the great heterogeneity caused by many treatment arms made it impossible to develop a feasible model to estimate incremental (cost) effectiveness compared to other treatments. CONCLUSIONS: Outcomes research of biomarker is complicated by extensive treatment variation and great patient heterogeneity in everyday practice. Although it is possible to generate evidence on appropriate drug use to inform decision-making, much uncertainty remained regarding the incremental (cost) effectiveness compared to other treatments. Policymakers should carefully consider if outcomes research could potentially lead to an acceptable reduction in decision-making uncertainty or that other options such as financial- or outcomes-based risk sharing agreements might be more appropriate to obtain sufficient value for money.

PCN128 ESTIMATING THE VALUE OF COMPANION DIAGNOSTICS: ARE THE INCENTIVES RIGHT?
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OBJECTIVES: Targeted therapies are hoped to deliver high-quality, effective treatments that control cost growth. Companion diagnostics (CDs) – biomarker tests to identify patients likely to benefit – are key to this potential. However, as the US’s IOM has noted, reimbursement for CDs may not provide optimal incentives to develop critical CDs. To illustrate, we examined the cost benefit of CDs based on current reimbursement levels and the clinical and economic benefit allowed by biomarker targeting. METHODS: We identified 6 approved CD/therapeutic combinations, all in oncology. Several parameters were obtained: efficacy of therapy in independent phase III trials, number of targeted patients, and patients with the appropriate therapeutic and diagnostic costs, and prevalence of the biomarker. CD clinical benefit was measured by the improvement in therapeutic efficacy in targeted versus untargeted patients. CD economic benefit was based on therapy cost avoided assuming that patients in a non-screened scenario undergo 1-month trial. To compare, we estimated a similar measure of the clinical cost benefit for all oncology therapies approved since 2000. RESULTS: Estimated net economic benefit of CDs ranged from about $250 to $8,000. Estimated economic cost benefit ranged from approximately $0.5 to $8.5 per USD saved. Estimates of the clinical cost benefit of CDs ranged from approximately $1.50 to over $15 per one-percent improvement in clinical efficacy. Comparison oncology therapies are reimbursed at rates that imply an average clinical cost benefit of about $750 per one-percent improvement in efficacy for non-US benefits to $2400 per one-percent improvement in OS. CONCLUSIONS: Our calculations support the IOM statement that current reimbursement for CDs may not be optimal. Relative to the value placed on oncology therapeutics, the reimbursed value CDs is a small fraction of what would be expected under value-based pricing. This has implications for the structure of the CD industry as well as the potential for future innovations in diagnostics.

PCN129 EMERGING MARKET ACCESS TRENDS: PRICING AND COVERAGE OF TARGETED CANCER THERAPIES IN RUSSIA (2011-2012)
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OBJECTIVES: In various emerging markets coverage of branded drugs is centralized using a national formulary list of covered products. Among new branded products pricing and coverage of expensive cancer drugs has been undergoing significant changes due to substantial market shifts. The objective of this study was to understand new trends in pricing and coverage of targeted cancer therapies in Russia. METHODS: To understand the changes in coverage of targeted cancer therapies, the 2011 and 2012 essential drugs lists for Russia were analyzed for ATC codes L01XC, L01XE, L01XX, L04AA and L04AX. The newly covered and non-covered products were identified and analyzed for factors driving the change in coverage policy. For selected analogs price change during 2011 and 2012 was analyzed to understand trends in price set by the government. RESULTS: Analysis of 2011-2012 essential drug lists show significant change in coverage of targeted cancer therapies. In 2011, only 5 targeted cancer therapies were covered in the essential drug list (Bevacizumab, Rituximab, Trastuzumab, Imatinib and Bortezomib). In 2012, 8 branded cancer drugs were added to the list, expanding the coverage of targeted cancer therapies to 13 products. The price change trend for selected analogs show some products covered at the same price while for others price was reduced by 5-10%. For example, for one of the covered monoclonal antibodies price did not change during 2011 and 2012, while prices for a proteasome inhibitor and a tyrosine kinase inhibitor were lowered by 6% and 10%, respectively. CONCLUSIONS: Analysis of pricing and coverage of targeted cancer therapies in Russia shows expansion of access of several products.

PCN130 ROLE OF THE HEALTH CARE PAYMENT SYSTEM ON THE PATIENT ACCESS TO ORAL ANTICANCER DRUGS: A COMPARISON OF FRENCH AND NORTH AMERICAN SITUATIONS
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OBJECTIVES: As expected, products displaying no or low incremental improvements received minimal price premiums relative to the comparator. However, although improved outcomes were associated with price premiums, the magnitude of this increase was not correlated to the degree of improvement. Furthermore, price premiums in oncology varied to a greater extent and reached higher levels relative to diabetes. CONCLUSIONS: This research indicates that in EUS markets, drug pricing has not historically been pegged to health outcomes in a quantitative manner. With recent and forthcoming evolutions in pricing processes in other markets, the UK, future comparators in these and other therapy areas may display more “rational” pricing and deliver greater value to the health care systems.

PCN132 DURATION OF GEFITINIB TREATMENT IN EGFR MUTATION POSITIVE NSCLC PATIENTS IN A UK SINGLE PAYMENT ACCESS SCHEME (SPA)
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OBJECTIVES: The UK National Institute for Health and Clinical Excellence (NICE) recommended gefitinib for use first line in locally advanced or metastatic, EGFR positive, NSCLC when supplied via the SPA scheme. This was based on the mean duration of treatment of 8.8 months observed in the IPASS study. The single fixed payment under the scheme is triggered at the order of the third pack and covers a patient for their total supply of gefitinib treatment. The objective of this study is to evaluate the length of gefitinib therapy and the value accepted by NICE. METHODS: The SPA administrative database started in September 2009 to collect information on packs (30 days therapy/pack) dispensed to patients. This retrospective study includes patients fulfilling NICE eligibility criteria and with at least 12 months follow-up from the date of the NHS was invoiced. Median time to treatment cessation was estimated from Kaplan-Meier curve of packs supplied to patients and mean number of packs dispensed from a parametric failure time model. RESULTS: 265 patients met the study eligibility criteria. For whom the NHS was invoiced the single fixed payment, received a median of 12 packs 95%CI[10,13] with a mean of 16.2 95%CI[14.1,18.6] packs per patient. CONCLUSIONS: The results of this observational study indicate that the average length of gefitinib therapy in UK clinical practice is at least as long as assumed under SPA which confirms the value accepted by NICE.

PCN133 UTILISATION OF ANTINEOPLASTIC AGENTS INVOLVED IN TREATMENT OF NSCLC IN SLOVAK REPUBLIC 2008-2011
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