Health Technology Incorporation reimbursement documents and a clinical trial comparing trastuzumab deruxtecan with trastuzumab emtansine. Costs were calculated using the ANVISA Câmara de Regulação do Mercado de Medicamentos price value and a patient weight of 70 kg.
Results: In January 2022, trastuzumab deruxtecan was introduced in Brazil for patients with human epidermal growth factor receptor (HER2) positive metastatic or unresectable breast cancer who had received two or more anti-HER2 treatment regimens. In June 2022, the indication was expanded to patients with HER2-positive metastatic or unresectable breast cancer who had received one anti-HER2 treatment regimen. In November 2022, the indication was further expanded to patients with metastatic or unresectable low-expression HER2 breast cancer who had received prior systemic therapy. The number of patients estimated to be eligible for the drug increased from 383 to 23,000, with an increased total cost from BRL467,970,786 (USD90,621,763) to BRL26,048,234,160 (USD5,044,197,164).
Conclusions: The expansion of indications for trastuzumab deruxtecan may substantially increase its financial impact and compromise the sustainability of health systems. In Brazil, the lack of monitoring of drug prices means that the only change in prices occurs due to regulated annual inflation adjustments. Regulation is needed to reduce drug prices according to new indications, changes in therapeutic options for the same condition, and obsolescence.

OP33 Child And Adolescent Mental Health Care Models: A Scoping Review

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Introduction: Mental illnesses are among the most common health problems in children and adolescents worldwide, and their prevalence has recently increased. At the same time, many countries face gaps in care and a shortage of services. To address these challenges, countries are developing child and adolescent mental health (CAMH) strategies and adopting their models of care. This paper aimed to give an international overview of these strategies and care models to support decision makers and stimulate mutual learning and improved CAMH care.
Methods: We identified core topics within published CAMH strategies and care model documents from seven selected countries within the Global North, which represented different healthcare systems, geographical regions, and public health traditions to maximize variety. We systematically extracted data on the identified topics and summarized them narratively by applying qualitative content analyses.
Results: The documents addressed the following core topics: awareness raising activities; prevention and promotion; detection; treatment; telemedicine; care pathways; transitional psychiatry; vulnerable patient groups; user participation; infrastructure; workforce development; implementation; digital tools for case management; and data acquisition and research. A stand-alone CAMH strategy exists in most countries.
Recommendations on CAMH care often followed a public mental health approach and placed a high priority on mental health promotion and cross-sectional organization and funding of CAMH care services. Key principles of future CAMH care included: increased flexibility of care settings; early intervention; an open and non-judgmental attitude among staff; and strengths orientation instead of focusing on deficits and diagnoses.
Conclusions: Reducing the prevalence of mental illness and current shortcomings in care requires action at the policy level (e.g., developing a CAMH strategy with a focus on mental health promotion and installing cross-sectoral governance), organizational level (e.g., reorganizing treatment settings and pathways of care), and individual level (e.g., strengthening user involvement and workforce development). Applying the recommended approaches in other countries will likely require redesign, ideally with a participatory approach and evaluation alongside piloting.

OP34 Application Of A Case-Mix Analysis In COVID-19 Management At A University Hospital In Malaysia

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Introduction: The COVID-19 pandemic significantly affected healthcare systems. The most immediate effect was the increased demand for healthcare resources. This study aimed to conduct a case-mix analysis at one of the teaching hospitals in Malaysia to understand the economic implications of the pandemic.
Methods: Admissions related to COVID-19, either as a primary or secondary diagnosis, were extracted and given ICD-10 codes for diagnosis and ICD9-CM codes for procedures. The combined ICD-10 and ICD9-CM codes were imported into a case-mix grouper to generate the case-mix codes. The codes used for COVID-19 were A-4-13-I, A-4-13-II, and A-4-13-III for mild, moderate, and severe disease, respectively. Clinical pathways were collected and healthcare resource utilization was estimated by combining top-down and bottom-up costing approaches. Discounting and inflation were based on guidelines and official rates. The cost data were reported in US dollars (price year 2021).
Results: A total of 4,889 patients with a COVID-19 diagnosis were admitted to the hospital in 2021. Of these, 4,813 patients (98%) had a primary diagnosis of COVID-19. The remaining 76 patients (2%) were admitted for other medical reasons but were found to be positive for SARS-Cov-2 during admission. Therefore, for these patients, infection with the virus was considered a secondary diagnosis during the treatment episode.
Among the 4,813 patients, 3,909 (81%) were admitted with mild COVID-19 (A-4-13-I), 630 (13%) had moderate COVID-19 (A-4-13-II), and 274 (6%) had severe disease (A-4-13-III). More than half (56%) of the patients with a secondary diagnosis of COVID-19 were admitted for elective procedures. The average length of hospital stay (LOS) for mild disease was 9 days, with cumulative hospital costs of

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USD1,543. The average LOS for both moderate and severe disease was 21 days, and the cumulative hospital costs were USD23,527 and USD26,731 respectively. The total costs incurred for COVID-19 were estimated at USD19,259,153.
Conclusions: COVID-19 has considerable economic implications. This study provided information as part of a health technology assessment in the hospital to inform evidence-based healthcare decisions.

