inequity of health service utiliza-
tion in rural residents who live alone, come from less well-off families and have poorer health, lower educational levels.

PHP65

ASSESSING EQUITY OF HEALTH SERVICE UTILIZATION OF URBAN RESIDENTS IN CHINA: A CASE STUDY OF 2 CITY, SHAANXI PROVINCE
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OBJECTIVES: On outpatient service utilization, Standard CI of two-week outpatient visiting rate, two-week outpatient visiting times and outpatient expenditure are 0.1213 and 0.5178 respectively, while ID of the three indexes mentioned above are 0.054719, 0.056134 and 0.011823 respectively (P<0.05). On inpatient service utilization, Standard CI of annual hospitalization rate, annual hospitalization times, days of hospital stay, inpatient expenditure and its compensation level are 0.07914, 0.0543, -0.098, 0.3012 and 0.1740 respectively, while ID of the five indexes men-
tioned above are 0.053098, 0.06122, 0.308912, 0.316444 and 0.379235 respectively (P<0.05). Health status, family ability, educational level and marital status have significant influence on health service utilization equity. CONCLUSIONS: Parallel inequity of health service utilization of rural residents of different income lev-
els exists in outpatient expenditure, inpatient expenditure and its compensation levels, vertical inequity of rural residents of different ages exits in days of hospitalization, inpatient expenditure and its compensation level. Comprehensive measures should be considered to alleviate the inequity of health service utiliza-
tion in rural residents who live alone, come from less well-off families and have poorer health, lower educational levels.

PHP66

THE INTERTEMPORAL CHANGES OF HEALTH SERVICES UTILIZATION DURING THE LAST DECADE: THE CASE OF AUSTERITY INFLICTED ON GREECE
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OBJECTIVES: The factors which determine health services utilization (HSU) and access to health services are at the epicentre of health policy discussions, in an
attempt to identify barriers to access. This study aims to investigate the factors that act as determinants of HSU for the Greek population, as well as highlight their evolution since 2006. METHODS: The study was based on data collected by three cross-sectional health interview surveys conducted by the National School of Public Health, Athens, Greece, in 2006, 2011 and 2015 with representative national samples of 4003, 6569 and 2012 adults respectively. Respondents were asked to answer a series of questions on HSU and report their demographic characteristics. RESULTS: A significant decrease in the basic measures of HSU between 2006 and 2015 was found for both men and women. While in 2006, 74.6% of respondents reported to have used a health service in the last 12 months, whereas in 2015 the corresponding figure was only 46.5%. There was a statistically significant association between HSU and gender of respondents, with females utilizing the services at a considerably higher rate (84.7%) than men (38.6%). The decrease in the utilization of health services was not changed substantially in these surveys, however the reasons for not using the services were found to change and brought up statistically significant associations. METHODS: A documentary research was conducted by analyzing government documents and other pertinent literature. RESULTS: It is noted that the percentage of population unable to access healthcare due to inability to pay was 5.9%, 8.5% and 27.4% in 2006, 2011 and 2015 respectively. CONCLUSIONS: It is evident that demographic and socioeconomic determinants influence the HSU. This study highlights the problem of social inequalities as a major issue of health policy.

PHP67
ASSESSING JAPAN’S THREE EARLY ACCESS PROGRAMS BASED ON RECENT DISCUSSIONS: SCOPE AND FINANCIAL AID
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OBJECTIVES: Access to medicines is usually given under the regulatory approvals and subsequent coverage decisions, after efficacy and safety have been proven by clinical trials. However, there are many unapproved exceptional uses that have been explained as significant, unmet, and urgent medical needs for frontier medicines. In Japan, the Advanced Medical Care B system (AMCB) is already in operation. Two other systems, the Costing and Budgeting System (CBS) and the PIMC, are planned to start. The objective of this study is to understand the design and institutional positioning of these three systems, identifying opportunities for further improvements. METHODS: A documentary research was conducted by analyzing government documents and other pertinent literature. RESULTS: AMCB has improved the equity of basic health service, especially in the less well-off areas. Two other systems, the CBS and the PIMC, are system currently under discussion. CONCLUSIONS: The scopes of the three systems were found to be complementary to one another, covering both unapproved medicines and patients excluded from clinical studies. Legal financial aid would be worth considering for more equitable and extensive early access.

