is overlap in the criteria to qualify for funding. Many countries consider drugs for additional funding if a drug can be used in more than one indication and cannot be grouped to a specific DRG. Other criteria identified relate to, for example, drug prices and indications. Some countries grant additional reimbursement for drugs prior to assessment by a national reimbursement process, while others only grant additional reimbursement after the drug has been available for a certain period of time and funding decisions are based on historical data. In most countries, additional reimbursement is considered annually. Hospitals and expert groups can suggest additional reimbursement for expensive drugs to the responsible authority.

CONCLUSIONS: Many countries have adapted to the need for additional funding for expensive drugs, and have established systems to grant this funding to hospitals. There are differences in criteria to qualify for, and timelines for receiving, additional funding after drugs are launched.

PHP148 PAY-FOR-PERFORMANCE: BALANCING COST AND CARE
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OBJECTIVES: Initiatives aimed at improving both the quality and efficiency of United States health care are commonly grouped under the broad category of “pay-for-performance” (P4P) programs. Typically these programs award bonuses to providers that attain pre-determined quality and cost goals, but may also impose financial penalties on those that fail to meet those goals. Fueled by the Affordable Care Act, P4P programs have recently expanded significantly within the public sector and are expected to grow. This project was designed to review Medicare P4P cost measures, evaluate the implications for providers, and recommend possible alternatives.

METHODS: Two P4P programs, both well known under the health reform law and having potential to impact a large portion of the Medicare population were evaluated: 1) Accountable Care Organizations (ACO), and 2) the Physician Value Based Payment Modifier (VBFM). Each program’s cost measure components and calculation methodologies were isolated, described and evaluated.

RESULTS: Program components are expected to grow. This project was designed to review Medicare P4P cost measures and determine their impact on patient access to care. Methods include: and telephone interviews were conducted; as Spain and Italy also have local and regional health care systems, 17 and 18 interviews, respectively, were conducted. Stakeholders included physicians, practitioners, administrators, policy makers, regulators and representatives from industry.

CONCLUSIONS: A biologic obtaining a license in one new indication must undergo the same procedure as a new product. The process and restrictions for biologics may be stricter than for small molecules due to the perceived high cost. The level of national, regional, and local requirements and restrictions varies; it is important that appropriate evidence is submitted to decision makers at each level.

PHP151 COST AND QUANTITY CHARACTERISTICS OF MEDICAL DEVICES IN SLOVAKIA
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OBJECTIVES: Medical devices, together with pharmaceutical therapy are supportive treatments for acute and chronic diseases. The place of their dispensing and direct sale is the medical devices use. Medical devices are reimbursable from public health insurance funds entirely, for others, particularly advanced functional types of medical devices, insured persons pay their cost. The co-payment is reimbursed from public health insurance funds entirely, for others, particularly advanced functional types of medical devices, insured persons pay their cost. Co-payment for reimbursed medical devices from public health insurance funds amounted for one package of 0.8% monthly value (€12.7 ml) (€0.1 ml). The highest shares had the group medical devices for incontinence and urinary retention (€0.7 ml, n-package% = 74.4), the group medical devices for osteoarthritis (€0.6 ml, n-package% = 66.7), the group medical devices for diabetes (€0.4 ml, n-package% = 74.4), the group medical devices for osteoarthritis (€0.5 ml, n-package% = 74.4).

CONCLUSIONS: Medical devices are reimbursed from public health insurance funds or paid by patient and their proportion constitutes 7–1 in packages and 11–14 in medical devices.

PHP152 THE GREEK HEALTH CARE REFORM AFTER TROIAKO’S INFLUENCE: THE POTENTIAL IMPACT ON GLOBAL PRICING AND ACCESS STRATEGY
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OBJECTIVES: Troika’s measures to support Greece’s financial recovery have targeted all sectors of economy including health care. Since 2012, policy reforms have changed the way health care is funded, managed and delivered, and how pharmaceuticals are priced, accessed and reimbursed. This study examines the changes to the Greek system and tries to understand the wider possible impact on global pricing and access strategies.

METHODS: To better understand the recent reforms we conducted a literature review of public domain sources, including the Greek Government Gazette, PubMed and other websites. Searches were conducted in English and Greek-language, and materials were translated into English. From our findings a road map diagram was developed, and this was validated by interviews with health policy experts.

RESULTS: Part of troika’s campaign to reduce public spending has seen the Greek government focus on pharmaceutical markets and introduce policies to contain costs. The drug budget for 2014 has been cut to 2 billion euros, a billion lower than 2013. Considerable price cuts have been agreed on both novel and generic agents on top of rebates and rebates for high cost drugs. Prescribing is controlled through electronic prescription and physician budget caps. Introduction of price-volume agreements and risk sharing schemes are being considered, however the infrastructure to support implementation is still under development. Demonstrating value by health economics and outcomes research can still help manufacturers to achieve premiums.

CONCLUSIONS: With a small population and an ever-decreasing reimbursement pool, the responsibility to overlook Greece when developing a product launch strategy. However, with Greek drug prices being referenced by several EU and non-EU countries, understanding Greece is still an option, especially for UK considering the impact effect on the big EU prices. Understanding the reforms and assessing the impact on launch sequencing will be key in developing optimal pricing strategies.