CNY 80,976-242,928/QALY, which is one to three times the gross domestic product per capita. Sensitivity analyses were performed to characterize models' uncertainty. ***Results:*** The base case results revealed that SZC was associated with 2.86 QALYs and CNY 92,671.58; usual care was associated with 1.81 QALYs and CNY 54,101.26 in the HF cohort. In CKD cohort, SZC was associated with 3.23 QALYs and CNY 121,416.82; usual care was associated with 2.91 QALYs and CNY 111,464.57. SZC resulted in an ICER of CNY 36,735.87/QALY for the HF cohort and CNY 31,181.55/QALY for the CKD cohort, respectively. The one-way sensitivity analyses and probability sensitivity analyses found the results were robust. ***Conclusions:*** SZC is a cost-effective treatment compared to usual care in HF and CKD patients. SZC is an important new option for the management of hyperkalemia in China.

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BUDGET IMPACT MODEL (BIM) OF THE NEWLY PROPOSED VALUE-BASED POSITIVE AIRWAY PRESSURE (PAP) THERAPY BASED ON TELEMONITORING IN PATIENTS WITH OBSTRUCTIVE SLEEP APNEA (OSA) IN SPAIN.

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Objectives: Currently, in Spain the home care model for OSA patients with PAP treatment is standard of care for all patients. In public tenders the adherence of patients and individual needs are not considered. The value-based care model aims to improve the adherence by identifying non-adherent patients at an earlier stage with telemonitoring and provide additional education support. This economic analysis shows the budget impact of the newly proposed model from the National Health System perspective. ***Methods:*** In order to estimate the economic impact of the implementation of the value-based care model, a budget impact model was developed. For the base case scenario, direct healthcare costs were obtained from a recent study in Spain and were reported as 354€/year for adherent and 1,855€/year for non-adherent patients. 60% adherence rate was assumed as baseline based on published literature and an increase of 16% is targeted with the new model. An average cost (260€/year) for current PAP therapy was assumed provided by home care providers and for the proposed model a lower rate was estimated for the basic therapy provision (215€), in addition to telemonitoring (45€) for all patients and additional training (90€) for non-adherent group. ***Results:*** Implementing the new model would cost 3,6€ M. for a hypothetical cohort of 100.000 patients and create a cost-saving of 24,0€ M. per year. For every euro of investment in the value-based model, there is a potential cost-saving of 6.7€ on direct healthcare costs. Cost per adherent patient in the current model is 433€ and reduces to 389€ in the value-based model. ***Conclusions:*** Implementation cost of a value-based care model based on telemonitoring is offset by the cost savings from the reduction in direct healthcare costs. Healthcare providers should take into consideration potential cost saving solution offerings such as telemonitoring and adjust the contracting of sleep therapy accordingly.

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BUDGET IMPACT ANALYSIS OF CENOBAMATE AS NOVEL ADJUNCTIVE TREATMENT FOR FOS IN EPILEPSY PATIENTS INADEQUATELY CONTROLLED WITH AT LEAST THREE ANTI-SEIZURE MEDICATIONS FOR THE BELGIAN HEALTHCARE PAYER

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Objectives: Epilepsy is the most common neurological condition worldwide. In Belgium, approximately 47,000 adult epilepsy patients live with focal onset seizures (FOS). Cenobamate is a novel therapy approved for adjunctive treatment of FOS with/without secondary generalization in adult epilepsy patients inadequately controlled despite treatment with ≥2 anti-seizure medications (ASMs). This study assesses the budget impact of providing access to cenobamate as adjunctive treatment for patients inadequately controlled with ≥3 ASMs from Belgian healthcare payer (NIHDI) perspective. ***Methods:*** The size of the eligible patient population and Belgian clinical practice were estimated from literature and expert opinion. A prevalence-based budget impact model was developed with a 3-year time horizon. The model accounts for the eligible population, projected market shares, drug acquisition costs and medical costs (monitoring, treatment of seizures and adverse events (AEs)). Efficacy, AE rates, treatment schedules/dosing were obtained from publications or Product Characteristics (SmPCs). Costs were obtained from national databases, literature and expert opinion. ***Results:*** The estimated eligible population for the treatment of FOS in epilepsy with a 3rd generation ASM is around 8,600 patients yearly, of which 517 to 1,742 patients were estimated to be treated with cenobamate, in year 1 to 3 respectively. Although cenobamate adds 6,552,486 EUR on the drug budget, the reduction due to replacement of other ASMs over the three-year period, yields a total additional impact on the drug budget of 1,062,940 EUR. Additionally, the efficacy of cenobamate leads to significant higher response and seizure reduction, resulting in a saving of €13,949,412 mainly associated to medical costs for the treatment of seizures (consultations, ER visits and hospitalization). Sensitivity analyses confirm the robustness of the model and associated results. ***Conclusions:*** Savings generated at medical cost level offset the impact of cenobamate on the drug budget, resulting in an overall healthcare budget saving of €12,886,471 for NIHDI.

