treatment of patients with schizophrenia and related disorders were included, irrespective of the diagnostic criteria used. An electronic search on Medline, Lilacs, Center for Reviews and Dissemination, The Cochrane Library and PsycINFO was conducted and complemented by references of included studies, Google Scholar and conference abstracts. Monetary values were converted to PPP-USD for the same base-year of the study.

RESULTS:

Six economic evaluations were included, representing four countries and a multicentric analysis. Comparisons between quetiapine and twelve other antipsychotic drugs were identified. Three studies found quetiapine to be dominated by risperidone and the remaining three found it to be more expensive and more effective with incremental cost-effectiveness ratio (ICER) values of USD 36,535, 8,786 and USD 127,600 per quality-adjusted life-year (QALY). Three studies found quetiapine, in comparison to olanzapine, to be inferior, one found it to be superior and two studies found it to be more expensive and more effective with ICER values of USD 139,699 and USD 224,000 per QALY. The reports were considered to be of reasonable quality. Yet the mixture of contexts might influence the results.

CONCLUSIONS:

In general, there seems to be a trend favoring olanzapine and risperidone over quetiapine. None of the studies favored quetiapine over all the other drugs.

PD05 Influence Of Economic Data In The Incorporation Of Medicines In Brazil

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INTRODUCTION:

Since 2011, the process of incorporation of technologies into the Brazilian public health system (SUS) has been assisted by the National Commission for the Incorporation of Technologies in SUS (Conitec). The present work collected data of effectiveness, safety, cost-effectiveness, budget impact and other criteria from Conitec's reports to determine the influence of economic evaluations on issued recommendations.

METHODS:

Data was collected from drug recommendation reports published by Conitec between 2012 and 2016 and organized in a Microsoft Excel® spreadsheet. The association of the incremental cost-effectiveness ratio (ICER) and the chance of incorporation was assessed through a binary logistic regression in R®.

RESULTS:

Two hundred and sixty-six reports were issued by Conitec between 2012 and 2016. Data were collected from 169 reports evaluating requisitions of incorporation of new medicines. Of these, there were ninety-nine which recommended the incorporation. The most common ATC classes analyzed were immunosuppressants (34 drugs), other antineoplastic agents (16 drugs) and direct-acting antivirals (15 drugs). Of the seventy negative recommendations, thirty-five were due to cost-effectiveness, thirty-one due to efficacy, twenty-nine due to safety, forty due to the budget impact, and thirty-two due to other reasons. In general, the reports were considered to be of poor quality. Only 21.9 percent of the reports had ICERs. The binary logistic regression analysis did not present a statistically significant difference for the influence of the ICER on the recommendation decision with outcomes reported in life years gained (OR = 0.9999732; 95% Confidence Interval [CI] = 0.9999304 to 1.000016) or quality-adjusted life years (OR = 0.9999789; 95% CI = 0.9999321 to 1.000026).

CONCLUSIONS:

Economic evaluations appear to be a secondary criterion for Conitec's recommendations. Despite this, they are commonly used to justify non-incorporation of drugs into the public system.

PD12 Economic Benefit Of Workplace Health Promotion: What Has Been Proven?

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INTRODUCTION:

Maintaining people's ability to work is a priority in many European countries. Through healthier and more

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motivated employees, companies should benefit from lower absenteeism and increased productivity. The public sector expects savings in health care costs, an increase in the employment rate and avoidance of early retirement. Employees benefit from improving their health and well-being. The aim of the study is to investigate whether there is empirical economic evidence for the benefit of workplace health promotion.

METHODS:

Systematic literature search in electronic databases and handsearch for systematic reviews, meta-analyses and economic studies with predefined inclusion and exclusion criteria.

RESULTS:

Literature search provided two meta-analyses (with 84 primary studies), three systematic reviews (with 36 primary studies) and one model calculation (with 6 primary studies). There are relatively few empirical studies available to prove the economic benefit, often with inadequate methodological quality. Most of them are conducted in the United States of America. Only a few are from Europe, and those are mainly from Scandinavia. The available studies show a positive return on investment for companies however with a width range. Benefits for the health and social services have also been proven in a model calculation.

CONCLUSIONS:

The positive results must be interpreted with caution. Firstly, there is a lack of good primary studies on the effectiveness of measures on which economic analyses could be based; secondly, the methodological quality and comparability of economic analyses can still be improved and thirdly, the transferability of the results is often limited due to differences in health care systems.

PD16 Riociguat In Pulmonary Arterial Hypertension: A Systematic Review

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INTRODUCTION:

Pulmonary Hypertension is a silent disease and its diagnosis often occurs when it is already at an advanced stage. Pharmacological treatment of Pulmonary Arterial Hypertension (PAH) can be performed with: calcium channel blockers; phosphodiesterase-5 inhibitors; prostanoids; endothelin-receptor antagonists; and, soluble guanylate cyclase stimulators. The use of Riociguat was approved in Brazil by the National Sanitary Surveillance Agency on October 5, 2015 for use in patients with PAH. The objective was to perform a systematic review (SR) of the efficacy of pharmacological treatment of Pulmonary Arterial Hypertension comparing Riociguat with other available medications or with placebo.

METHODS:

Following the steps described in the PRISMA guideline, a search for randomized controlled clinical trials was conducted, in which Riociguat was used alone or in combination with other therapies, in databases MEDLINE, LILACS, Web of Science, Science Direct, Cochrane Library Wiley and in the gray literature (Google Scholar, Capes Bank of Theses and Clinical Trials). EndNote and Mendeley were used as reference managers. Outcomes analyzed were: death; six-minute walk distance (6MWD); World Health Organization (WHO) functional class (improvement, stabilization or worsening); hemodynamic variables (pulmonary vascular resistance, cardiac index and pulmonary-artery pressure); clinical worsening; hospitalization; and, quality of life.

RESULTS:

Four hundred and sixty-seven articles were obtained which reduced to 379 after the duplicated articles were removed. After exclusion by title and abstract by two independent reviewers, forty-seven studies remained. Through the gray literature, six studies were obtained, resulting in fifty-three articles being retrieved for full-text review. Five studies were selected to compose the SR. Compared with placebo, Riociguat showed improvements in 6MWD, pulmonary vascular resistance, WHO functional class and time to clinical worsening. Efficacy was maintained after one year of use. Subgroup analysis was performed comparing of treatment-naive patients and patients on background PAH-targeted therapy.

CONCLUSIONS:

This work may be used as a management and decision support tool, based on the same methodology of a Health Technology Assessment, and may contribute to

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