

RESULTS:

In a cohort of 13,500 infants over a time-period of 15 years Estonian universal BCG vaccination prevents around two TB cases compared to selective or non-vaccination strategies. The cost per one TB case averted for the universal strategy compared to non-vaccination strategy was EUR12,234 (EUR4,059–28,748 in sensitivity analysis) and compared to selective vaccination EUR3,847 (EUR504–10,568). The number of TB cases in 0–14-year old children in 2032 was estimated to be 1.3 for universal vaccination, 2.7 for selective and 2.9 for non-vaccination strategy. The total costs of vaccination and TB treatment in 2032 were estimated to be EUR23,764, EUR16,459 and EUR7,553 respectively.

CONCLUSIONS:

The cost per case of TB averted is dependent on vaccine efficacy, and is high compared with the cost of treating one case of TB. At the same time, the total costs of BCG vaccination and TB treatment are marginal compared to other vaccination programs used in Estonia. Despite the limited budget impact, several organizational challenges need to be addressed if the universal program is replaced with selective BCG vaccination.

VP49 Brazilian Consumer Willingness To Pay For Dengue Vaccine (CYD-TDV)

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INTRODUCTION:

Dengue virus is a serious global health problem with an estimated 3.97 billion people at risk for infection worldwide. In December 2015, the first vaccine (CYD-TDV) for dengue prevention was approved in Brazil, developed by Sanofi Pasteur (1). However, given

that the vaccine will potentially be paid via the public health system, information is needed regarding consumers willingness to pay for the dengue vaccine in the country, as well as discussions related to the possible inclusion of this vaccine into the public health system at prices suggested by the manufacturer. This was the objective of this research.

METHODS:

We conducted a cross-sectional study with residents of Greater Belo Horizonte, Minas Gerais, about their willingness to pay for the CYD-TDV vaccine. Respondents had to be over 18 years and not currently have the disease although they may have had dengue in the past (2,3).

RESULTS:

Five-hundred and seven individuals were interviewed, who were mostly female (62.4 percent), had completed high school (62.2 percent), were working (74.4 percent), had private health insurance (64.5 percent) and did not have dengue (67.4 percent). The maximum median value of consumers willingness to pay for the CYD-TDV vaccine, assuming vaccine efficacy against virologically-confirmed symptomatic dengue illness of approximately 60 percent, is USD33.61 (BRL120.00) for the complete 3-course schedule and USD11.20 (BRL40.00) per dose. At the price currently being assessed by the Brazil's regulatory chamber of pharmaceutical products market (CMED) for Dengvaxia® for three doses, only 17 percent of the population expressed a willingness to pay for the vaccine at this price.

CONCLUSIONS:

Brazil is currently one of the largest markets for dengue vaccine in the world and the price established is a key issue. The manufacturer should assess the possibility of lowering its price in Brazil to reach a larger audience among the Brazilian population, especially as other public health activities to control the disease will continue.

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VP51 Hospitalizations And Costs In Schizophrenia Patients Initiating Long-acting Injectable Antipsychotics

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INTRODUCTION:

Existing evidence on clinical and economic effectiveness of one long-acting injectable antipsychotic (LAI) versus another in successful management of schizophrenia is scarce. The study was conducted to compare all-cause inpatient healthcare utilization and associated costs among Medicaid patients with schizophrenia who initiated LAIs.

METHODS:

This retrospective cohort analysis used the Truven Health Analytics MarketScan® Medicaid claims database. Schizophrenia patients ≥ 18 years with at least one claim for one of the following LAI were identified between 1 January 2013 and 30 June 2014 (identification period): aripiprazole, fluphenazine, haloperidol, paliperidone palmitate, and risperidone.

The first day of initiating an LAI was considered the index date. Patients were followed for 1 year from index date. Logistic and general linear regression models were used to estimate risk of inpatient hospitalization and associated costs during follow up.

RESULTS:

Of the identified Medicaid patients with schizophrenia, 1,672 (36.7 percent) initiated an LAI: 44.0 percent received paliperidone, 26.4 percent haloperidol, 13.8 percent risperidone, 9.2 percent aripiprazole, and 6.6 percent fluphenazine. With the aripiprazole cohort as the reference group, the odds of having any inpatient hospitalizations were significantly higher in haloperidol [Odds Ratio, OR (95 percent Confidence Interval, CI): 1.51 (1.05 - 2.16)] and risperidone [OR (95 percent CI): 1.58 (1.07 - 2.33)] cohorts. Fluphenazine and paliperidone palmitate cohorts also had higher risk of having any inpatient hospitalizations compared with aripiprazole, but the differences were not statistically significant ($p > .05$). Among LAI initiators with any inpatient hospitalizations, the adjusted mean inpatient costs were lowest in the aripiprazole cohort (USD25,616), followed by haloperidol (USD30,811), paliperidone (USD30,833), risperidone (USD31,584), and fluphenazine (USD37,338), although differences were not statistically significant.

CONCLUSIONS:

Our study findings highlight the value of aripiprazole in reducing inpatient hospitalizations and associated costs among patients with schizophrenia. However, our study is limited as our results are reflective of a multi-state Medicaid population. Future studies are warranted to confirm the results in non-Medicaid patient populations.

VP53 Cost-Utility Analysis: Adalimumab Versus Etanercept in Rheumatoid Arthritis – Brazil

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