OBJECTIVES: The Turkish Medicines and Medical Devices Agency (TMMDA) gives permission for unlicensed medicine use by patient basis. However, because of an increasing number of unlicensed medicines are containing high amounts of ingredients in high doses, some Turkish Pharmacists’ Association (TPA) can import the drugs based on the TMMDA’s permission. These medicines are reimbursed by the Social Security Institution (SSI), the main reimbursement agency in Turkey. Until 2014 when whole-pharmacists were also authorized, pharmacists under this status could only import medicines with the TMMDA’s permission. Descriptive analysis was conducted. RESULTS: The analysis showed that the numbers of active ingredients of L group in the top 100 rose from 37 to 55, between 2011 and 2013. The average cost per box of unlicensed medicines in the first and second years of the program increased by 4,973 TL. It is 7% higher in the same year. The consumption of the unlicensed medicines L group increased from 107 billion TL to 482 billion TL. CONCLUSIONS: The cost of imported unlicensed medicines used increased every year in Turkey. Some cost-containment measures (especially for imported medicines) are needed if increasing cost without risking the patients’ access to these innovative medicines.

PHP90 COSTS OF SEPTIC SHOCK IN ENGLAND, WALES AND NORTHERN IRELAND IN 2012
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OBJECTIVES: The objective of this study was to analyze the costs of septic shock in 2012 for England, Wales and Northern Ireland. METHODS: We analyzed length of stay and costs of care for 191 adult septic shock patients. Septic shock was defined as severe sepsis including the presence of cardiovascular organ dysfunction. Data derived from the Case Mix Programme Database. This is the national, comparative audit addressing adult patients likely to benefit from guideline implementation. RESULTS: We found that the cost of septic shock was £86.9 million. Renal and advanced respiratory support was required by 4,440 and 13,797 patients, respectively. The total ward cost is thus about £80.9 million. Post-unit discharge location (23.3 days, £240/day). Total ward cost is thus about £23.9 million. There were 22,081 admissions to CCU, with an average duration of 7.6 days. At a cost per day of £104.04, this adds up to £175.2 million. There were 14,471 admissions to a post-acute discharge location (23.3 days, £40/day). Total ward cost is thus about £80.9 million. Renal and advanced respiratory support was required by 4,440 and 13,797 individuals, respectively (both cost £285/day). With an average duration of 5.4 days for renal and 7.7 days for respiratory support, the total costs amount to £6.6 million and £30.3 million, respectively. In total, therefore, the total costs of treated costs in 2013. RESULTS: The analysis showed that the numbers of active ingredients of L group in the top 100 rose from 37 to 55, between 2011 and 2013. The average cost per box of unlicensed medicines in the first and second years of the program increased by 4,973 TL. It is 7% higher in the same year. The consumption of the unlicensed medicines L group increased from 107 billion TL to 482 billion TL. CONCLUSIONS: The cost of imported unlicensed medicines used increased every year in Turkey. Some cost-containment measures (especially for imported medicines) are needed if increasing cost without risking the patients’ access to these innovative medicines.

PHP91 DISINVESTING IN LOW-VALUE CARE: OPPORTUNITIES AND CHALLENGES
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OBJECTIVES: The objective of this study was to analyze the costs of septic shock in 2012 for England, Wales and Northern Ireland. METHODS: We analyzed length of stay and costs of care for 191 adult septic shock patients. Septic shock was defined as severe sepsis including the presence of cardiovascular organ dysfunction. Data derived from the Case Mix Programme Database. This is the national, comparative audit addressing adult patients likely to benefit from guideline implementation. RESULTS: We found that the cost of septic shock was £86.9 million. Renal and advanced respiratory support was required by 4,440 and 13,797 patients, respectively. The total ward cost is thus about £80.9 million. Post-unit discharge location (23.3 days, £240/day). Total ward cost is thus about £23.9 million. There were 22,081 admissions to CCU, with an average duration of 7.6 days. At a cost per day of £104.04, this adds up to £175.2 million. There were 14,471 admissions to a post-acute discharge location (23.3 days, £40/day). Total ward cost is thus about £80.9 million. Renal and advanced respiratory support was required by 4,440 and 13,797 individuals, respectively (both cost £285/day). With an average duration of 5.4 days for renal and 7.7 days for respiratory support, the total costs amount to £6.6 million and £30.3 million, respectively. In total, therefore, the total costs of treated costs in 2013. RESULTS: The analysis showed that the numbers of active ingredients of L group in the top 100 rose from 37 to 55, between 2011 and 2013. The average cost per box of unlicensed medicines in the first and second years of the program increased by 4,973 TL. It is 7% higher in the same year. The consumption of the unlicensed medicines L group increased from 107 billion TL to 482 billion TL. CONCLUSIONS: The cost of imported unlicensed medicines used increased every year in Turkey. Some cost-containment measures (especially for imported medicines) are needed if increasing cost without risking the patients’ access to these innovative medicines.

