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 explored the main variables associated with the unit price gap 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 Commisions for Health (HAS) to have neither major nor important medical 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 reviewed (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% ± 22.6%. The improvement in medical benefit assessed by HAS was not significantly linked to the observed decrease in price growth rate (p = 0.392). 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.

**PHI10**

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

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OBJECTIVES: An inspection system that controls the prescription of specific groups of pharmaceutical products exits 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 in the country. METHODS: This observational, exploratory, descriptive, two-phase 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 prescriptions specifically controlled medicines exist across countries: 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 the prescription and dispensation of specifically controlled medicines vary across regions. Differences on the perceived ultimate value of the inspection system exist amongst physicians, medical inspectors and health authorities.

**PHI11**

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

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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 concern is a challenge 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.

**PHI12**

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

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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 pharmaceuticals 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 markets showed IRP 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. A 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 adopters of the mechanism are including similar and/or economically similar countries 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.