drugs at BRL 61 million. CONCLUSIONS: The responsible use of OTC medicines can reduce up to 25% the volume of emergency attendances, and for every BRL 1 spent with OTC drugs is equivalent to an economy of BRL 7 in the public health system by reducing emergency visits and improducible days. The self-care, if done properly, can be an important factor in the improvement of public health, increasing productivity and reducing costs, in addition to the lives of health professionals in the care of more complex cases. Notwithstanding the expansion of OTC drugs usage should be conducted responsibly with quality products and effective pharmacoeconomic care.

PHP103

PHYSICIAN PERCEPTION OF PHARMACY ADHERENCE BARRIERS IN A COHORT OF MEDICARE ADVANTAGE PLANS IN TEXAS

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BACKGROUND: Prescription medication adherence is a known health related barrier for elderly patients, leading to insufficient disease control and negative health outcomes. Many barriers to prescription adherence have been identified in the literature, however, barriers physicians feel most strongly inhibit adherence among patients enrolled in Medicare Advantage Part D (MAPD) plans.

OBJECTIVE: To identify physician perceived barriers to medication adherence among MAPD patients.

METHODS: A survey was developed and administered to primary care physicians (PCPs) contracted within a MAPD plan in Texas. Surveys were distributed during an all-PCP quarterly meeting to increase completion and return rates, and were collected prior to the meeting's conclusion. A free response section was utilized for PCPs to indicate up to 3 barriers to medication adherence. Of the top barriers they feel impact their MAPD patients. Responses were categorized into 8 distinct groups (cost, side effects, formulary, lack of patient understanding, forgetfulness, transportation, dosage changes, and other). The "other" category encompassed cultural issues, language barriers, obtaining drugs out of the country or not using an insurance card, and problems at the pharmacy.

RESULTS: A total of 210 PCPs (68%) across Texas completed the survey. The survey was completed by 61% of OTC drugs usage should be conducted responsibly with quality products and effective pharmacoeconomic care.

PHP106

ARE EU PAYERS ADAPTING BIOSIMILAR PRICING AND REIMBURSEMENT POLICIES TO OPTIMIZE HEALTHCARE SAVINGS?

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OBJECTIVE: Determine if EU pricing and reimbursement (P&R) bodies have revised their P&R approval processes for biosimilar medicines to enable faster access and optimize the potential healthcare savings. This study analyzed the biosimilar P&R procedures across Europe to determine how these differed to the standard and proposed P&R procedures.

METHODS: The objective of this analysis was to review all major new changes due to ACA and pricing, access and coverage changes impacting the pharmaceutical and devices products were reviewed using the bill for ACA (H. R. 3590), 2011-2013 policy publications, reports by the Congressional Budget Office and Government Accountability Office, and the latest Centers for Medicare & Medicaid Services (CMS) guidelines for Essential Health Benefits (EHBs). Primary discussions with US private payers and ex-CMS policy experts were conducted to understand key issues for medical products.

RESULTS: The ACA has introduced major changes for product pricing, deductible, coverage and uptake. For pricing, major changes are a 50% discount for Part D population and an increased rebate of 23.1% for the Medicaid population. For uptake, the introduction of Essential Drug Benefits is likely to either expand or reduce coverage depending upon the state and class of drugs. For example, for NSAIDs in CA only 20 drugs are covered, while in NY, 40 drugs are covered. During 2012-2014 Accountable Care Organizations (ACOs) have increased to ~600 organizations covering ~8 million lives which has created a new stakeholder of an integrated provider-payer relationship. CONCLUSIONS: ACA has introduced major changes which will have a significant impact on coverage, pricing and access of pharmaceutical and device products.

PHP107

THE WHO-COST-EFFECTIVENESS THRESHOLD: A COUNTRY-LEVEL ANALYSIS OF CHANGES OVER TIME

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OBJECTIVE: World Health Organisation (WHO)-CHOICE promotes a threshold defined as three times (3x) gross domestic product (GDP) per capita as a guide to determine whether cost-effectiveness of a new therapy is acceptable. This study aimed to assess the impact of changes over time on the stability of the 3x threshold over time for different countries and the implications of this for frequency of requirements to update the threshold value.

METHODS: GDP per capita data from 2000 to 2014 were taken from the International Monetary Fund dataset and used to calculate 3x thresholds for a range of countries and for both the manufacturers and P&R bodies. The implication is that European payers have yet to consider biosimilars to be clinically comparable to their reference products or to fully recognize the potential healthcare savings from having an expedited biosimilar P&R approval process.

PHP108

THE EFFECT OF INNOVATION LAG ON DRUG ACCESS IN TAIWAN

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OBJECTIVE: The objective of this study was to examine the potential barriers to access to new medicines associated with the marketing lag and reimbursement lag, and comparing Taiwan's approval lag with selected countries. METHODS: This study focused on new drugs reviewed by Taiwan's NHI Drug Review Committee (DBR) from March, 2001 to December, 2012. Linear regression was adopted to estimate factors associated with the marketing lag. A two-part

PHP109

IMPACT OF NEW CHANGES DUE TO AFFORDABLE CARE ACT ON US MARKET ACCESS

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OBJECTIVES: The Affordable Care Act (ACA) has introduced several major changes which can impact product pricing, access and uptake in the United States. The objective of this analysis was to review all major new changes due to ACA and pricing, access and coverage changes impacting the pharmaceutical and devices products were reviewed using the bill for ACA (H. R. 3590), 2011-2013 policy publications, reports by the Congressional Budget Office and Government Accountability Office, and the latest Centers for Medicare & Medicaid Services (CMS) guidelines for Essential Health Benefits (EHBs). Primary discussions with US private payers and ex-CMS policy experts were conducted to understand key issues for medical products.

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