Introduction. The Italian National Agency for Regional Health Services (AGENAS) participation in the European network (EUnetHTA) allowed capacity building and the spread of knowledge, tools and methodologies built by the network. In the latest Joint Action, AGENAS is implementing both EUnetHTA tools/methdologies and assessments. This was done both by the "adaptation" of most relevant EunetHTA assessments to Italian context or by "traslation" of EUnetHTA assessments' Summeries. Language barriers have been highlighted from local HTA partners who aknowledged that contents written in italian could have a higher potential for dissemination.

Methods. To adapt a EUnetHTA report we evaluate if the PICOD fits our context with clinicians and stakeholders. We thus update systematic review and/or add other context specific domains. The EUnetHTA report summaries were translated into Italian and reviwed by clinicians. The HTA Core Model® was incorporated into national processes (Procedure Manual, HTA report templates, assessment elements, the Planned and On going Projects (POP) database was also used.

Results. Implementation of EUnetHTA's tools and products consisted of i) Production of national assessment reports based on EUnetHTA assessments; ii) Dissemination of EUnetHTA assessment iii) Translation of EUnetHTA assessments summaries and publication on Agenas website iv) Use of EUnetHTA POP Database for the national HTA programme; v) Embedment Integration of the EUnetHTA HTA Core Model®

Conclusions. The use of the Core Model® allowed a better standardisation of AGENAS' outputs. The Assessement Element based structure assists authors with the choices of relevant research questions; and the Domain-based structure allowed an efficient division of work among the authors. The use of the Core Model® among European partners faciliated the adaptation of other national HTA reports to our context. The adaptation and translation of EUneHTA assessments provides more homogenous choices among Italian regions and European countries, and so does the use of the POP database as a source of information about technologies that are on other EU Countries agenda.

Poster Presentations

PP21 Use Of Real-World Evidence For Healthcare Decision Making: Infliximab Versus Etanercept And The Risk Of Tuberculosis

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Introduction. In the absence of direct evidence from randomized controlled trials (RCTs), real-world evidence (RWE) can play an important role in healthcare decision making. As part of a health technology assessment, we assessed the comparative risk of tuberculosis (TB) associated with using infliximab and etanercept in patients with rheumatoid arthritis.

Methods. We performed a systematic literature search using the PubMed database to identify relevant meta-analyses.

Results. We located two relevant meta-analyses: one based on RCTs and one based on observational studies. Evidence from seven RCTs on infliximab (2,686 patients; 12 TB events) and two RCTs on etanercept (663 patients; 2 TB events) suggested no significant differences in the risk of TB between the two treatments, compared with placebo. In contrast, evidence from ten observational studies that directly compared the two treatments (443,941 patients; 253 TB events) indicated a significantly higher risk of TB with infliximab than with etanercept.

Conclusions. Although RWE is prone to confounding and bias, in this case it had the advantage of providing direct comparisons with larger sample sizes and longer follow up than evidence from RCTs. As a result, RWE was used to inform decision making on the risk of TB with infliximab and etanercept in patients with rheumatoid arthritis.

PP138 Current Status Of Healthcare Decision Making And Future Perspective Of The Health Technology Assessment Implementation Roadmap In Turkey

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Introduction. Turkey's health reforms, which started in 2003, have led to increased access to health care and pharmaceuticals as well as rising public pharmaceutical expenditures. The need to improve healthcare decision making by implementing health technology assessment (HTA) has become an important priority for Turkey. This study sought to provide a tailor-made HTA implementation roadmap, drawing on insights from national stakeholders.Our study aimed to describe the current HTA environment in Turkey and to explore long-term perspectives and suggestions from a wide spectrum of Turkish stakeholders regarding the preferred status of HTA in ten years (by 2029).

Methods. We conducted an online survey using a questionnaire previously applied in other HTA research. We assessed the current evaluation of medical and economic decision-making processes and examined the need for HTA. We also ascertained stakeholder perspectives on potential developments that can be done together with policymakers, representatives of pharmaceutical companies, and patient organizations. We also included general information about the pharmaceutical market and decision making processes in Turkey.

Results. The survey was sent to various stakeholders from different areas within the health system. Additional face-to-face interviews were conducted with a few respondents to clarify some of their answers. A total of twenty-seven Turkish stakeholders completed the survey. Of these, twenty-one (78%) participants were employed in the public sector and six (22%) were from the private sector. The majority of the participants would introduce HTA for

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all new health technologies being considered for public reimbursement and institute an additional review process for currently reimbursed technologies. Most of the respondents considered that only new technologies with significant budget impact should be evaluated in the next ten years.

