copayment amount. [41.2% with an increase in generic copayment amount, 74.5% with an increased in preferred brand copayment amount; 68.5% with an increase in non-preferred brand copayment 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 copayments, especially for brand-name formulations. These changes should be incorporated in prescription utilization and adherence studies to more accurately estimate these measures.

**PHP7**

**ASSESSING LEVELS OF THERAPEUTIC IMPROVEMENT: AN INTERNATIONAL COMPARISON**

Maria A. Schneeweiss, Nelson C. Gibson, Palmer WN, Hughes A

**OBJECTIVES:** Several jurisdictions assess the relative clinical effectiveness of new pharmaceutical agents using pre-defined ranking criteria to assign reimbursement levels of therapeutic improvement. 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.

**METHODS:** Efforts were taken to standardize the level of therapeutic ranking systems of Canada, France and Germany to have comparable levels of therapeutic improvement. We identified 128 unique studies reviewed by Canada’s Patented Medicines Price Review Board (PMPRB) between 2011 and 2013 for which level of therapeutic improvement rankings were assigned. Of these, 18 were also reviewed by the Health Authority de Santé (HAS) in France and the Federal Agency for Health in Germany (BAK). 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 in 37/46 (80%) drugs with survival benefit, with no products receiving low levels of therapeutic improvement (n=13) **CONCLUSIONS:** Overall, concurrence was observed among the agency’s level of therapeutic improvement rankings for 37/46 drugs. However, concurrence was not observed when looking at ranking in December 2013 when 60 US payers were conducting 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.

**PHP9**

**FACTORS INFLUENCING UNITED STATES PAYER COVERAGE OF ELECTIVE BIOMARKER DIAGNOSTICS**

Donnaprasad Avasthi A1, Knight JM1, Campbell CM1, Popelar BV2, Jackson JH2, Reeder G2, dużi, DCC, Palm Harbor, FL, USA, 1University of South Carolina, Columbia, SC, USA

**OBJECTIVES:** To identify the proportion of elective biomarker tests within US health plans that have 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 evaluate hypothetical scenarios involving varying PPVs. In December 2013, 60 US payers were surveyed using 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 evaluate hypothetical scenarios involving varying PPVs.

**RESULTS:** Based on the Likert scale ratings, payers used the following guidelines for both medical and pharmacy reimbursement: 1) PPV to benefit coverage; 2) PPV to deny coverage; 3) PPV to require additional evidence; 4) PPV to require additional testing.

**CONCLUSIONS:** Based on these findings, payers use the PPV to determine coverage and deny coverage for elective biomarker tests. Additional efforts should be made to pursue this attractive path to estimate economic benefits.