ISPOR 19th Annual European Congress

29 October - 2 November 2016

Austria Center Vienna
Vienna, Austria

Managing Access to Medical Innovation: Strengthening the Methodology-Policy Nexus

PROGRAM AND SCHEDULE OF EVENTS

#ISPORVienna

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Program & Schedule of Events: Monday, 31 October

P4: CARDIOVASCULAR OUTCOMES RESEARCH STUDIES *Hall F1 (L0)*

CV1 *15:45-16:00*
COMPARISON OF ORAL ANTI-COAGULANTS FOR STROKE PREVENTION IN NON-VALVULAR ATRIAL FIBRILLATION: TWO MULTI-CRITERIA DECISION ANALYSES
Tervonen T[1], Ustyugova AV[2], Lip G[3], Verdecchia P[4], Sri Bhashyam S[1], Heinrich-Nols J[5], Gropper S[5], Kwan R[6], Marsh K[1], [1]Evidera Ltd, London, UK, [2]Boehringer Ingelheim GmbH, Ingelheim am Rhein, Germany, [3]University of Birmingham, Birmingham, UK, [4]Hospital of Assisi, Assisi, Italy, [5]Boehringer Ingelheim Pharma GmbH & Co. KG, Ingelheim am Rhein, Germany, [6]Boehringer Ingelheim (Canada) Ltd, Burlington, ON, Canada

CV2 *16:00-16:15*
USING SUBPOPULATION TREATMENT EFFECT PATTERN PLOT TO IDENTIFY MORE EFFICIENT RESOURCE ALLOCATION POLICIES
Cao Q[1], Hillege JL[2], Postma MJ[2], Buskens E[2], Postmus D[3], [1]University of Groningen, Groningen, The Netherlands, [2]University Medical Center Groningen, Groningen, The Netherlands, [3]University of Groningen, University Medical Center Groningen, Groningen, The Netherlands

CV3 *16:15-16:30*
POLICY OBJECTIVE OF GENERIC MEDICINES FROM THE INVESTMENT PERSPECTIVE: THE CASE OF CLOPIDOGREL
Elek P[1], Harsányi A[2], Zelei T[3], Csetneki K[3], Kaló Z[3], [1]Eötvös Loránd University (ELTE), Budapest, Hungary, [2]Eötvös Loránd University, Budapest, Hungary, [3]Syreon Research Institute, Budapest, Hungary

CV4 *16:30-16:45*
ARE COMPONENT ENDPOINTS EQUAL? A STUDY INTO THE PRACTICE OF COMPOSITE END POINTS IN CLINICAL TRIALS
Vaanholt MC[1], von Birgelen C[2], Kok M[3], Weernink MG[1], van Til J[2], [1]University Twente, Enschede, The Netherlands, [2]University of Twente, Enschede, The Netherlands, [3]Medisch Spectrum Twente, Enschede, The Netherlands

P5: PRICING POLICY STUDIES *Hall F2 (L0)*

PR1 *15:45-16:00*
ASSOCIATION BETWEEN THE PRICES OF ORPHAN DRUGS IN ONCOLOGY AND THE PATIENT POPULATION SIZES
Jarosławski S, Toumi M, Aix-Marseille University, Marseille, France

PR2 *16:00-16:15*
PAY FOR PERFORMANCE: A PROPOSAL FOR AND SIMULATION OF REAL TIME OUTCOMES-BASED PHARMACEUTICAL PRICING USING ROUTINELY COLLECTED DATA
Butt T[1], Lee A[2], Tufail A[3], [1]University College London, London, UK, [2]University of Washington, Seattle, WA, USA, [3]Moorfields Eye Hospital NHS Foundation Trust, London, UK

PR3 *16:15-16:30*
DIFFERENCES IN PRICING POLICIES FOR GENERIC AND BIOSIMILAR MEDICINES
Vogler S, Schneider P, Gombocz M, Zimmermann N, Gesundheit Österreich GmbH / Austrian Public Health Institute, Vienna, Austria

PR4 *16:30-16:45*
THE DETERMINANTS OF INNOVATIVE DRUGS PRICES: THE CASE OF ONCOLOGY DRUGS, COMPARATIVE ANALYSIS
Aissaoui A[1], Levy P[2], [1]Paris Dauphine University, PSL, Paris, France, [2]Université Paris-Dauphine, Paris, France

17:00-18:00 **BREAKOUT SESSION**

IP7: HOW SHOULD BIOSIMILARS BE VALUED AND SHOULD THEY UNDERGO HEALTH TECHNOLOGY ASSESSMENT? *Hall D (L2)*

Moderator: **Jeanette Kusel, MA, MSci, MSc**, Head of HTA and Health Economics, Costello Medical Consulting Ltd, Cambridge, UK
Panelists: **Emi Psachoulia, MSc, PhD**, Senior Manager Market Access, Biogen International GmbH, Zug, Switzerland; **Frank McKenna, MD, FRCP**, Consultant Rheumatologist, Trafford General Hospital, Central Manchester University Hospitals, Manchester, UK; **Andrew Walker, PhD**, Health Economist, Robertson Centre for Biostatistics, University of Glasgow, Glasgow, UK

ISSUE: The issue under debate will be whether biosimilars should undergo health technology assessment (HTA), and if they should, then what form this should take. The perspectives of a biosimilar manufacturer, prescriber, and HTA body will be covered.

OVERVIEW: Due to the reduced requirement for clinical evidence for regulatory approval, biosimilars can be priced lower than the originator brand and therefore have the potential to deliver significant cost savings. How payers value biosimilars is likely to differ across countries. Being cost-saving does not necessarily mean they will automatically be cost-effective, as biosimilars still have high price tags compared to many other medicines. For example, in the UK the infliximab biosimilars have been recently rejected by NICE for the treatment of moderate rheumatoid arthritis. HTA agencies already have different approaches to handling biosimilars; for example, within the UK, NICE only assesses biosimilars through multiple technology appraisals, whereas in Scotland, biosimilars whose reference product is not recommended are assessed