

RESULTS:

Our search yielded 120 studies appropriate for inclusion. From these, we extracted a total of 132 VSL estimates (RP, $n = 60$; SP, $n = 72$). The median VSLY was 6.4 times GDP/capita. Transformed into Euro (2014), the median VSLY was EUR165,000 (mean, EUR217,000). We found significant differences by regional source of data (North American, median EUR272,000; European, EUR158,000) and by method (RP, EUR241,000; SP: CV, EUR117,000; DCE, EUR187,000). VSLY estimates were sensitive to discount rate.

CONCLUSIONS:

Our data indicate that VSLY estimates based on empirical data exceed benchmarks commonly used in the context of HTAs. However, inter-study variability, methodological limitations, and normative considerations, all suggest to exercise caution before translating this observation into actual policy.

VP96 Information Flow As Base For Planning Biomedical Technologies In Italy

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INTRODUCTION:

An effective installed medical equipment base management requires an information flow of Biomedical Technologies (BT) providing a common and standardized methodology for data collection and inventories management, representing the knowledge base for the BT assessment and procurement planning.

METHODS:

In a North Region of Italy a standardized methodology for BT regional codification has been defined to univocally identify BT, by classifying health fields and specialities, technological classes, models and manufacturers. Since 2012, an information flow of BT,

named FITeB, allows to monitor and follow-up large medical equipment (LME), innovative equipment (IE) and widespread technologies (WT) set up in public settings, through biannual equipment census (1,2). Data about classification, identification, location, age, operating status, way of acquisition, economic value and maintenance have been analytically collected for LME and IE. LME data have been integrated with the information flow for public funding management allocated to regional healthcare buildings through other procedure. The number and economic value of WT have been collected. FITeB data have been used for the Regional planning procedure for medical equipment procurement (3).

RESULTS:

The distribution of BT, their age profile, technological burden and innovative components as well as the overall economic value, have been estimated with FITeB. In 2016, information about 341 LME was collected; LME mean age was 7.4 years with a value of EUR248,353,000. The 293 IE were set up with mean age of 5.9 years and an overall economic value of EUR20,167,000. The WT amounted to 45,263 equipment with a value of EUR843,353,000. Over the years 2014 and 2015, the Public Hospitals and Local Health Authorities (ASRs) submitted 491 BT requests, of which 87 percent were replacement/new acquisition/upgrade, 9 percent innovative acquisition and 4 percent donations.

CONCLUSIONS:

Critical issues can be identified from FITeB indicators representing the basis for BT procurements assessment and definition of strategies of replacement, introduction or relocation of medical equipments in the Region. An integrated information flow, as the case of FITeB, is an useful knowledge tool for appropriate governance, planning and management of BT.

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VP99 Economic Impact Of rpFVIII In The Management Of Acquired Hemophilia A

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INTRODUCTION:

Acquired hemophilia A (AHA) is a rare coagulation disease characterized by frequent bleeding episodes treated with plasma-derived products and bypassing agents as rFVIIa and aPCC. Similar to the previous plasma-derived porcine FVIII and without its side effects, pFVIII (Obizur®) is a porcine recombinant factor VIII produced with the recombinant DNA technique. The study analyzes the economic impact of pFVIII compared to the other available therapies in order to manage the bleeding episodes in AHA patients.

METHODS:

To assess the impact of the introduction of pFVIII in the market-mix of products for the management of AHA a budget impact analysis was conducted from the perspective of the Italian National Health System (INHS) and considering a three-year time horizon. Consumption of products, products’ wastage, needs for additional treatment in case of failure of first line therapy, laboratory tests, hospitalization and drug wastage were considered for cost estimation. Model inputs were derived from literature, preliminary experience with the use of pFVIII for compassionate use, and from the updating of previous evidence by data

collected among a panel of clinical experts. Univariate sensitivity analysis was performed to explore overall uncertainties in input parameters.

RESULTS:

The management of a bleeding episode considering conventional treatment is EUR8,229,621 per year, with an overall cost over three years equal to EUR24,688,864. The introduction of pFVIII leads to an overall costs saving ranging from EUR2,253,938 and EUR1,196,985 when the treatment duration is varied between 5 and 6.5 days, according to data from compassionate use or literature, respectively.

CONCLUSIONS:

The model outlined a significant reduction of all the components of direct costs for the INHS when Obizur® is introduced into the market with an ex-factory unit price equal to EUR2.32/IU.

VP100 Disease Modelling Approaches In Multiple Sclerosis

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INTRODUCTION:

In the past decades the cost-effectiveness of new effective disease-modifying therapies (DMTs) for Relapsing Remitting Multiple Sclerosis (RRMS) form was assessed through decision analytical models. Recently, new treatment option for the Primary Progressive (PPMS) form was developed. Aim of this work was assessing the similarities and differences of PPMS and RRMS and their impact in the development of decision analytical model for PPMS.

METHODS:

Literature review was performed to retrieve information on natural history of PPMS and RRMS and impact of
