horizonte temporal de un año. Se estimaron los ahorros al seleccionar el medicamento costo ahorrador, dominante o con la menor razón costo efectividad incremental (RCEI) considerando el consumo de 2016. **RESULTADOS:** El consumo de medicamentos para Síndrome Metabólico (SM) y algunas complicaciones en 2016 fue de USD $11,760,742 que representa el 19% del gasto total en medicamentos. Mediante el análisis de costo efectividad con la opción costo ahorradora, dominante o la de menor RCEI y la de mayor consumo en VM se obtienen ahorros del 17% (USD $1,976,961). **CONCLUSIONES:** Implementar análisis de costo efectividad como medida de contención de gastos en medicamentos para tratar SM en un sistema de salud privado permite a los pacientes utilizar medicamentos eficaces con el mejor costo.

PHP57

DETERMINANTES DOS CUSTOS DOS PROCESSOS JUDICIAIS DE MEDICAMENTOS EM UM MUNICÍPIO DA REGIÃO CENTRO-OESTE DO BRASIL

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OBJETIVOS: Verificar os determinantes dos custos dos processos judiciais de medicamentos. **MÉTODOS:** Trata-se de um estudo transversal realizado em uma capital da região centro-oeste do Brasil. Foi analisada uma amostra de 511 processos judiciais que solicitavam pelo menos um medicamento ao sistema público de saúde. Utilizou-se um formulário padronizado contendo variáveis relacionadas às características sociodemográficas e enfermidades dos demandantes e as características dos medicamentos demandados nos processos. Para analisar os determinantes dos custos do processo foram realizadas regressões lineares bivariadas com nível de significância de 5%. **RESULTADOS:** Estiveram associados ao custo dos processos judiciais as seguintes variáveis: a origem da prescrição no sistema privado de saúde (β: 0.84; p < 0.001), a quantidade de medicamentos (β: 0.13; p < 0.001), os processos contendo medicamentos padronizados (β: 0.56; p < 0.001), medicamentos para o aparelho digestivo e metabolismo (β: 0.90; p < 0.001), aparelho geniturinário e hormônios sexuais (β: 0.62; p = 0.023), antiinfecciosos gerais para uso sistêmico (β: 0.78; p = 0,036), agentes antineoplásicos e imunomoduladores (β: 2.36; p < 0.001) e produtos antiparasitários, inseticidas e repelentes (β: 1.28; p = 0.007). Por outro lado, observou-se uma associação negativa entre o custo dos processos e os processos contendo medicamentos padronizados com alternativa terapêutica (β: -0.33; p = 0.020). **CONCLUSÕES:** Observou-se que as novas tecnologias ainda não incorporadas pelo sistema de saúde e os medicamentos para o tratamento de doenças de natureza crônica foram fatores determinantes para o aumento dos custos dos processos judiciais. Os resultados sugerem a necessidade contínua de atualização das políticas de assistência farmacêutica como forma de reduzir os gastos com demandas judiciais contendo estes itens e manter o equilíbrio orçamentário do sistema de saúde brasileiro.

PHP58

EXENATIDE IN OBESE OR OVERWEIGHT PATIENTS WITHOUT DIABETES: A SYSTEMATIC REVIEW AND META-ANALYSES OF RANDOMIZED CONTROLLED TRIALS

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OBJECTIVES: Exenatide is increasingly used in obese or overweight patients with diabetes. However, its safety profile and effects on weight loss in non-diabetic obese or overweight population remain unclear. We aimed to evaluate efficacy and safety of exenatide in obese or overweight participants without diabetes. **METHODS:** We searched up to January 2016 in MEDLINE (Ovid SP),EMBASE (Ovid SP), Cochrane Central Register of Controlled Trials (CENTRAL), some Chinese databases and ClinicalTrials.gov for randomized controlled trials (RCTs) investigating exenatide in obese or overweight participants without diabetes. The primary outcomes included body weight and body mass index (BMI). We pooled data to calculate the mean differences (MDs) with their 95% confidence intervals (CIs). We assessed overall evidence quality of BMI reduction and weight los according to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. **RESULTS:** Six randomized controlled trials involving 362 patients were included in the meta- analysis. The follow-up duration ranged from12 to 24 weeks. Compared with control group, a larger body weight loss (MD:–4.47 kg; 95%CI: –6.67 to –2.27; P b 0.0001), regardless of dosage and population, was achieved by the obese or overweight patients in exenatide group. Exenatide also elicited a greater reduction in BMI (MD: –0.86 kg/m2; 95% CI: –1.39 to –0.33; P= 0.001) and waist circumferences (MD: –1.78 cm; 95% CI: –3.13 to –0.44; P =0.009) compared with the control. No significant benefits were showed in exenatide group in terms of blood pressure and lipid profiles. Gastrointestinal adverse events were mostly common during the treatment of exenatide. **CONCLUSIONS:** Exenatide could significantly reduce body weight in obese or overweight participants without diabetes, and might be a safe alternative GLP-1 receptor agonist for weight control in such patients. Larger randomized trials with longer follow-up duration are required to confirm the effectiveness and safety of exenatide.