PHP68
DOES CHINA’S NEW MEDICAL REFORM IMPROVE HEALTH EQUITY OF RURAL RESIDENTS? EVIDENCE FROM HOUSEHOLD SURVEYS BEFORE AND AFTER THE IMPLEMENTATION OF CHINA’S NEW MEDICAL REFORM IN SHANXI PROVINCE, CHINA
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OBJECTIVES: The New Medical Reform (NMR), which started in 2009, aims at improving the equity of basic health service, especially in the less well-off areas. The purpose of this study is to know whether the popularity of NMR has alleviated the existing health inequity in rural West China by comparing indicators of health equity of rural residents covered by New Rural Cooperative Medical System (NRCMS) before and after China’s NMR. METHODS: Related data have been collected respectively from 2860 and 2432 rural residents through random-sampling household questionnaire survey in 2 County, Shaanxi, China, in November 2009 (before NMR) and October 2012 (after NMR). The sample residents are divided into 5 groups by per capita annual income in families, and equity of health need, utilization and benefit have been calculated through Concentration Index (C) and ANOVA. RESULTS: On equity of health need, CIs for two-week morbidity and half-year prevalence rate of chronic diseases among rural residents of different income levels in 2009 and 2012 are -0.0524, -0.0536 and -0.0792, -0.0840 respectively. On equity of health service utilization, CIs for treatment of two-week morbidity in 2009 and 2012 are -0.0906 and -0.0992 respectively. CIs for hospitalization and non-hospitalization of residents are 0.0322, -0.1712 and -0.0396, -0.1548 respectively. CONCLUSIONS: The scopes of the three systems were found to be complementary to one another, covering both unapproved medicines and patients excluded from clinical studies. Legal financial aid would be worth considering for more equitable and extensive early access.

PHP69
ALL QALYS ARE EQUAL, BUT SOME QALYS ARE MORE EQUAL THAN OTHERS; A COMPARISON OF THE NICE END OF LIFE CRITERIA AND SMC FATE PROCESS
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OBJECTIVES: Within the National Institute for Health and Care Excellence (NICE) Appraisal Framework, quality adjusted life years (QALYs) are regarded as having equal weighting. However, in January 2009, NICE introduced the end-of-life (EOL) criteria, giving more weight to QALYs for life-extending, and EOL interventions. In May 2014, the Scottish Medicines Consortium (SMC) introduced the Patient and Clinician Engagement (PACE) evaluation EOL medicines needed to treat very rare conditions, to allow a more flexible approach to considering such medicines. These two initiatives allow a greater cost per QALY gained willingness-to-pay threshold than usual in the United Kingdom (UK), however there are differences in their requirements and outcomes. The aim of this study was to compare the process and conclusions drawn by NICE and the SMC for health technology appraisal submissions either meeting NICE EOL criteria after May 2014, or being accepted into the PACE process in SMC process. METHODS: Two initiatives were identified to treat very rare conditions, to allow a more flexible approach to considering such medicines. Two of these initiatives allow a greater cost per QALY gained willingness-to-pay threshold than usual in the United Kingdom (UK), however there are differences in their requirements and outcomes. The aim of this study was to compare the process and conclusions drawn by NICE and the SMC for health technology appraisal submissions either meeting NICE EOL criteria after May 2014, or being accepted into the PACE process in SMC process. RESULTS: Two initiatives were identified to treat very rare conditions, to allow a more flexible approach to considering such medicines. Two of these initiatives allow a greater cost per QALY gained willingness-to-pay threshold than usual in the United Kingdom (UK), however there are differences in their requirements and outcomes. The aim of this study was to compare the process and conclusions drawn by NICE and the SMC for health technology appraisal submissions either meeting NICE EOL criteria after May 2014, or being accepted into the PACE process in SMC process. RESULTS: Two initiatives were identified to treat very rare conditions, to allow a more flexible approach to considering such medicines. Two of these initiatives allow a greater cost per QALY gained willingness-to-pay threshold than usual in the United Kingdom (UK), however there are differences in their requirements and outcomes. The aim of this study was to compare the process and conclusions drawn by NICE and the SMC for health technology appraisal submissions either meeting NICE EOL criteria after May 2014, or being accepted into the PACE process in SMC process.