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QUANTIFYING THE ECONOMIC BURDEN OF OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY (HCM) IN THE UK

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Objectives: Hypertrophic cardiomyopathy (HCM) is a highly prevalent cardiomyopathy in the UK and despite this, there is a general paucity of evidence seeking to understand the relationship between disease severity (New York Heart Association [NYHA] class) and outcomes, including economic burden. An expert elicitation study was undertaken to address this evidence gap in obstructive HCM. ***Methods:*** One practicing cardiologist from each of 27 centres that treat patients with HCM in the UK was invited; ten cardiologists participated in the study, of which two specialised in structural interventions (i.e., septal reduction therapies). A modified Delphi methodology was applied across three phases: 1) a purpose-built survey; 2) moderated panel discussion; 3) re-assessment of initial survey responses. Experts quantified resources utilised by patients in terms of primary care, secondary care, and tests/procedures by NYHA class. Costs were applied to resource use based on the results of the 3rd phase, utilising UK-based reference costs (or expert elicitation where cost was not available). Results were assessed with and without inclusion of structural interventionalist responses to ensure representation of the entire obstructive HCM patient population. ***Results:*** A positive association between increasing (worsening) NYHA class and economic burden was observed. Excluding structural interventionalists, a mean assessment of £637, £1,242, £9,550, and £14,240 per patient year for class I-IV respectively was determined. Including structural interventionalists, the mean assessment was £771, £1,326, £9,323, and £14,483 respectively. In both analyses, secondary care resources accounted for the majority of costs driven primarily by inpatient costs; especially in classes NYHA III and IV. ***Conclusions:*** Patients with symptomatic obstructive HCM pose a significant economic burden within the UK, with patients in more severe NYHA classes exhibiting higher costs to the system. A reduction in the symptomatic burden for these patients may have a substantial impact on healthcare system resource use.

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HOW IS REAL-WORLD DATA USED IN HEALTH TECHNOLOGY ASSESSMENTS TO INFORM REIMBURSEMENT DECISIONS FOR MULTIPLE SCLEROSIS DRUGS? A EUROPEAN PERSPECTIVE

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Objectives: Data for reimbursement decisions is primarily procured from randomized controlled trials (RCTs), however there is an increasing discussion around the use of real-world data (RWD). This study looked at the use of RWD in health technology assessments (HTAs) on indications of multiple sclerosis (MS) from five European agencies over time. The aim was to assess how RWD was used for making reimbursement decisions for drugs used to treat multiple sclerosis. ***Methods:*** HTA reports from five European HTA-agencies websites were retrieved and information from the reports were obtained using a data extraction form. ***Results:*** In total, 35 reports between 2011 and 2020 were extracted and used in the study. All reports included relative effectiveness analysis (REA) and 20 included cost-effectiveness analysis (CEA). RWD appeared in 3/35 (9%) of REAs and in 18/20 (90%) of CEAs. In REAs, the main reason for inclusion was to establish clinical effectiveness, and in CEA, the main reason was to establish long-term effectiveness. No trend of RWD use over time was identified. ***Conclusions:*** RWD was notably used more in CEAs than in REAs which corresponds to current policies on RWD. A difference in the use of RWD between agencies was identified which was in line with their varied methodologies and the concerns identified in previous research. However, there were also discrepancies between methodology and RWD-use hinting at a lack of understanding of RWD.

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THE COST OF TREATMENT WITH DUPILUMAB IN SEVERE ASTHMA PATIENTS WITH COEXISTING OTHER TYPE 2 INFLAMMATORY DISEASES

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Objectives: Type 2 inflammation plays an important role in pathogenesis of asthma, atopic dermatitis, allergic rhinosinusitis and eosinophilic esophagitis. When these