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from 6.5-8 days for 1L MT compared to 11 days for 1L induction. No maintenance-specific utility values were identified. HRQoL was similar to induction (n=8). One study reported significantly worse EQ-5D VAS and EQ-5D EQ-5D-5L in the future section of the Avelumab trial, similarly to the overall study in the Finnish healthcare setting. Results based on the perception of the price of the treatment indicating the price of the treatment as a part of the cost-effectiveness analysis.

**POSC65**

**COST-BENEFIT ANALYSIS OF READY-TO-ADMINISTER NORADRENALINE FOR HYPOTENSIVE EMERGENCY ON INTENSIVE CARE**

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**Objectives:** COVID-19 has demanded innovation in critical care and shown a light on ready-to-administer formulations for intravenous administration. This analysis quantifies the human resource released when moving away from traditional mixing of drug concentrate at the bedside. **Methods:** A model was constructed to simulate noradrenaline delivery for patients experiencing critical hypotension requiring vaso-pressor support in the intensive care setting. It simulated resource consumption over 24 hours taking account of noradrenaline dose and flow rate, product size, ampoule pooling for dilution, preparation volume, sterility changes, pumping methods, and drug administration. Results were adjusted for patient location and skill requirement of human-resource input. Quality-adjusted life years and costs were also included and costed. Outcomes were applied to a hypothethical English population over one year (2019). **Results:** Based on 4,123 critical care beds giving 231,011 days of vasopressor support annually, and a move from syringe-based double pumping technology to an automated system, 1,002,460 minutes (91.4% estimated to deliver volume metrically already), a comprehensive switch to the ready-to-administer formulation released 33,927 days (167.1 WTEs) of nursing time from non-patient facing activity. A resource equivalent to £11.0m at 50/50 band 5/6. There were fewer episodes of preparation needed, no ampoule cracking or pooling for dilution, and no injection into infusion bags and changing with ensuring sterility risk. The cost of moving to the ready-to-administer product was £2.2m in acquisition (£5.64). When monetised throughout, there was a net saving of £8.7m. **Conclusions:** The human resource of the NHS is its highest value component as made evident by the COVID-19 pandemic. This modelling supports the recommendations of the Lord Carter review, the Royal Pharmaceutical Society, and the NHS Specialist Pharmacy Service in their encouragement of ready-to-administer formulations in this context of care. Resource-effectiveness approaches will help skilled healthcare professionals divert their time from therapy preparation to patient-facing care.

**POSC66**

**COST-EFFECTIVENESS OF AVELUMAB AS FIRST-LINE MAINTENANCE TREATMENT FOR LOCALLY ADVANCED OR METASTATIC UROTHELIAL CANCER IN FINLAND**

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**Objectives:** Avelumab is a fully human IgG1 antibody that targets PD-L1. Avelumab is approved in Finland as monotherapy for AADC-d is an ultrarare condition affecting monoamine neurotransmitters. To our knowledge there is no published data on healthcare resource use in AADC-d in the Italian healthcare system. **Methods:** In the rapidly evolving Tx landscape, critical for subsequent development of robust economic models.

**POSC67**

**VACCINATION BUDGET TRENDS IN BULGARIA FOR 2020-2024**

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**Objectives:** Vaccination has been shown to be the most cost-effective disease prevention measure, after water purification. Currently the governmental expenditure on vaccination is relatively small part of the healthcare budget. This analysis aims to evaluate the cost of vaccination in Bulgaria for a 5-year period and impact of higher vaccination coverage rates (VCRs) and introduction of varicella vaccination. **Methods:** A model was developed to estimate the cost of vaccination in Bulgaria. Current spending on vaccines was estimated by analyzing data on demographics, VCRs, publicly available vaccine prices as well as overall healthcare expenditure. For estimation of the individual lifetime cost of vaccination, we chose a theoretical approach where every individual is immunized in full compliance with National Immunization Program (NIP). Analysis was done for the period 2020-2024. **Results:** Estimated overall annual cost of vaccines in Bulgaria in 2020 is 47,522,237 BGN/ 24,297,734 EUR which represents 1% of the total healthcare budget. In 2024, after introduction of varicella vaccine and increase of VCRs for several vaccines the total vaccination expenditure from the total healthcare budget is estimated to decline to 0.76%, due to disproportional growth of vaccine and healthcare budgets. Cost of lifelong immunization per person in 2020 was estimated to be 1,281 BGN/ 655 EUR for men and 1,942 BGN/ 993 EUR for women. **Conclusions:** Results of these analyses show that vaccines still entail a relatively low level of investment in Bulgaria. Even with increasing VCRs for several vaccines and inclusion of new vaccine into NIP, vaccination expenditure as proportion of total healthcare budget is declining during the analyzed 5-year period. Improving uptake of vaccination and inclusion of new vaccines in the NIP will support the effective utilization of available resources.

**POSC68**

**COST-EFFECTIVENESS ANALYSIS OF COMMUNITY-BASED HIV CARE STRATEGIES IN MALI**

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**Objectives:** The HIV prevalence rate in Mali is 1.1% according to the 2012-2013 EDM. ARCAD is a national community-based association and a major player in the fight against AIDS. ARCAD’s community-based intervention strategies have been implemented in 19 care sites throughout the country: 13 in-hospitals, 2 community centers, 4 “key” populations prevention structures. The objective of the study is to analyse the cost-effectiveness of the different ARCAD management strategies. **Methods:** A decision tree was developed on the proportion of patients tested positive for HIV and followed up in a facility with an undetectable viral load at 12 months. The perspective adopted is the civil society in Mali. Five structures were compared: the community center in Bamako, the community center in Mopti, the in-hospitals in Bamako, the other in-hospitals and the key population prevention structure in Bamako. The transition probabilities of interest were calculated from the monthly management report of each facility. The estimation of the costs of the facilities was done at full cost by taking the direct and indirect costs from the ARCAD accounts. **Results:** The key population prevention structure in Bamako is the least expensive at 63,137 CFA. The most effective strategy is the community center in Bamako with 25.5% of patients screened, followed up and having an undetectable CV at 12 months. The community center in Bamako is more expensive by 28,759 CFA but also more efficient by 1 point than the key population prevention structure in Bamako, which represents a 5% increase in efficiency. The incremental cost-effectiveness ratio between the two strategies is 2,363,970 CFA / additional efficiency point. **Conclusions:** The efficiency of HIV care management strategies in Mali depends on various criteria. The open nature of the community center in Bamako and their openness to key populations, such as in Bamako, allow for greater efficiency in care.