Conclusions. It is clear that Turkey needs to implement an HTA process in the future. Our study shows stakeholder expectations, which will be helpful for creating an HTA implementation roadmap, and it is clear that different stakeholders have different views and expectations about HTA implementation in Turkey. The experiences of other countries will also be helpful during the implementation process.

PP143 TeCHO+ Program In Gujarat, India: A Protocol For Health Technology Assessment

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Introduction. The Health and Family Welfare Department of the Government of Gujarat is implementing a program called Technology for Community Health Operation (TeCHO+) to address the state's priority health issues. This paper details the protocol for using health technology assessment to assess the impact of the TeCHO+ program on data quality, service delivery coverage, rates of morbidity and mortality, and cost effectiveness.

Methods. This mixed-method study will be conducted in five districts. Data will be validated in a phased manner over a three-year period, along with an assessment of key outcome indicators. Additionally, key informant interviews will be conducted and cost data will be gathered.

Results. Early implementation of TeCHO+ has highlighted mixed impact at an operational level, with gaps in implementation. Despite some gaps in the available evidence, TeCHO+ solutions can significantly improve health service delivery through increased accuracy of data management, high-risk identification, and quality and accessibility of care. However, implementation challenges require even greater efforts to establish comprehensive systems for troubleshooting and corrective measures for improving data quality. Positive experiences encourage grassroots teams for continuing the use of TeCHO+.

Conclusions. TeCHO+ is expected to improve service coverage and reduce rates of morbidity and mortality by improving the population's nutritional status, the timeliness of care for high-risk cases, and the non-communicable disease profile of the community.

PP146 Cost Effectiveness Of Aripiprazole Orally Disintegrating Tablets For The Treatment Of Schizophrenia In China

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Introduction. Although antipsychotic medications have been a cornerstone in the treatment of schizophrenia for decades worldwide, the orally disintegrating tablet (ODT) formulation is a new concept in China. Only four brand names exist in the Chinese market, three of which were launched recently. Patients taking ODTs have a higher rate of medication adherence and consequently experience better treatment outcomes than patients taking the same medication in standard oral tablet (SOT) formulation. This study aimed to analyze the cost effectiveness in China of aripiprazole in ODT form, compared with the SOT forms of aripiprazole and olanzapine.

Methods. A discrete-event simulation model was built to represent the one-year progression of schizophrenia. On entry into the model, 100,000 people for each treatment arm were labeled fully adherent, partially adherent, or non-adherent based on medication possession ratios, and then experienced events including relapse, adverse events, changing adherence levels, and treatment switching and quitting. Parameters for adherence rates, medical costs, and utility values were derived from the published literature. The switching pattern was acquired through interviews with fifty-seven Chinese psychiatrists.

Results. The total annual costs per patient in the aripiprazole-ODT, aripiprazole-SOT, and olanzapine-SOT arms were CNY 9,817 (USD 1,388), CNY 15,278 (USD 2,160), and CNY 10,298 (USD 1,456), respectively. The annual quality-adjusted life-years (QALYs) gained per patient in the aripiprazole-ODT, aripiprazole-SOT, and olanzapine-SOT arms were 0.73, 0.71, and 0.72, respectively. According to the probabilistic sensitivity analysis, the probability of aripiprazole-ODT being cost effective was ninety-nine percent, when compared with aripiprazole-SOT and sixty-nine percent when compared with olanzapine-SOT.

Conclusions. Aripiprazole-ODT was associated with lower costs and higher gains in QALYs than either aripiprazole-SOT or olanzapine-SOT in patients with schizophrenia in China. While the sensitivity analysis confirmed the robustness of the result that aripiprazole-ODT was better economic value than aripiprazole-SOT, there is some uncertainty in the comparison between aripiprazole-ODT and olanzapine-SOT. The main limitation of this study is that some parameters were sourced from studies on Western populations because of a lack of data in China. Local data on the use of antipsychotics, especially adherence rates, is needed.

PP154 Funding Of Treatments For Rare Diseases In Singapore

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Introduction. A national multi-stakeholder charity fund has been established in Singapore to provide targeted support to patients with rare genetic diseases whose treatment costs remain unaffordable despite government subsidies and insurance. This presentation will provide an overview of the evaluation, price-setting, and stakeholder engagement processes established to inform the first list of drugs eligible for funding under the Rare Disease Fund (RDF).

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