

$\pm 14,092.13$ vs $\pm 245.34 \pm 1,141.23$) were higher for inpatient compared with outpatient visits. Mean treatment costs per PM were $\pm 703.55 \pm 1,107.11$ for programmed death receptor 1 (PD-1)/ligand 1 (PD-L1) inhibitors and $\pm 834.12 \pm 348.33$ for disitamab vedotin (antibody-drug conjugate), whereas prescription costs were $\pm 369.03 \pm 1,087.92$ and $\pm 310.15 \pm 534.00$, respectively. **Conclusions:** This is the first real-world study to determine HRU and costs of Ia/mUC in China. Most patients had UC-related inpatient admissions within 12 months of follow-up, incurring substantially higher costs than outpatient visits.

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BUDGET IMPACT ANALYSIS OF RSVPRF VACCINE FOR PREVENTION OF RESPIRATORY SYNCYTIAL VIRUS (RSV) DISEASE AMONG OLDER ADULTS IN ARGENTINA

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Objectives: To estimate the public health and budget impact (BI) of using the RSVprf vaccine for prevention of respiratory syncytial virus (RSV) disease in older adults in Argentina. **Methods:** A 3-year budget impact model estimated the potential impact of RSVprf using the perspective of the National Institute of Social Services for Retirees and Pensioners (INSSJP-PAMI) which provides social and healthcare services to 5 million affiliates, covering 80% of the elderly nationwide. Target population was defined as adults aged ≥ 60 years with and without underlying comorbidities that increase risk of RSV progression to severe respiratory disease (i.e., obesity, diabetes, chronic pulmonary disease, chronic heart disease, chronic renal disease, and immunosuppression). Key parameters were estimated based on published and unpublished literature. Economic outcomes are expressed in USD (exchange rate 1USD=893.5ARS, May 2024). **Results:** Considering vaccine coverage of 0.5%, 1.5% and 3% (years 1, 2, and 3 respectively), the reduction in RSV hospitalizations and deaths was 0.2%, 0.7% and 1.2%, respectively. In total 18 deaths were averted (yr1: 2; yr2: 6; yr3: 10). The net 3-year BI of the inclusion of RSVprf vaccine in PAMI was \$2M considering a reduction in medical costs of \$446,516 and total vaccination costs of \$2.4M. Vaccination rates and vaccine acquisition costs were the most influential parameters in the one-way sensitivity analysis. A scenario analysis considering 10-fold in vaccination rates showed 10,045 more cases that required medical attention averted and 136 additional deaths averted with a \$14.2M incremental increase in the costs. **Conclusions:** The adoption of the RSVprf vaccine would avert hospitalizations and reduce deaths but would require an increase in the budget for vaccine investment.



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COST OF STROKE IN LATIN AMERICA: A MULTICENTRIC TIME-DRIVEN ACTIVITY-BASED COSTING STUDY

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Objectives: Given the significant global health challenge posed by stroke, this study aims to measure stroke costs in Latin American countries by analyzing the precise costs of acute ischemic stroke and their regional variabilities using accurate micro-costing techniques. **Methods:** A comprehensive international multicenter study evaluated the direct costs of patients admitted with acute ischemic stroke from December 2021 to December 2022. Data were collected from stroke centers in Argentina, Brazil, Chile, Colombia, Costa Rica, Mexico, Peru, and Uruguay. Direct costs were assessed using a microcosting method. Factors considered included favorable outcomes (modified Rankin Scale (mRS) 0-2), clinical risk levels (age and stroke severity), and treatment interventions (medical treatment alone, intravenous thrombolysis, and mechanical thrombectomy). Purchasing power parity adjustments and international dollar conversions facilitated cross-country comparisons. Descriptive analyses were performed stratified by country and Generalized Estimating Equation models assessed the relationship between clinical variables and total cost per patient. **Results:** The study included 1,106 patients. Among them, 74%



received medical treatment alone, 18% received IVT, 4% underwent MT, and 3% received combined IVT and MT. Costs increased with patients' clinical risk, outcomes, and treatment options. MT incurred costs 3.1 times higher than medical treatment alone, with an incremental cost of \$20,418 per patient ($p < 0.001$). Treating high-risk patients incurred substantial cost increases of \$7,512 compared to medium-risk patients ($p < 0.0001$) and \$7,866 compared to low-risk patients ($p < 0.0001$). Patients in the mRS 5-6 categories had costs twice as high as those in the mRS 0-2 categories. **Conclusions:** The study reveals disparities in stroke costs across Latin America, offering a comprehensive understanding into the economic landscape and cost variations factors, particularly in under-researched regions. Continued investment in evidence-based research and value-based care models is essential to ensure equitable access and reduce disabilities and deaths.

