lessons learnt from a previous project, EVALAPPS, whose central aim was to develop a tool to assess health apps targeted toward the management of overweight and obesity. The first steps of the Eval-DepApps project are: (i) to explore and characterize the current landscape of mobile applications available in the market to treat depression through a systematic appraisal, and (ii) to review the existing evidence about the effectiveness and safety of these applications through systematic research of the existing evidence.
Results. Preliminary results show that all the depression management studies were by design based on cognitive-behavioral therapy (CBT) interventions (n=17) and the main management tools included in the services (web or apps) are psychoeducation and coaching (14), together with self-monitoring and feedback messaging (13).
Conclusions. Moreover, although health apps seem to be an interesting strategy to treat depression, there are very few apps available on the markets (30) and the supporting evidence is very limited. This result uncovers a need for further systematic and clinically oriented validation and testing of such apps.

PP41 COVID-19 Modeling To Support Decision Making In Brazil: A Scoping Review

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Introduction. In the context of the COVID-19 pandemic, which required urgent responses from health systems, and ongoing decision making in a context of limited and evolving evidence, modeling played a significant role in supporting public policy making. Nonetheless, particularly in low and middle-income countries, modeling groups are scarce, and usually not routinely involved in supporting public health policy making. We aimed to appraise COVID-19 modeling work in Brazil during the pandemic.
Methods. We performed a scoping review following PRISMA guidelines to identify groups conducting COVID-19 modeling to support health decision-making in Brazil. Search strategies were applied to MEDLINE, LILACS, Embase, ArXiv, and also included National data repositories and gray literature. We excluded reports of models without modeling results. Titles, abstracts, data repository descriptions and full-text articles identified were read and selected by two reviewers. Data extracted included modeling questions, model characteristics (structure, type, and programming), epidemiologic data sources, main outcomes reported, and parameters. To further identify modeling groups that might have not yet published results, snowball sampling was performed, and a short survey was sent electronically. Investigators and policymakers were invited to an online interview, to obtain further information on how they interacted, communicated, and used modeling results.
Results. We retrieved 1,061 references. After removing duplicates (127), 1,016 abstracts and titles were screened. From an initial selection of 142 abstracts, 133 research groups were identified, of which 67 didn't meet the eligibility criteria. Of these, 66 groups were invited for an interview, of which 24 were available, including 18 modeling groups from academic institutions, and four groups from State Health departments. Most models assessed the impact of mitigation measures in cases/hospitalization/deaths and healthcare service demand. Interaction and communication with decision-makers were not well established in most groups.
Conclusions. Despite a large number of modeling groups in Brazil, we observed a significant gap in modeling demand and communicating its results to support the decision-making process during the COVID-19 pandemic.

PP42 Impact Of The COVID-19 Pandemic On Scottish Medicine Consortium Submission Characteristics, Acceptance Rates, And Time To Advice

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Introduction. Scottish Medicine Consortium (SMC) meetings were suspended in March 2020 in response to the coronavirus disease 2019 (COVID-19) pandemic. This led to a high number of submissions awaiting appraisal, prompting interim process changes to ensure minimal disadvantages to patient access. We expanded the eligibility criteria for the shorter (abbreviated) submissions process and expedited advice for submissions the New Drugs Committee (NDC) intended to accept. This study aimed to evaluate the impact of the COVID-19 pandemic and these interim process changes on the characteristics of submissions received, acceptance rates, and time to advice publication.
Methods. Data for all submissions received between January 2015 and November 2021 (n=720) were extracted from an organizational database. Characteristics of and acceptance rates for submissions received before and after the start of the pandemic were compared using chi-squared and one-proportion Z-tests, respectively. Additional analyses explored the number of submissions received per month and the time from receipt of submission to NDC and SMC decision.
Results. The numbers of full and abbreviated submissions increased from March 2020 (6% in each case), with a corresponding decrease in the number of medicine-indication pairs (e.g., pembrolizumab for breast cancer) for which companies did not submit (8%; p=0.01). An increase in the SMC acceptance rate was also observed (62 to 72%; p=0.03). Fewer submissions were received in 2020 (n=65), compared with the pre-pandemic average (mean=79.6), whereas the total in 2021 to date was higher than average (n=92). Time series analysis suggested an increasing trend in monthly submissions (from approximately 6 to 9), which is the likely reason for the increase in average time to decision (146 versus 170 days).
Conclusions. Process changes in response to the pandemic have been effective in expediting advice for submissions with sufficiently robust evidence. This demonstrates agility and efficiencies for submitting

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companies and patient groups, with no perceived impact on process rigor. The average number of submissions has increased since March 2020, and further work is warranted to understand the influence of process improvements on reducing time to advice.

