all new health technologies being considered for public reimbursement and institute an additional review process for currently reimbursed technologies. Most of the respondents considered that only new technologies with significant budget impact should be evaluated in the next ten years.

Conclusions. It is clear that Turkey needs to implement an HTA process in the future. Our study shows stakeholder expectations, which will be helpful for creating an HTA implementation roadmap, and it is clear that different stakeholders have different views and expectations about HTA implementation in Turkey. The experiences of other countries will also be helpful during the implementation process.

PP143 TeCHO+ Program In Gujarat, India: A Protocol For Health Technology Assessment

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Introduction. The Health and Family Welfare Department of the Government of Gujarat is implementing a program called Technology for Community Health Operation (TeCHO+) to address the state's priority health issues. This paper details the protocol for using health technology assessment to assess the impact of the TeCHO+ program on data quality, service delivery coverage, rates of morbidity and mortality, and cost effectiveness.

Methods. This mixed-method study will be conducted in five districts. Data will be validated in a phased manner over a three-year period, along with an assessment of key outcome indicators. Additionally, key informant interviews will be conducted and cost data will be gathered.

Results. Early implementation of TeCHO+ has highlighted mixed impact at an operational level, with gaps in implementation. Despite some gaps in the available evidence, TeCHO+ solutions can significantly improve health service delivery through increased accuracy of data management, high-risk identification, and quality and accessibility of care. However, implementation challenges require even greater efforts to establish comprehensive systems for troubleshooting and corrective measures for improving data quality. Positive experiences encourage grassroots teams for continuing the use of TeCHO+.

Conclusions. TeCHO+ is expected to improve service coverage and reduce rates of morbidity and mortality by improving the population's nutritional status, the timeliness of care for high-risk cases, and the non-communicable disease profile of the community.

PP146 Cost Effectiveness Of Aripiprazole Orally Disintegrating Tablets For The Treatment Of Schizophrenia In China

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Introduction. Although antipsychotic medications have been a cornerstone in the treatment of schizophrenia for decades worldwide, the orally disintegrating tablet (ODT) formulation is a new concept in China. Only four brand names exist in the Chinese market, three of which were launched recently. Patients taking ODTs have a higher rate of medication adherence and consequently experience better treatment outcomes than patients taking the same medication in standard oral tablet (SOT) formulation. This study aimed to analyze the cost effectiveness in China of aripiprazole in ODT form, compared with the SOT forms of aripiprazole and olanzapine.

Methods. A discrete-event simulation model was built to represent the one-year progression of schizophrenia. On entry into the model, 100,000 people for each treatment arm were labeled fully adherent, partially adherent, or non-adherent based on medication possession ratios, and then experienced events including relapse, adverse events, changing adherence levels, and treatment switching and quitting. Parameters for adherence rates, medical costs, and utility values were derived from the published literature. The switching pattern was acquired through interviews with fifty-seven Chinese psychiatrists.

Results. The total annual costs per patient in the aripiprazole-ODT, aripiprazole-SOT, and olanzapine-SOT arms were CNY 9,817 (USD 1,388), CNY 15,278 (USD 2,160), and CNY 10,298 (USD 1,456), respectively. The annual quality-adjusted life-years (QALYs) gained per patient in the aripiprazole-ODT, aripiprazole-SOT, and olanzapine-SOT arms were 0.73, 0.71, and 0.72, respectively. According to the probabilistic sensitivity analysis, the probability of aripiprazole-ODT being cost effective was ninety-nine percent, when compared with aripiprazole-SOT and sixty-nine percent when compared with olanzapine-SOT.

Conclusions. Aripiprazole-ODT was associated with lower costs and higher gains in QALYs than either aripiprazole-SOT or olanzapine-SOT in patients with schizophrenia in China. While the sensitivity analysis confirmed the robustness of the result that aripiprazole-ODT was better economic value than aripiprazole-SOT, there is some uncertainty in the comparison between aripiprazole-ODT and olanzapine-SOT. The main limitation of this study is that some parameters were sourced from studies on Western populations because of a lack of data in China. Local data on the use of antipsychotics, especially adherence rates, is needed.

PP154 Funding Of Treatments For Rare Diseases In Singapore

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Introduction. A national multi-stakeholder charity fund has been established in Singapore to provide targeted support to patients with rare genetic diseases whose treatment costs remain unaffordable despite government subsidies and insurance. This presentation will provide an overview of the evaluation, price-setting, and stakeholder engagement processes established to inform the first list of drugs eligible for funding under the Rare Disease Fund (RDF).

https://doi.org/10.1017/S0266462320001300 Published online by Cambridge University Press