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

**PHP94**

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

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**OBJECTIVES:** Several jurisdictions assess the relative clinical effectiveness of new therapeutic agents compared to existing products and assign rankings 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, to have decided on similar levels of therapeutic improvement rankings.

**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 substances reviewed by Canada’s Patented Medicines Price Review Board (PMPRB) between 2011 and 2013 for which level of therapeutic improvement ranking were assigned. Of these, 18 were also reviewed by the Haute Autorité de Santé (HAS) in France and the Federal Joint Committee (G-BA) in Germany. 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 level of therapeutic improvement rankings across the three jurisdictions, with products receiving low levels of therapeutic improvement (n=13). CONCLUSIONS: Overall, concurrence was observed among the agencies' level of therapeutic improvement rankings across the 18 drugs compared.

**PHP95**

**FACTORS INFUENCING UNITED STATES PAYERS COVERAGE OF ELECTIVE BIOMARKER DIAGNOSTICS**


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**OBJECTIVES:** Decision makers in middle income countries are using pharmacoeconomics studies (fEs) and health technology assessments (HTAs) in pricing and reimbursement decisions. However, whilst many of these jurisdictions have local submission guidelines and local expertise, the studies themselves often use models developed elsewhere and elements of data from countries other than the jurisdiction concerned. The objectives of this study were to assess the challenges faced by decision makers in transferring pharmacoeconomic data and analyses from other jurisdictions. **METHODS:** We conducted an interview survey of representatives of decision making bodies from jurisdictions in Asia, Central and Eastern Europe, and Latin America that had at least one year’s experience of using FeS and HTAs. **RESULTS:** Representatives of the relevant organizations in 12 countries were interviewed about the official guidelines that had developed official guidelines for the conduct of HTAs or FeS. All but one of the organizations evaluated studies submitted to them, but 9 also conducted studies and 7 commissioned them. Nine of the organizations stated that they evaluated FeS and HTAs submitted to them, a study performed in a different jurisdiction. Data on relevant treatment effect was generally considered more transferable than those on prices/unit costs. Views on the transferability of epidemiological data, data on resource use and health state preference values were more mixed. Eight of the respondents stated that analyses submitted to them had used models developed in other jurisdictions. Four of the organizations had a policy requiring models to be adapted to reflect local circumstances. **CONCLUSIONS:** Decision makers in middle income countries were facing several challenges in transferring data or studies, mainly due to differences in current standard of care, practice patterns or GDP between the developed countries where the majority of the studies are conducted and their own jurisdiction.

**HEALTH CARE USE & POLICY STUDIES – Health Care Research & Education**

**PHP98**

**SHORTCUTTING DRUG DEVELOPMENT: ECONOMIC BENEFITS OF USING GENOME-WIDE ASSOCIATION STUDIES (GWAS) TO REPOSITION EXISTING DRUGS TO OTHER THERAPEUTIC AREAS**

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**OBJECTIVES:** Diseases are over-represented relative to the number of existing drugs in the pharmaceutical industry’s product portfolio. Using GWAS can identify targets of marketed drugs that are strongly associated with disease(s) different from approved indication, providing opportunities to substantially shorten the drug development process by repositioning the drug as a treatment for the newly identified disease(s). These data could enable patients to be treated earlier, potentially yielding substantial socioeconomic benefits. **METHODS:** To estimate economic benefits of repositioning three drugs to GWAS-identified diseases. **RESULTS:** GWAS were used to identify denosumab (currently for osteoporosis) as possible treatment for Crohn’s disease, fosinopril (an angiotensin converting enzyme inhibitor) for diabetic nephropathy, and nicardipine (an oral calcium channel blocker) for sotocertinosis (AS). Economic models were constructed for the three illnesses—using data from Canadian registries, claims databases and clinical trials—comparing current management of the target illness with use of the repositioned drug. Costs (2013 CAD) were obtained from Medicare, Ontario Case Costing Project and price lists. Analyses covered each province and Canada. **RESULTS:** In all three cases, the repositioned product was dominant over current treatment mix, even at relatively low levels of uptake (5%). With 50% uptake, in Crohn’s, denosumab would provide substantial savings in side-effects and savings of $1,619/patient, resulting in $161 million in annual savings across Canada; in diabetes, melatonin would save $205/patient annually, or more than $865 million for Canada, assuming equal efficacy, in AS, niacin would save $4.5 million in Quebec alone, largely by averting valve replacement surgery, providing additional benefits via reduced associated morbidity and mortality. Extensive sensitivity analyses showed these results to remain directionally the same except at extremely low rates of uptake or with insignificant increases in the price of the repositioned product. **CONCLUSIONS:** Using GWAS data to reposition existing drugs to other diseases offers sizeable reductions in the cost and time of drug development and would provide considerable economic benefits to the health care system. Additional efforts should be made to pursue this attractive path to effective “novel” treatments.

**PHP99**

**EXPLORING AWARENESS AMONG GENERAL PUBLIC TOWARDS ISSUES RELATED TO MEDICATION SAFETY IN QUETTA, PAKISTAN**

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**OBJECTIVES:** The study aims to assess general public awareness towards issues related to medication safety in Quetta City, Pakistan. **METHODS:** A cross-sectional survey was conducted in August 2021 in different public places of the city. A total of 300 respondents were included in the study. **RESULTS:** Most of the respondents were aware of the awareness among the general public. Awareness was highest in the age group of 20-30 years (52.3%), followed by 16-20 years (47%). The awareness was highest in the age group of 16-20 years (52.3%). The awareness was highest in the age group of 16-20 years (52.3%). The awareness was highest in the age group of 16-20 years (52.3%). The awareness was highest in the age group of 16-20 years (52.3%). The awareness was highest in the age group of 16-20 years (52.3%).