market share across Europe. G-CSFs have achieved the highest market penetration levels by value and GH the lowest across Europe. We identify four main drivers of market penetration differences. Price has the highest impact along with the response rate to the therapy. The efficacy of biosimilars in clinical trials as well as the economic mind-set of prescribers (office-based vs. hospital-based) also drive bio-similar market uptake.

CONCLUSIONS: The study concludes with policy implications to regulate the uptake of biosimilars given different market conditions.

**PHP40 AMNOG: PRICING REFORMS IN ACTION**

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OBJECTIVES: The recent AMNOG health care reforms in Germany provide a unique view of a changing pricing system in Europe. With other European markets such as the UK planning similar reforms, we aimed to review the impact of AMNOG on drug pricing in Germany and distil lessons for other markets facing similar reforms.

METHODS: Secondary research was conducted to review IQWiG’s benefit assessment activity since the AMNOG reforms. The outcomes of these benefit assessments were assessed alongside rationale for decisions and pricing outcomes.

RESULTS: At the time of writing, 24 products have been subject to benefit assessments by IQWiG. Of these, 12 were considered to show some level of added benefit relative to the comparator, with the remaining showing no benefit. Selection of inappropriate comparators was commonly cited by IQWiG as a reason that no additional benefit was demonstrated. Under AMNOG, products displaying no added benefit will be subject to automatic reference pricing, subjecting these products to generic pricing levels. As a result, there have been a number of high profile instances of manufacturers withdrawing products from the German market as a result of a negative benefit assessment – most notably GSK with Trobalt and Pfizer with Xiapex. In instances where additional benefit is shown, Brilique is currently the only product approved through this pathway, resulting in a modest price premium.

CONCLUSIONS: The AMNOG reforms provide an excellent live example of a national level shift towards a “value based” pricing system. The benefit assessments and consequent price levels may provide an indicator of pricing that may be achieved following the implementation of value-based pricing in the UK. However, policy makers in the UK should be conscious of the potential negative implications of these reforms in the way of product withdrawal.

**PHP41 USE OF SPECIAL PAYMENTS TO ENCOURAGE THE ADOPTION OF INNOVATIVE MEDICAL TECHNOLOGIES IN THE ENGLISH NHS**

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OBJECTIVES: A number of jurisdictions have adopted special funding arrangements to provide extra payments to hospitals using certain technological innovations to encourage use where existing financing may be absent or insufficient. The objective of this study is to explore these arrangements and technologies in the English NHS.

METHODS: A structured on-line survey instrument was developed to gain insights into the use of special payments. An invitation to participate with a link to the on-line survey was disseminated to NHS hospital Finance Directors. A total of 25 surveys were returned and analysed.

RESULTS: The majority (75%) of responding hospitals have sought support from Commissioners to approve special payments. In 35% of cases, the payment was for medical devices, 40% were for pharmaceuticals and 50% for imaging technologies. Of the 25 cases, 7 cases (28%) were for medical devices and 18 cases (72%) were for pharmaceuticals.

CONCLUSIONS: The use of special payments to encourage the adoption of innovative medical technologies is common in the English NHS. Special payments should provide flexibility and support innovative technologies by defining criteria that are appropriate for the health care system. This will encourage hospitals to seek special payments for medical devices and pharmaceuticals, ensuring equitable access to innovative technologies.

**PHP42 HEALTH ECONOMICS IN THE CZECH REPUBLIC AND INSURANCE COVERAGE INDICATIONS IN PORTUGAL**

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