PHP92 ECONOMIC MODELLING STUDIES PUBLISHED IN 2014: WHICH DISEASE AREAS HAVE BEEN THE MAIN FOCUS OF CLINICAL RESEARCH?
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OBJECTIVES: To determine the disease focus of all economic evaluation papers indexed in the PubMed database that were published in 2014. METHODS: An evi-
dence surveillance process was established based on a systematic search of PubMed, limiting the search to the main focus of clinical research in previous years, as well as limiting to studies published in English, in humans, and with abstracts. The surveillance incorporated all studies published from 2010 and was updated weekly. Abstracts identified by the search of economic evaluation studies were indexed according to disease area, using a chapter categorization from ICD-10 as a framework. Articles were also included if they analyzed the cost-effectiveness of healthcare service design or explored methodological issues related to economic modelling. To account for the delay in indexing of public health studies, all studies up to the end of 2014 that were indexed in PubMed up to 8 June 2015. RESULTS: The search identified 2,772 articles published in 2014. Of these, 836 met the inclusion criteria and were sub-categorized according to topic: The greatest number, 19%, were in conducted in patients with infectious diseases, 14% in cancer, 12% in cardiovascular disease, 8% in musculoskeletal disorders, 7% in mental health disorders, 6% in endocrine or metabolic disorders and 4% in digestive disorders. A further 7% of identified papers reported on methodological aspects of economic modelling. All other disease areas accounted for 3% or fewer of the relevant publications per ICD-10 chapter. CONCLUSIONS: The focus of economic evaluations in 2014 was on infectious diseases, followed by cancer and cardiovascular disease. As these three disease areas accounted for almost 60% of the surveilled papers, attention could have been increasing decreasing cost without risking the patients’ access to these innovative medicines.

PHP93 USE OF BUDGET IMPACT ANALYSIS (BIA) IN ECONOMIC EVALUATIONS OF DRUGS AND MEDICAL DEVICES SUBMITTED TO THE FRENCH NATIONAL AUTHORITY FOR HEALTH (HAS)
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OBJECTIVES: Since October 2013 HAS is required to provide the inter-ministerial pricing committee (CEPS) with an economic evaluation on innovative drugs and medical devices before conducting reimbursement. Based on HAS' evaluation, the manufacturer has to declare their 'do not do list,' several key challenges. METHODS: We searched the medical literature using the PubMed database for empirical evaluations of disinvestment programs. Fifteen pertained to the National Institute for Health and Care Excellence’s recommendations, and/or their ‘do not do list,’ 8 per-
tently including the French initiative to delist unnecessary pharmaceuticals with the wide—including the French initiative to delist unnecessary pharmaceuticals with the

PHP94 SICK-PAY EXPENDITURES IN HUNGARY ACCORDING TO MAJOR DISEASE GROUPS
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OBJECTIVES: In our study we investigated how monetary payment of sick-pay from the National Health Insurance Fund Administration changed in the analysed period according to groups of illnesses. METHODS: We used the data of National Health Insurance Fund Administration of Hungary and statistical reports of Nr. OSAP 1514, as well as data of Hungarian Central Statistical Office from the period between 2005-2013. At the determination of groups of illnesses we used the main diagnosis of ICD-10 classification of diseases. We analysed the following conclusions: The number of sick-leave days due to the infectious disease of the respiratory system people were on sick-leave for in 2015 (n=49). As currently there is no formal HAS guideline on BIA, we used the recommendations of the French College des économistes de la santé as well as ISPOR Task Force Principles on Good Practices for BIA as an analytical framework, including perspective, time horizon, discounting, size of eligible populations, current comparators, anticipated uptake of the new technology, and cost of treatments. RESULTS: Eleven (22%) submissions included a BIA along with the CEA. Compliance with ISPOR Task Force principles was generally fair for perspective, time horizon and discounting. The selection of current comparators was considered problematic in 7 (64%) of these submissions. Regarding costs of treatments, the majority of BIA failed to include adverse events as well as follow-up costs. In most cases, there was a lack of transparency on BIA modelling and eligible population size estimates. Furthermore, in 9 (80%) BIA, sce-
narios were not explored thoroughly and/ or explored methodologically. Conclusions: Although based on a small number of submissions, our study identified concerns about population size estimates, comparators, identification of costs beyond treatment, acquisition and administration practices for BIA interpretation and scenarios sensitivity analyses. This raises the need to include explicit recommendations on BIA in the next, updated version of the HAS guideline on economic evaluation.

PHP95 COST-EFFECTIVENESS ANALYSES IN FRANCE, ENGLAND AND CANADA: COMPARATIVE ANALYSIS OF STRUCTURAL CHOICES, RESULTS AND PERSPECTIVES
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