between 2005 and the 30th of June 2010. We observed their administrative path. Among those available in the first teaching hospital group in France (42 hospitals), we examined the variables associated with the unit price growth before and after MA. RESULTS: During the study period, 77 ATUs obtained a MA, mostly after a European approval. Cancer represented the major therapeutic area with 21 drugs. After MA, 9 previous ATUs (12%) were not considered by the high commitment for health (HAS) to have neither major nor important medicinal benefits and 19 (25%) were not supposed to bring some benefits compared to existing therapies. For the price growth rate's analysis, 57 drugs were retrieved (9 previous free ATUs were excluded): 68.4% had a decreasing price after MA whereas 17.5% increased and 14% were stable. Overall mean price growth rate was -12.1% ± 25.6%. The improvement in medical benefit assessed by HAS was not related to the rate of the growth rate (p = 0.39). CONCLUSIONS: From these results, pharmaceutical companies seem marketing these compassionate drugs, for which the benefit-risk ratio is only presumed, at a price that guarantees a margin for future negotiations.

PHP10
TWO PHASES STUDY ON THE PERSPECTIVE OF HEALTH CARE PROFESSIONALS ON CURRENT MECHANISMS FOR AUTHORIZING THE PRESCRIPTION OF SPECIFICALLY CONTROLLED MEDICINES IN SPAIN

Orozco D1, Basora Gallissa J1, Garcia L2, Pais S1, Lizan L1

1Sociedad Española de Medicina de Familia y Comunitaria, Barcelona, Barcelona, Spain, 2Novo Nordisk Pharmas S.A., Madrid, Spain, Castelló, Castellón, Spain

OBJECTIVES: An inspection system that controls the prescription of specific groups of pharmaceutical products exists in Spain. It requires certain prescriptions to be authorized by a medical inspector. Traditionally, it has been carried out manually. Currently, the implementation of an electronic system has modified the whole process of prescription and dispensation of medicines countrywide. This study aims to explore health care professionals’ views on the impact of the implementation of an electronic system on the prescription and dispensation of specifically controlled medicines countrywide. METHODS: An observational, exploratory, two-phases study. This abstract reports on phase 1 that included a literature review, a review of current legislation, and telephone, audio-tape recorded semi-structured interviews with primary care physicians, endocrinologists, pharmacists, medical inspectors, and regional health authorities from urban and rural areas across country until data saturation. A content analysis of interview transcriptions was conducted. Data triangulation was performed. RESULTS: A total of 58 interviews were conducted (21 primary care physicians, 11 endocrinologists, 6 pharmacists, 9 medical inspectors, 11 health authority representatives). Three mechanisms for authorizing specifically controlled medicines exist across regions: manual, electronic, and linked to electronic dispensation. The electronic system speeds up the process and favors that the prescription of treatments more strictly adjust to the clinical condition they have been authorized for. From health authorities’ and medical inspectors’ perspective, the inspection of prescription contributes to avoiding medicines misuse. From the physicians’ view, the inspection system mostly serves to control the spending on medicines. Alternative strategies based on professional training and education would more effectively contribute to preventing treatments mishandling. CONCLUSIONS: Electronic mechanisms for authorizing specifically controlled medicines exist across regions. Differences on the perceived ultimate value of the inspection system exist amongst physicians, medical inspectors and health authorities.

PHP11
FACT OR FALLACY: DOES MEDICAL TECHNOLOGY DRIVE HEALTH CARE SPENDING?

Swenson CL1, Drummond MD, Rhuyni-Khan B1

1London School of Economics and Political Science, London, UK, 2University of York, Nallington, York, UK

OBJECTIVES: Health care spending has risen steadily in most countries, becoming a concern for decision-makers worldwide. Commentators often point to the diffusion of new medical technology as a key driver for burgeoning expenditures. This paper critically appraises this conjecture, based on an analysis of existing literature, which was then analysed for key themes across: impact of technology on spending is difficult to quantify (and qualify). Issues of causality and incomplete information often constrain the reliability of analyses. We argue that it would be more productive to ask if investments in medical technology result in better value in health care.