PHP70
CAUSES AND COST IMPACT OF VARIATIONS ON THE A&E WARD UTILIZATION ACROSS HOSPITALS IN SPAIN
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OBJECTIVES: To analyse the causes and financial implications of the variability in A&E utilization across Spanish hospitals and regions. METHODS: Review of the Configuration Management DataBase Set (CMDB) and Hospital Discharge Statistics during the period 2010-2012, using a multivariate analyses controlling for factors like: region, sex, age, income, etc. to explain the differences observed. RESULTS: There is a significant variation between and within regions and hospitals, which is mostly explained by personal income, distance to hospitals, availability of alternative services, and, quite interestingly (<0.05 within Hospitals of same regions), size of hospital measured in terms of available beds. This impacts on the resource allocation, new hospitals to be erected -new investments- and cost per patient. CONCLUSIONS: Variability of A&E resource utilisation (frequency of visits, hospital stay length) is greatly influenced by factors related to patient, hospital and region. Thus, between and regions, having more than 80% explanatory variables laying into Personal Income, Distance to Hospital, Available Beds, and Primary Care Ambulatory alternatives. Other variables were not deemed to be significant.

PHP71
DIFFERENTIAL PRICING FOR PHARMACEUTICALS: OVERVIEW OF A WIDELY DEBAITED PRICING CONCEPT AND KEY CHALLENGES
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OBJECTIVES: Differential pricing (DPR) is based on the economic concept of price discrimination. DPR is reported as a potential effective way to: (1) Improve access to medicines in lower income countries whilst maintaining welfare in higher income countries; (2) Preserve incentives for R&D through higher prices in high income countries. This study aimed to assess the current situation of DPR for pharmaceuticals in the European Union (EU). METHODS: A literature review was conducted in MEDLINE®; WHO, OECD, and EU Commission websites, complemented by a grey literature search. Key DPR principles were identified and current implementation challenges in the EU were assessed. RESULTS: Ramsey (1927) developed a well-known DPR theory stating that prices should differ across markets according to inverse relation to demand elasticity, with more price-sensitive users, (i.e. lower income countries) charged at a lower price than less-price sensitive users. Another approach to DPR proposed by Danzon et al. (2013), called “value-based differential pricing”, which would have prices reflecting utilization in each country. DPR is highly discussed among national/EU institutions and industry given the differences in GDP per capita and price levels of EU countries. However, several challenges were reported to limit DPR implementation: (1) DPR scheme is based on average per capita income, (2) Manufacturers attempt to apply higher price in low income markets and lower price in high income markets; (3) Differential distribution margins; (5) Risk of parallel trade; (6) Use of external reference pricing (ERP) where prices and undisclosed rebates in high income countries drive high prices in lower income countries. CONCLUSIONS: DPR is widely debated to enhance access to innovative expensive medicines in the low income market. However, DPR optimization requires better coordination and interaction, between the countries and the industry to minimize various counterfacting policies and initiatives.

PHP72
INVESTIGATING THE ACCESSIBILITY OF UNINSURED POPULATION TO HEALTH SERVICES IN GREECE
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OBJECTIVES: One of the most significant effects of economic crisis in Greece is the rising number of unemployed and uninsured citizens. A large percentage of the