using Critical Appraisal Skills Programme (CASP) checklist. More than twenty cancer vaccines under development were identified.

Results. The most advanced breast cancer vaccine is Nelipepimut-S (NPS). In a Phase 2b clinical trial, improvement disease-free survival (DFS) in the NPS group was 89.8 percent. The DFS rate in the NPS group was 92.6 percent for triple negative patients. Median DFS in the NPS group [hazard ratio (HR): 0.26 (95% confidence interval, Cl: 0.08–0.81)] showed a significant difference. A projection study showed the cost-effectiveness will be 90 percent success if the cost less than USD1,000 per patient. No safety issues were reported.

Conclusions. Early assessment showed potential benefit in patient with triple-negative breast cancer (TNBC). However, further research is required to ensure its efficacy, safety, and cost-effectiveness.

PP612 Use of Rapid Review Methods In Health Technology Assessment For Central Procurement Decisions: Experience In Ukraine

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Introduction. The Health Technology Assessment (HTA) Department of the "State Expert Center of the Ministry of Health of Ukraine" was established in 2019 for conducting assessments and development of recommendations for informing decisions of the Ukrainian Ministry of Health regarding financing of the health technologies. Since 2015, procurement of medicines by the state budget in Ukraine was carried out through international specialized organizations. The central procurement program covers forty-one programs for different disease areas. The list of medicines and medical devices purchased were based of procurement agreements with specialized organizations approved by Cabinet of Ministers Decree of Ukraine № 255 of 13 March 2019.

Methods. Descriptive analysis of methodological processes around rapid review methods in HTA used for the procedure of central procurements of medicines. In the process of conducting rapid assessment we use a modern tool based on the HTA Core Model® for Rapid Relative Effectiveness Assessments version (V3.0). HTA Guidance in Ukraine was developed in 2017.

Results. The list of government programs, for which rapid review methods in HTAhave been conducted, included following diseases: adult and pediatric oncology, juvenile rheumatoid arthritis, hemophilia, and orphan diseases. Reports include an overview of comparative efficacy, effectiveness and safety, as well as analysis of reports from HTA agencies and thresholds, budget impact for informing decisions for development of the central procurement programs in 2019. The HTA Department conducted more than forty reviews in less than 6 months.

Conclusions. Use of rapid review methods in HTA in Ukraine for informing decisions for the central procurement programs of medicines is the perspective for rational resource allocation and spending. This increases and improves patients' access to effective, safe and cost-effective medicines.

PP613 The Cost Analysis Of Subcutaneous And Intravenous Dosage Forms For Systemic Juvenile Idiopathic Arthritis Treatment In Ukraine

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Introduction. The Health Technology Assessment (HTA) Department of the "State Expert Center of the Ministry of Health (MoH) of Ukraine" was established in 2019 for conducting assessments and development of recommendations for informing decisions for the Ministry of Health of Ukraine (MoH) regarding the financing of health technologies based on HTA. The study aimed to conduct cost analysis and compare the treatment costs of two available dosage forms of tocilizumab for subcutaneous and intravenous administration for systemic juvenile idiopathic arthritis in Ukraine. Currently there is a central procurement program financed by the state budget with pharmaceuticals provided to patients with juvenile idiopathic arthritis approved by the Cabinet of Ministers Decree of Ukraine №255 dated 13.03.2019.

Methods. The cost analysis was carried out for tocilizumab over a 1-year horizon per one patient. The analysis included drug manufacturers' prices from the registry of the MoH dated 19.09.2019. The annual number of tocilizumab vials for intravenous infusion for each weight category of patients is approved by the order MoH №334 from 14 February 2019. The direct medical costs were included in the analysis omitting cost of administration.

Results. The direct medical costs of treatment with intravenous tocilizumab per one patient for one budgetary year ranged from between USD7,563.83 and USD30,255.30 depending on patient's weight that was in the range of 10–80 kg. The direct medical costs of treatment per one patient for one year with subcutaneous tocilizumab was USD7,782.40 for patients < 30 kg and USD15,564.80 for patients ≥ 30 kg.

Conclusions. The introduction of subcutaneous tocilizumab can potentially lead to cost savings on average USD 4,041.97 (34.2%) for patients < 30 kg and USD 5,245.82 (25.2%) for patients ≥ 30 kg per one patient for 1-year treatment compared to the intravenous route. Intravenous tocilizumab has an economic advantage over the subcutaneous route solely for the pediatric population of certain weight categories. The cost of intravenous tocilizumab was USD 218.58 lower (2.9%) for patients ≤ 13 kg and USD 2,320.25 lower (17.5%) for patients with weight 31–35 kg, compared to the cost of subcutaneous tocilizumab.

https://doi.org/10.1017/S0266462320002068 Published online by Cambridge University Press