OP24 Preferences Of Depressed And Depression-Prone Groups With Regard To Antidepressants In China: A Best-Worst Scaling Survey

Shimeng Liu (smliu19@fudan.edu.cn), Yanfeng Ren, Jing Liu, Yan Wei and Yingyao Chen

Introduction: Antidepressants are one of the main treatment approaches for depression, and previous evidence suggests that consideration of patient preferences can improve their adherence to medication regimens. The objective was, therefore, to evaluate the preferences of depressed and depression-prone groups in China with respect to antidepressant medications.
Methods: An online survey with best-worst scaling choices was administered in depressed and depression-prone patients. The balanced independent block design generated 13 choice task profiles for each participant to answer, with each choice set consisting of four alternatives out of 13 antidepressant-specific attributes. Count analysis and a conditional logit model were used to estimate the relative importance of the 13 attributes and preference heterogeneity.
Results: The analytical sample included 210 participants, comprising 49 individuals who had previous experience with depression and 161 who were depression prone. Participants in both groups preferred medications with a low risk of liver or kidney damage, headache or dizziness, and recurrence. There were significant differences in both groups regarding out-of-pocket costs and duration of medication. The K-means clustering further proved preference heterogeneity among the patients.
Conclusions: Our study revealed patient preferences for antidepressant medication choices in China. Healthcare decision makers should consider and discuss patient preferences in the treatment decision-making process to improve patient adherence to and satisfaction with medications, and to ultimately improve patient outcomes.

OP27 Impact Of Generic Entry Of Pharmaceuticals On Drug Prices In Australia

Arun PG-Jones, Victoria Serra-Sastre and Hansoo Kim (hansoo.kim@griffith.edu.au)

Introduction: Policy makers are keen to introduce cost containment measures in medicine spending due to aging populations and fiscal pressure. A major price reform was applied to the Australian Pharmaceutical Benefits Scheme (PBS) in 2014. This aimed to stimulate price reductions by increasing competition among generics, amidst growing evidence at the time of unnecessarily high generic medicine prices in Australia. The aim of this study was to estimate the effect of patent expiration and generic competition on drug prices, while controlling for other determinants of drug prices in Australia.
Methods: A dataset from publicly available sources was constructed using monthly data on the price of drugs listed on the PBS from October 2014 to July 2022. The information included the generic drug name, item code, date, approved ex-manufacturer price, dispensed price per maximum quantity, and brand names. This was supplemented with monthly government spending and number of prescriptions filled per item code. A fixed effects regression model was used to estimate the effect of patent expiration and generic competition on dispensed drug prices.
Results: The model estimated that introducing generics in Australia led to an 18 percent decrease in prices, excluding further decreases resulting from other controlled variables. The price elasticity of total prescriptions filled was estimated to be -0.6, suggesting that a one percent increase in prescriptions filled resulted in drug prices being lowered by 0.6 percent. This reflects the fact that, on average, firms reacted by reducing prices to increase market share when faced with an increase in quantity demanded. Each extra competitor was estimated to result in a reduction in prices of roughly 1.8 percent.
Conclusions: These results show that entry of generics into the Australian pharmaceutical market resulted in a significant reduction in drug prices. However, this alone does not provide empirical support for the effectiveness of these price reforms in generating savings by inducing generic competition, especially over other forms of pharmaceutical regulation.

OP29 Impact Of New Drug Indications After Initial Registration By The Agência Nacional de Vigilância Sanitária (ANVISA) in Brazil

Silvana Kelles (silvanakelles@gmail.com), Camila Pereira, Carina Martins, Daniel Reis, Ernesto Azevedo, Geraldo Ribeiro, Karina Zocrato, Lélia Carvalho, Marcela Freitas, Maria Horta, Mariana Barbosa, Mariza Talim and Marcus Carvalho Borin

Introduction: Most drugs have data only from clinical trials focused on a specific population at the time of first registration, so their indications for use are restricted to this population. In Brazil, the prices of new drugs for clinical conditions with no therapeutic alternatives are relatively high. When these drugs expand to other indications their prices are not reviewed, which can have a major financial impact. This study aimed to evaluate the financial impact of expanding the indication for trastuzumab deruxtecan.
Methods: We calculated the annual cost to treat all Brazilian patients with the indications listed for trastuzumab deruxtecan at first registration, and then all additional indications. Populations were estimated from epidemiological data from National Committee for

https://doi.org/10.1017/S0266462323000703 Published online by Cambridge University Press