copayment amount [41.2% with an increase in generic copay amount; 74.5% with an increased in preferred brand copay amount; 68.5% with an increase in non-preferred brand copay amount]. CONCLUSIONS: 12% of continuously enrolled beneficiaries experienced benefit design changes that could impact prescription utilization and adherence measures. Most of them experienced an increase in copay, especially for brand-name formulation drugs. These changes should be incorporated into prescription utilization and adherence studies to more accurately estimate these measures.

PHP94 ASSESSING LEVELS OF THERAPEUTIC IMPROVEMENT: AN INTERNATIONAL COMPARISON

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OBJECTIVES: Several jurisdictions assess the relative clinical effectiveness of new therapeutic agents as part of a pre-existing review and assignment of therapeutic improvement rankings. These rankings influence and sometimes determine the potential pricing of the product in the respective jurisdiction. This study sought to compare the level of therapeutic improvement assessments in three jurisdictions: Canada, France and Germany. The level of therapeutic improvement rankings were observed in each jurisdiction to assess concurrence among the organizations. RESULTS: Preliminary results indicated that there was concurrence in the ranking of therapeutic improvement rankings for 112 jurisdictional groups among products receiving low levels of therapeutic improvement ranking (n=13). CONCLUSIONS: Overall, concurrence was observed among the agencies’ level of therapeutic improvement ranking among the 18 drugs compared, with a drug being ranked 1st in all three jurisdictions. A review’s timing and order, the primary indication and relevant comparators identified in the therapeutic area by each jurisdiction are important to understand discrepancies in level of therapeutic improvement suggested. Discussion surrounding limitations of standardization is necessary to inform results.

PHP95 FACTORS INFLUENCING UNITED STATES PAYER COVERAGE OF ELECTIVE BIOMARKER DIAGNOSTICS

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OBJECTIVES: A comprehensive analysis of elective biomarker tests within US health plans has been slow. Without standardized guidelines, payers vary in their coverage policies of elective biomarker diagnostics. The aim of this study was to identify factors, including the positive predictive value (PPV) of a test, that influence current coverage and reimbursement practices of elective biomarker tests amongst US payers. METHODS: Independent assessments were conducted with two groups of US payers comprised of both medical and pharmacy directors from national and regional health plans. In October 2013, a focus group of 44 US payers used 7-point Likert scales to evaluate hypothetical scenarios involving varying PPVs. In December 2013, 60 US payers were surveyed using 7-point Likert scales to categorize factors that influence the coverage of elective biomarker diagnostics within their health plans. Electromarkers were defined as diagnostic tests that are not required as part of the FDA-approved label, but may be used in conjunction since evidence demonstrates that test results may change patient management. Chi-squared analysis was used to progress to observe differences in responses between the two independent payer groups, medical and pharmacy directors, as well as national and regional health plans. RESULTS: Based on focus group results, 6 (13.6%), 13 (29.5%), 31 (70.5%), and 40 (90.1%) of respondents stated that analyses submitted to them had used models developed in other jurisdictions. Four of the respondents stated that analyses submitted to them had used models developed in other jurisdictions. Eight of the respondents stated that analyses submitted to them had used models developed in other jurisdictions. Overall, the majority of P4P were SEP (individual outcome-based), and 29% were CED (collective outcome-based) developed in the therapeutic area by each jurisdiction are important to understand differences in the level of therapeutic improvement rankings across the jurisdictions with most

PHP96 NATURE OF ENDPOINTS IN MARKET ACCESS AGREEMENTS

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OBJECTIVES: Payors are strongly reluctant to value surrogate endpoints (SEP) as they carry substantial uncertainty on the final endpoint. However, it seems that SEP are considered as not reliable from payers’ perspective to fund newly approved products, they have become widely acceptable for defining success criteria in P4P. This highlights the limited use of SEP and more research would be needed to assess the actual predictive value of such endpoints. On the other hand, CED approach is an appropriate tool to address payers’ uncertainty as they rely on HEP for decision making.

PHP97 CHALLENGES FACED BY DECISION MAKERS FROM MIDDLE INCOME COUNTRIES IN TRANSFERRING PHARMACOECONOMIC DATA AND ANALYSES FROM OTHER JURISDICTIONS

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OBJECTIVES: Decision makers in middle income countries are using pharmacoeconomics studies (PES) and health technology assessments (HTAs) in pricing and reimbursement decisions. However, whilst many of these jurisdictions have local submission guidelines and local expertise, the studies themselves often use models developed elsewhere and elements of data from countries other than the jurisdiction concerned. The objectives of this study were to assess the challenges faced by decision makers in transferring pharmacoeconomic data and analyses from other jurisdictions. METHODS: We conducted an interview survey of representatives of decision making bodies from jurisdictions in Asia, Central and Eastern Europe, and Latin America that had at least one year’s experience of using PES and HTAs. RESULTS: Representatives of the relevant organizations in 12 countries were interviewed about official guidelines and/or advice from other countries. 84% of the respondents agreed that analyses submitted to them had used models developed in other jurisdictions. Four of the organizations had a policy requiring models to be adapted to reflect local circumstances. CONCLUSIONS: Decision makers in middle income countries were facing several challenges in transferring data or studies, mainly due to differences in current standard of care, practice patterns or GDP between the developed countries where the majority of the studies are conducted and their own jurisdiction.

HEALTH CARE USE & POLICY STUDIES – Health Care Research & Education

PHP98 SHORTCUTTING DRUG DEVELOPMENT: ECONOMIC BENEFITS OF USING GENOME-WIDE ASSOCIATION STUDIES (GWAS) TO REPOSITION EXISTING DRUGS TO OTHER THERAPEUTIC AREAS

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OBJECTIVES: Genomically informed GWAS can identify targets of marketed drugs that are strongly associated with disease(s) different from approved indication, providing opportunities to substantially shorten the drug development process by repositioning the drug as a treatment for the newly identified disease. Chi-squared analysis was used to progress to observe differences in responses between the two independent payer groups, medical and pharmacy directors, as well as national and regional health plans. RESULTS: Based on focus group results, 6 (13.6%), 13 (29.5%), 31 (70.5%), and 40 (90.1%) of respondents stated that analyses submitted to them had used models developed in other jurisdictions. Four of the respondents stated that analyses submitted to them had used models developed in other jurisdictions. Eight of the respondents stated that analyses submitted to them had used models developed in other jurisdictions. Overall, the majority of P4P were SEP (individual outcome-based), and 29% were CED (collective outcome-based) developed in the therapeutic area by each jurisdiction are important to understand differences in the level of therapeutic improvement rankings across the jurisdictions with most

PHP99 EXPLORING AWARENESS AMONG GENERAL PUBLIC TOWARDS ISSUES RELATED TO MEDICATION SAFETY IN QUETTA, PAKISTAN

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OBJECTIVES: The study aims to assess general public awareness towards issues related to medication safety in Quetta City, Pakistan. METHODS: A cross-sectional...