PHP59

HEALTH ECONOMICS AND OUTCOMES RESEARCH NEEDS ASSESSMENT FOR LATIN AMERICA: RELATIONSHIP BETWEEN PERCEIVED AND EXPECTED QUALITY OF KNOWLEDGE IN A SELF-ASSESSMENT SURVEY

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OBJECTIVES: The need for health economics and outcomes research (HEOR) skills is growing in the Latin America region. However, little is known about the current perceived knowledge on specific HEOR topics among professionals and students in the region. The objective of this project is to quantify perceived HEOR knowledge levels and identify knowledge gaps in Latin America. **METHODS:** This project is being conducted by the ISPOR Latin America Consortium Distance Learning & Good Research Practices (GRP) Subcommittee and the University of Cincinnati. An online needs assessment survey was developed to quantify perceived HEOR knowledge levels and identify knowledge gaps. ISPOR members within the Latin America region, regional chapter and student chapter presidents were invited to participate in the survey. The instrument included three parts: Part 1 was comprised of seven questions on demographic information. Part 2 presented a list of 18 HEOR topics and asked the participant to rate their perceived current and desired knowledge level on each subject. One question regarding the definition of indirect, intangible and opportunity costs was included at the end of Part 2 to more precisely determine the participant's level of basic knowledge. Finally, Part 3 presented two questions on preferred HEOR education and training delivery formats. **RESULTS:** Data will be collected between April 1 and September 1, 2017. Frequency of the demographic variables of interest will be reported. Correlation analyses will be performed to identify possible associations between HEOR topics self-assessed grade and participant demographic information. **CONCLUSION:** By better understanding HEOR perceived knowledge gaps among ISPOR members and students in Latin America. We expect to inform local stakeholders in the educational HEOR field in order to improve current and future training initiatives in the region.

PHP60

RISK SHARING AGREEMENTS AS PAYMENT MECHANISMS: A COMPREHENSIVE AND COMMUNICABLE PRACTICAL APPROACH FOR STAKEHOLDERS

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OBJECTIVES: Many stakeholders are not familiar with the scope of risk sharing agreements (RSA) as payment mechanisms (PM) yet. As part of an academic research and with the aim to socialize the structure, dimensions and main components of RSAs among stakeholders involved in this issue, a scoping review was conducted and many key aspects were unified in a unique evidence-based RSA-PM comprehensive and communicable practical approach for stakeholders. **RESULTS:** After the examination of 48 references, an approach gathering sequential and logical aspects of RSA-PM was developed. The proposal covers not only performance aspects but also PM features in an appealing and communicable way. In the first place, it considers the strategic and active confluence of key stakeholders (payer, manufacturer, clinicians, patients and neutral entities). It considers the provision of a normative dimension detailing in full three main sub-dimensions: design, implementation and assessment of the RSA-PM. Each phase comprises exhaustive components intended to communicate and clarify critical aspects to focus on, e.g.: for the design phase, the main components stakeholders should focus on are negotiation parameters and health contracting. Health contracting should define the objective of adopting a RSA, pricing and reimbursement scheme, information technologies required, types of information produced and data access, responsibilities, outcomes agreed, patient-access norms (eligibility criteria), among others. In the case of implementation and assessment, the framework suggests clinicians´, manufacturer´s, payer´s and neutral entities´ key activities. **CONCLUSIONS:** The approach is the product of a scoping review that proved that RSAs should emphasize the entire architecture of PM. A comprehensive representation was achieved and used in three different projects, demonstrating to be useful to successfully communicate the structure, dimensions and main components of a RSA-PM to technical and non-technical stakeholders unfamiliar with the scope of RSA-PM. This approach is highly recommended as a tool for the communication of RSA-PM.

PHP61

IMPACTO DE UNA LEY DE BIOEQUIVALENCIA EN EL PRECIO DE MEDICAMENTOS

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En forma progresiva y a partir de 2013 Chile implementó una normativa que obliga a certificar bioeuivalencia para ciertos medicamentos. Parte de los objetivos de esa política era aumntar la intercambiabilidad, para así generar mayor competenica y disminución de precios. El objetivo de esta investigación es evaluar si dicha política generó cambios en los precios de lo medicamentos en Chile. Se utilizó una base de datos de tipo longitudinal, correpondiente a un panel de 555 productos que son seguidos mes a mes en la principal región de Chile. Para cada producto se cuenta con el precio de venta final en distintas farnmacias de la Región Metropolitana. Se implementó un modelo de regresión de efectos fijos (efecto fijo para evaluar elimpacto de esta normativa en el precio de los medicamentos. Se encontró un aumento de alrededor de 1% en el precio de medicamentos (ic: 0,0091-0,01) en asociación con la implementación de la política de bioequivalencia. En un análisis de sensibilidad mediante distintos modelos de regresión se encontró un efecto robusto de la intervención en la misma dirección del modelo original. La política de bioequivalencia implementada en Chile no habría generado el efecto planificado inicialmente, llevando a un aumento de los precios para ciertos medicamentos. Se requiere realizar análisis con otro tipo de bases de datos para validar en forma cruzada los resultados obtenidos.

PHP62

PLAN DE ATENCION DE CUIDADOS PALIATIVOS Y CUIDADOS DE FIN DE VIDA

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Durante los últimos años se han dado a conocer muchos avances tecnológicos, investigaciones y desarrollo de nuevos fármacos que posibilitan actualmente dar tratamiento e incluso curación de un gran número de enfermedades. No obstante, también es cierto que su aplicación, en determinadas situaciones, prolonga el tiempo de morir de muchas personas enfermas, hasta el punto de que la fase final de la vida de algunas de ellas se acompaña de un sufrimiento innecesario. Por esta situación no resulta extraño que sean cada vez más las voces, de toda índole, que se pronuncien por el derecho a una muerte digna. Los servicios del PLAN DE ATENCION DE CUIDADOS PALIATIVOS Y CUIDADOS DE FIN DE VIDA comprenden un grupo