PHP12
TRENDS AND NOW: THE EVOLUTION OF INTERNATIONAL REFERENCE PRICING GLOBALLY

Bharath A1, Ando G2


OBJECTIVES: This study assesses the evolution of international reference pricing (IRP) across 34 countries, from 2006 to 2011. Its current influence on innovative drug pricing in the leading five European Union (EU) markets was also considered. METHODS: An international reference pricing matrix was created and reviewed to see if the list of countries referred by nations to price their pharmacotherapies had changed. Pharmaceutical prices were also used to review 2011 prices of five randomly selected innovative blockbuster molecules across EU-5 countries; the molecules in question were bevacizumab, adalimumab, etanercept, rosuvastatin and infliximab. RESULTS: The EU-5 countries are more productive in their price setting process both in 2006 and 2011. Countries that reference these markets are varied and not limited to economically similar markets both within and outside the EU. While there have been additions and deletions, many countries have largely maintained their reference basket of countries. Since 2006, more emerging markets have become IRP prescribers. Unlike Brazil, and Turkey, which followed IRP prior to 2006 and exclusively used developed country prices to price their own products, the newer emerging market followers have also chosen to include neighbouring countries and/or economically similar country prices in their matrix. In comparison of 2011 prices across the EU-5 markets showed less price variation between countries that followed IRP compared to those that followed free pricing, but prices were not necessarily lower. CONCLUSIONS: Countries using IRP still rely on EU-5 drug prices to price their medicines. However, new adoption of the mechanism in similar and non-similar countries is likely to arrive at affordable rates and prevent parallel export. With more emerging markets rolling out IRP, it is notable that in the absence of a set formula that identifies the lowest prices, this technique is one of cost harmonization rather than cost-containment.

PHP13
A SURVEY OF PRICING TRENDS AROUND THE WORLD

Reinaud F1, Ando G2

1IHS, Paris, France, 2IHS, London, UK

OBJECTIVES: We surveyed pharmaceutical prices in 18 countries (mix of developed and emerging countries). The goal of the survey was to analyze and compare drug prices in an attempt to determine the countries where drug pricing procedures are more favorable or more stringent, as well as the countries where price cuts are common and where price increases can still be expected. METHODS: The methodology was based on estimated ex-manufacturer pricing data from PharmaOnline International, looking at current and historical drug prices in 18 countries. For each country, all prescription drugs by average manufacturer prices were looked at, as well as by therapeutic area. Several case studies were also analyzed. RESULTS: With countries having their own legislation and standards when it comes to drug pricing, significant price differentials are seen between countries. By far, conditions are still most favorable in the US. Legislation is more restrictive in other markets, notably in the European Union. Our data finds that the ongoing pricing reforms in Germany has already had a significant impact on drug prices, which are dropping. Conditions are more attractive for innovative drugs in certain emerging countries - including Brazil or Russia - where pharmaceutical companies are increasingly investing as demonstrated with the large number of innovative drugs launched in those countries. Additionally, a significant number of case studies demonstrate that innovative drugs are highly priced and that price increases can still be expected in those countries. CONCLUSIONS: With stringent pricing legislations in developed countries, opportunities are now seen in emerging countries where pharmaceutical companies increasingly invest. In these markets, the challenge is seen at the reimbursement and volume levels. Nevertheless, with governments enhancing their healthcare systems, the data points to the conclusion that the basket of drugs funded will increase in the near future.

PHP14
MULTIPLE INDICATION PRICING, REIMBURSEMENT AND FUNDING DYNAMICS: THE CASE OF ORPHAN INDICATIONS

Wild L1, Forster L2

1Double Helix Consulting, London, UK

OBJECTIVES: Indication expansion is a commonly utilized strategy to maximize return on investment for novel pharmaceuticals. As orphan drug designation can confer pricing, reimbursement and funding benefits, such indications can provide attractive targets for launch or follow-on indications. We aim to understand how expansions into or out of orphan indications affect a product’s total pricing and reimbursement potential. METHODS: Centering our research on orphan indications, we explored three potential scenarios that could be reached when expanding a products indication (from highest to lowest frequency of occurrence): 1) Orphan (current) to Orphan (indication expansion); 2) Orphan (current) to Non-Orphan (indication expansion); and 3) Non-Orphan (current) to Non-Orphan (indication expansion). We conducted analogue analysis across a variety of key global markets to understand the implications on pricing and reimbursement for a product moving between these groupings. RESULTS: The analogue indication expansion between orphan indications is relatively common, particularly in oncology. Expansion in this way did not significantly impact product funding or access restrictions, although pricing can be affected by the increased patient population size. Further-