lating health outcomes were reported in two-thirds of the submissions. However, worst-case scenarios were hardly presented with no guidance for exploring methodological uncertainty (e.g. perspective, discounting, time horizon) was fair. However, the choice of the comparator(s) – an essential component of a CEA – was considered problematic in nearly 40% of submissions. CONCLUSIONS: Overreliance of ODS and PSF is compromising with HAS guidance as it is needed to explore uncertainty, in particular, to account for correlations between model input parameters and to enhance the analysis of structural uncertainty.

PHP228
VALUE-BASED ASSESSMENT: WILL SCOTLAND’S SMC APPROACH IT IN THE SAME WAY?

Conclusions: Manufacturers would be encouraged to closely follow the outcomes from the new SFC system, incorporated into the SMC assessment for a deeper understanding of the expected impact of orphan, and therapeutic products, to ensure the introduction of VBA in Scotland.

PHP229
DISCRIMINABILITY BETWEEN NATIONAL DRUG RECOMMENDATIONS AND LOCAL UPTAKE IN THE SWEDISH INPATIENT SECTOR

OBJECTIVES: The current study seeks to assess discrepancies between national drug recommendations issued through the cost-effectiveness pilot project (Klinikläkemedelsprojektet) in local uptake as reflected by Stockholm Country Council’s (SLL) procurement activity. METHODS: Secondary research investigated the 15 inpatient drug recommendations issued by the national New Pharmaceutical Therapies Group (Nya Lakemedels Terapier, NLT) in 2013 and compared these against the SLL’s 2014 procurement list. RESULTS: In 2013, the NLT group issued a total of 15 recommendations for products in a variety of therapeutic areas (TA). Out of these, ten gained positive national decisions, 50% of which were for oncology drugs. Global ranking was recommended for the seven chemotherapy drugs. Roche (Switzerland) saw the highest incremental cost-effectiveness ratio (ICER), at SEK 565,000 (US$83,730) per quality-adjusted life-year (QALY) – greatly exceeding the current threshold for SLL recommendations. One explanation for the discrepancy could be attributed to the funding system, where local payers are responsible for funding inpatient drugs.

PHP230
HTA APPROACH IN ITALY. STRUCTURE, METHODS, AND PROCESS OF VENETO REGION’S EVALUATION OF PHARMACEUTICAL EFFECTIVENESS UNIT (UNITÀ DI VALUTAZIONE DELL’EFICACIA DEL FARMACO, UVEF)

Conclusions: The Swedish government is contemplating making the Klinikläkemedelsprojektet permanent, and as such the alignment between national and local HTA will need to be reviewed. The results show that eight nationally recommended products had not been procured, indicating that there is still a discrepancy between those recommendations and uptake at the local level, based on the current data. One explanation for the discrepancy could be attributed to the payment system, where local payers are responsible for funding inpatient drugs.