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A SURVEY ON JAPANESE DRUG PRICING AND TREATMENT COSTS OF CANCER CHEMOTHERAPY DRUGS: THE CASE OF MONOCLONAL ANTIBODIES

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Objectives: Under the NHI drug pricing rules, prices of cancer chemotherapy drugs vary greatly depending on approved indications and drug price revisions. Therefore, drug treatment costs may differ significantly even among drugs with similar clinical efficacy. To compare the drug treatment costs of bevacizumab and ramucirumab, monoclonal antibody agents indicated for metastatic colorectal cancer. **Methods:** Using publicly available data from the Japanese health agencies (Chuihyo and PMDA), we investigated methods of pricing newly listed drugs, histories of indication expansions, and drug price revisions. The drug costs of metastatic colorectal cancer were also calculated using the latest NHI drug prices. **Results:** Bevacizumab was calculated as a drug for the treatment of metastatic colorectal cancer in 2007 using the cost accounting method (400 mg 191299 yen). On the other hand, the drug price of ramucirumab was calculated in 2015 as a drug for the treatment of metastatic gastric cancer under the comparable drug method I with bevacizumab as the comparator drug, and the drug price was further increased with a foreign price adjustment (500 mg, 355450 yen). Furthermore, the price of bevacizumab was significantly reduced to 107607 yen in 2024 (a 44% decrease) due to repricing twice for market expansions and the launch of biosimilars. Therefore, the cost of bevacizumab for an adult weighing 60 kg every two weeks was 86,130 yen versus 362,032 yen for ramucirumab, a difference of approximately 4.2 times. **Conclusions:** Even for drugs with no clear difference in indication or therapeutic effect, drug price calculation rules may result in large price differences. Especially for cancer chemotherapy drugs, the difference is too large to be ignored because of their high price. When considering treatment regimens, after understanding the reasons for drug price differences, cost-effectiveness should also be considered from the perspectives of individual patients and society.



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ECONOMIC EFFECTS OF SELF-APPLIED PATCH-BASED POLYSOMNOGRAPHY FOR DIAGNOSTIC ASSESSMENT OF OBSTRUCTIVE SLEEP APNEA IN THE NETHERLANDS

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Objectives: Untreated obstructive sleep apnea is associated with significant negative economic effects on micro and macro level. The Onera STS, a novel self-applied patch-based polysomnography (PSG) system was recently introduced to overcome limitations with current diagnostic testing regimes. This study aims to assess economic outcomes with using the Onera STS in the Dutch healthcare system in comparison with Standard of care (SoC). **Methods:** A mixed-methods approach was used to evaluate the economic impact of patch-based PSG for diagnosing sleep apnea on societal and healthcare costs, utilities, and sleep-diagnostic related workforce capacity. Quantitative data on healthcare expenses, societal and patient utilities, as well as healthcare workforce resource utilization were collected from published literature and real-world evidence. **Results:** Implementation of patch-based PSG demonstrated multi-faceted benefits. At the economic level, it led to a 1.84% reduction in overall societal costs and a 0.35% decrease in direct healthcare expenses associated with diagnosing sleep apnea. Patient outcomes improved, with Quality-Adjusted Life Years (QALYs) increasing by 0.22%. A significant impact was observed in resource utilization, with healthcare workforce requirements decreasing by 18.7% compared to SoC. These findings suggest that the innovation offers a favorable balance of cost savings, improved health outcomes, and operational efficiency. **Conclusions:** Patch-based PSG demonstrates promising results across multiple dimensions of health economics. It offers modest but meaningful reductions in both societal and healthcare costs, while simultaneously improving patient outcomes. The substantial decrease in healthcare workforce utilization suggests significant potential for operational efficiency. Further research is warranted to explore long-term impacts and generalizability across different healthcare settings.