PP43 Impact Of The COVID-19 Pandemic In The Brazilian National Committee for Health Technology Incorporation (Conitec) Recommendation Process

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Introduction. Health Technology Assessment (HTA) Process assists decision-making in health policies. The COVID-19 pandemic caused a high demand on protocol or guideline updates and incorporation of new drugs or therapies, overwhelming local agencies. A recent study reported that major HTA bodies in England, Scotland, Germany, and Canada reduced their number of drug recommendations in 2020, due to reprioritization of resources and COVID-related challenges. The present study aimed to evaluate the impact of the COVID-19 pandemic at the Brazilian National Committee for Health Technology Incorporation (Conitec) recommendation process.
Methods. This descriptive study evaluated all official recommendation reports available on the Government website in 2020 and 2021, extracting the data of disease category, technology type, the aim of the report, Public Involvement, and final result for the recommendation. The results were presented in tabular and graphical form using the machine learning, through the software R studio and excel.
Results. A total of 168 documents were evaluated, including guidelines and recommendation reports, with no reduction in the number of evaluations considering 2019. In 2020, there was a more significant evaluation of guidelines, and in 2021, a report on the non-incorporation of technologies. There were four specific documents about COVID 19, including vaccines and hospital care guidelines. The most incorporated and non-incorporated technologies were medication, targeting rare and highly prevalent diseases in balance. The Brazilian government was the main proposer. These results are part of the study "A Survey about the core methods of the recommendation reports for Brazilian Ministry of Health carried out by Brazilian Health Technology Assessment Centers", which will characterize and analyze the core methods of the recommendation reports conducted by the Brazilian HTA Centers.
Conclusions. The pandemic had a low impact on demands in the routine of the Conitec. Establish indicators and technological norms applicable to health services, contribute to the identification of possible new practices, methods or criteria.

PP45 The Cost-Of-Illness Of Diabetic Macular Edema In Italy

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Introduction. Diabetic Macular Edema (DME) is an important complication of Diabetic Retinopathy (DR). Intravitreal steroids in slow-release systems represent a safe and effective therapeutic option for the management of DME, capable of improving patients' quality of life by reducing the number of injections thus increasing the therapeutic adherence and the effectiveness of the treatment. This study aims to determine the economic impact of DME and the consequences, in terms of both expenditure and organizational impact, associated with a greater use of the intravitreal dexamethasone implant.
Methods. The analysis entailed the comparison between two scenarios: a first scenario based on the current use of therapeutic alternatives available in the Italian healthcare setting (as is) and an alternative scenario based on the assumption of an increased use of intravitreal dexamethasone implant (to be). The results of the analysis are expressed in terms of resource absorption associated with the two scenarios as well as in terms of the cost differential given by their comparison.
Results. Despite an increase in expenditure in terms of acquisition costs of pharmacological alternatives (EUR 898,362) and interventions provided (EUR 22,093,160), the greater use of prolonged-release dexamethasone allows for significant savings in terms of healthcare professionals' time, follow-up and productivity losses incurred by patient/caregiver. These reductions in healthcare costs resulted in a saving of EUR 1,987,678 over a 5-year period. Such a reduction would allow, considering a total annual management cost of EUR 6,115 for the intravitreal dexamethasone, to treat 325 more patients at the same cost of the as is scenario based on the current rate of use of dexamethasone.
Conclusions. In a context characterized by the need to increase the allocative efficiency of economic resources, the recourse to therapeutic alternatives, such as prolonged release dexamethasone, allowing the reduction of costs for the management of a given pathology is crucial to generate more value for patients and the entire society.

PP46 INEAS Guidelines For Pharmacoeconomic Evaluation: Focus On Health-Related Quality of Life Recommendations

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