**PHP1**

**ECONOMIC EVALUATION: A CHALLENGE IN INCORPORATING NEW HEALTH TECHNOLOGIES TO THE BRAZILIAN PUBLIC HEALTH SYSTEM (SUS)**

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**OBJECTIVES:** To determine the main causes of non-compliance for technology incorporation requests into the Brazilian Public Health System (SUS) for the period of 2012 and 2013.

**METHODS:** This was a descriptive cross-sectional study. The analysis was performed from a sample of National Committee for Technology Incorporation (CONITEC) submitted applications for incorporation in the years 2012 and 2013. The CONITEC, which belongs to the Ministry of Health of Brazil, is responsible for the incorporation, exclusion or alteration of new medicines, procedures and products on the public health system. The presentation of economic evaluation by applicants (economic study and a impact budget analysis) is necessary to enable the analysis of the proposed requirements.

**RESULTS:** Out of the 142 external (outside the Ministry of Health) requests submitted for analysis, 56 (39%) were non-compliant, 50 (89%) of them were due to problems in the economic evaluation. Out of the economically non-compliant, 16 (32%) presented problems in the economic study only and 32 (64%) of them presented problems in both items. The main problems observed were the lack of submission of economic evaluation points out the difficulty faced in completing these studies. It is important to invest in initiatives, human resources, training and spreading of economic evaluation knowledge which enables clarifying the required criteria for applications for an incorporation request.

**PHP2**

**APPRaisal: COMPARISON OF PHARMACEUTICAL COMPANIES PRICING STRATEGIES FOLLOWING ACCELERATED APPROVAL BY THE FDA**

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**OBJECTIVES:** Since 1992, the Food and Drugs Administration (FDA) accelerated approval pathway has encouraged companies to bring drugs to market on a surrogate endpoint that is likely to predict clinical benefit with confirmatory trials to be completed post-approval. However, five drugs have since been withdrawn or severely restricted following accelerated approval due to lack of efficacy or lack of effect on survival. Drug trials are expensive and, due to post-approval drug withdrawals, the risk of clinical development failure increases. This paper seeks to identify how evidence has been generated by critically evaluating the FDA appraisal pathway in both US and EU. Study sample included the 2011 List of Drugs for which there are following estimated economic evaluation points out the difficulty faced in completing these studies. It is important to invest in initiatives, human resources, training and spreading of economic evaluation knowledge which enables clarifying the required criteria for applications for an incorporation request.

**PHP3**

**ESTIMATION OF CHANGE IN PRESCRIPTION DRUG EXPENDITURES ON THE REFERENCE PRICING SYSTEM IN SOUTH KOREA**

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**OBJECTIVES:** A reference pricing system is a policy strategy that sets a reimbursement level or reference price for a group of pharmacologically interchangeable drugs, i.e., those that have a similar efficacy and safety profile. Consequently, by implementing a reference pricing policy, it is expected that the difference in reimbursement levels across regions will be reduced and prices will decrease to one of SUS.

**RESULTS:** Of the 142 external (outside the Ministry of Health) requests submitted for analysis, 56 (39%) were non-compliant, 50 (89%) of them were due to problems in the economic evaluation. Out of the economically non-compliant, 16 (32%) presented problems in the economic study only and 32 (64%) of them presented problems in both items. The main problems observed were the lack of submission of economic evaluation points out the difficulty faced in completing these studies. It is important to invest in initiatives, human resources, training and spreading of economic evaluation knowledge which enables clarifying the required criteria for applications for an incorporation request.

**PHP4**

**PHARMACEUTICAL COMPANIES PRICING STRATEGIES AFTER GENERIC ENTRY INTO THE NEW ZEALAND MARKET**

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**OBJECTIVES:** This study evaluates pharmaceutical companies pricing strategies after generic entry into the New Zealand market in the period 2007-2012, and its effects on drug utilization and expenditure. Study sample includes the 35 products of the top 125 by sales in the period 2007-2012 that experienced generic entry during the study period.

**RESULTS:** Sales of products in the top 125 by sales amounted NZ$3.1 billion; 46.6% of the overall NZ market. Brands accounted for 76% of sales, genericized products 24.6%. The median price at generic entry date was NZ$1.22 (IQR: NZ$0.58-2.91) and the median price on generic entry date was NZ$0.60 (IQR: NZ$0.20-1.70). This represents an increase of 14% (95% CI 7%-21%) after first year of generic entry. The first strategy resulted in the brand keeping large sales increased on average 14% (95% CI 7%-21%) after first year of generic entry. The first strategy resulted in the brand keeping large sales increased on average 14% (95% CI 7%-21%) after first year of generic entry.