OP38 Evaluation Of A High-Cost Medicine For A Rare Disease: 16-Year Cohort Of Imiglucerase Use For Gaucher Disease In Brazil

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Introduction: Gaucher disease is a lysosomal storage disease of autosomal recessive inheritance that is caused by a deficiency of the enzyme glucocerebrosidase. This deficiency results in accumulation of the enzyme's main substrate in the lysosomes of macrophages, mainly in the spleen, liver, and bone marrow. In more severe cases it can affect the lung, kidneys, and central nervous system. There are two main treatments available for patients with Gaucher disease: enzyme replacement therapy and inhibition of substrate synthesis. The main enzyme replacement therapy used in Brazil is imiglucerase, an analog of the human β-glucocerebrosidase enzyme. Imiglucerase is produced by recombinant DNA technology using a cell culture derived from the Chinese hamster ovary. It has 497 amino acids and differs from the endogenous enzyme by an amino acid at position 495, where histidine is replaced by arginine. The objective of the study was to analyze the survival of patients treated for Gaucher disease with imiglucerase in Brazil from 2000 to 2015.
Methods: We constructed a retrospective cohort study of patients with Gaucher disease who received imiglucerase through the Brazilian National Health System from 2000 to 2015 using a national database created from the linkage of administrative databases.
Results: A total of 1,241 patients who received imiglucerase were included. The overall survival rates at one, ten, and 15 years were 98.7 percent (95% confidence interval [CI]: 98.1, 99.4), 92.3 percent (95% CI: 90.2, 94.4), and 89.4 percent (95% CI: 85.6, 93.3), respectively.
Conclusions: Our findings advance the understanding of the profile, survival, and risk factors of people with Gaucher disease, adding new data to the discussion regarding pharmaceutical therapies and patient care, and providing data for the development of new public health policies for the use of advanced, high-cost drugs for rare diseases.

OP39 Real-World Evidence Of Post-Incorporation Use Of Monoclonal Antibodies For Psoriasis In The Brazilian Public Health System

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Introduction: Psoriasis is an immune-mediated chronic inflammatory disease that can affect the skin, joints, and nails. The treatment of the disease is offered by the Brazilian Public Health System (SUS) in accordance with the guidelines of the Ministry of Health. The aim of this study was to analyze real-world data (RWD) on the implementation and use of monoclonal antibodies (mAbs) for the treatment of psoriasis in the SUS.
Methods: This is a descriptive study that used national administrative data on drug dispensing from the Open Room for Health Intelligence Situation (SABEIS-SUS) from October 2019 to December 2021. Adult individuals (≥18 years) with vulgar (L40.0), generalized pustular (L40.1), gutata (L40.4) and other (L40.8) psoriasis who used the mAbs adalimumab, etanercept, risankizumab, secukinumab and ustekinumab were included.
Results: The year of implementation of mAbs for the treatment of psoriasis in the SUS was October 2019 (adalimumab, etanercept and secukinumab) and May 2020 (ustekinumab). Risankizumab was implemented in April 2022. The number of individuals using mAb grew from 366 in 2019 to 10,146 in 2021. In 2019, 2020 and 2021, the proportion of individuals using each mAbs was 62.3 percent, 46.2 percent and 35.4 percent (adalimumab), 7.9 percent, 3.3 percent and 2.7 percent (etanercept), 29.8 percent, 33.8 percent and 30.5 percent (secukinumab), 0 percent, 16.7 percent and 31.4 percent (ustekinumab), respectively.
Conclusions: The number of mAbs users has greatly increased from 2019 to 2021, which may indicate a successful implementation of the psoriasis treatment in SUS. Most individuals used adalimumab in the year of the first implementation. However, the proportion of users of this mAb has greatly decreased after the implementation of ustekinumab. This reduction should not be so expressive since adalimumab and ustekinumab are recommended in different lines of treatment. The low proportion of etanercept use may be due the fact the medication is indicated for individuals up 18 years of age. This study provides important real-word evidence for monitoring the implementation of mAbs for psoriasis treatment in Brazil.

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