assessments outcomes, 2) analyze correlations between additional benefit, budget impact and negotiated rebate. METHODS: To achieve objective 1, assessments by the GBA and the IQWIG (Institute for Quality and Efficiency in Healthcare) (source: GBA website) were scanned for key trends. To achieve objective 2, list and post-negotiation prices were extracted from the Lauer-Taxe (German price database). For the countries that have fully completed price negotiations, these were mapped against additional benefit and the budget impact (annual therapy costs as stated in GBA assessment). RESULTS: The results linked to objective 1, which were more qualitatively expressed, allowed for the extraction of 5 key learnings for manufacturers to keep in mind. The results associated with objective 2 showed no link between additional benefits granted and negotiated rebate but did reveal price impacting parameters apart from budget impact. CONCLUSIONS: Concerning objective 1, the ways in which manufacturers can attempt to optimize their budget impact were identified: 1) Focus on comparator choice, 2) Focus on hard endpoints. 3) Make patient segmenta- tion more solid, 4) Expect independent action of GBA and IQWIG and 5) Accept that there is no one size fits all standard for what constitutes an additional benefit. Regarding objective 2, we concluded that budget impact, influenced primarily by target population size, annual therapy costs and drug price, is an – if not the most important driver in the negotiation.

PHP22
IS DRUG INNOVATION STILL REWARDED IN THE TOP 5 EUROPEAN PHARMACEUTICAL MARKETS?
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OBJECTIVES: To assess how drug innovation is rewarded and how it is impacted by current remuneration practices.
METHODS: Manufacturer prices per unit of pack- age and strengths were compared and assessed in a basket of 97 innovative drugs approved by the European Medicines Agency (EMA) since 2000. The products were still patent protected, and available in each of the top 5 European pharmaceutical markets. RESULTS: Prices of innovative drugs in Germany were still the highest and had a benchmark price index of 100. In France, when drugs were deemed innova- tive, prices of those granted – resulting in a price index of 94 – but significan- tly decreased over time. While prices at launch in Italy, Spain and the UK were commonly lower – with price indexes of 89, 88 and 86 respectively - they tended to remain constant over time. CONCLUSIONS: Despite the fact that governments in developed countries have significantly increased price pressures over time, differences still exist across the largest markets, enabling pharmaceutical companies to implement differential and protective pricing strategies. In Germany, time to market is comparatively fast and premium prices at launch have been granted. In future, the AMNOG reform will complicate this picture, although pricing premiums have still been achieved for drugs deemed innovative that have gone through the full AMNOG process. In France, although prices are relatively high at launch, they drop at time of renewal and in parallel to a limited number of prices, those granted clearly and relatively low at launch but remain constant in Italy and Spain, reflecting the fact that price cuts in those countries have been often directed towards generics, although these are still considered high-risk markets. In the UK, it remains to be seen how the value-based pricing reform will impact prices.

PHP23
ACCESSIBILITY OF ORPHAN DRUGS IN FRANCE, UNITED KINGDOM AND GERMANY: DIFFERENT APPROACHES WITH REGARD TO HTA AND PRICES
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OBJECTIVES: To describe accessibility of orphans drugs in France, UK and Germany and to compare agencies’ assessments and prices. METHODS: All the products designated as orphan drugs by the European Commission for the first time in 2003 are included in this study. Comparison of prices is made per dosage- and is based on prices per standard unit, using IMS MIDAS database. Comparison of assessments is based on Transparency Committee opinions, NICE guidances and IQWIG benefit assessments. RESULTS: Sixty-two products (155 dosages/forms) were included in this study, 47 (76%), 84 dosages/forms were commercialized in the 3 countries, 8 (13%) products in only 2 countries (6 both in Germany and UK and 2 both in Germany and France) and 7 (11%) only in 1 country (6 in Germany only and 1 in France only). Among the 84 products/dosage/forms available in the three countries, most of them are available at hospital (respectively 68, 70 and 77 in Germany, France and UK) but those available through retail pharmacists are much numerous in Germany (72 of them) than in France (29) or UK (38). German and UK manufacturer March 2013 retail prices more often higher than French one, despite the fact that among the 49 orphan drugs commercialized in France, 31 are innovative products (ASMR rate I to III). For instance, French assessment of parfenumide was less favorable than the Germans’, and German price is thus +65.2% higher than French price. French and UK HTA assess- ments for azacitidine were both positive and led to similar prices. CONCLUSIONS: Most orphan drugs are available in the three studied countries but accessibility to them seems to be different and depends on HTA results.

PHP24
COMPARISON RETAIL PRICES OF DRUG PRICES BETWEEN TURKEY AND EUROPEAN COUNTRIES
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OBJECTIVES: The reference pricing system is used for setting drug prices in Turkey since 2006. There are 5 reference countries following: Spain, Italy, Germany, France and Greece. Except for countries, manufactured or imported compounds are only used as reference countries. Reference prices are reviewed time by time and may be subject to certain alterations, but evaluation of box prices may be different if evaluation is made on an milligram. The aim of this study is to evaluate differ- ences of average milligram sales prices of some generic medicines between Turkey and European countries. METHODS: Comparison of milligram based prices analy- sis between European Commission (EC) was used. The analysis of IHS included Germany, France, United Kingdom(UK), Spain and Italy(UIS). Comparison was done with taken row data of analysis EUS and Turkey. METHODS: The reference pricing system is used for setting drug prices in Turkey. CONCLUSIONS: The price differences of some generics in Turkey is much with those of Europe. The price differences between Germany and Turkey are significant.