

Non-coverage of opportunistic infection (OI) treatment and privacy issues were also noted as causes of dissatisfaction. Claim filing for formal membership requires an employer's signature for proof of contribution. Due to the fear of stigma some members created a second insurance account or shifted to an individual payment type, which increased OOP expenses.

**CONCLUSIONS:**

The OHAT package has increased access to services and medications for HIV/AIDS patients in the Philippines. Despite increasing package utilization there is still room to improve the package, especially with regard to addressing privacy needs and non-uniform package inclusions, and extending coverage to the treatment of OIs.

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## PP126 Alfa-Alglucosidase For Pompe Disease: Literature Review

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**INTRODUCTION:**

Pompe disease is a rare disease, in which therapies are aimed at improving the function of the heart and skeletal muscles, and the quality of life of patients. This review aims to update and evaluate the safety and efficacy of alpha-alglucosidase therapy for treating Pompe disease.

**METHODS:**

We performed a literature search of Medline, EMBASE, the Center for Reviews and Dissemination, the Latin American and Caribbean Health Sciences Literature, and Cochrane. Publications of the National Institute for Health and Care Excellence and national and international guidelines have been consulted. The quality of the evidence was assessed using the criteria of the Grading of Recommendations Assessment, Development and Evaluation - GRADE. We performed annual cost estimates of alpha-alglucosidase for the treatment of adult and pediatric patients.

**RESULTS:**

In a randomized clinical trial comparing alpha-alglucosidase enzyme replacement therapy (20 mg /

kg) with placebo for 78 weeks, the results favored alpha-alglucosidase (an increase of  $28.1 \pm 13.1$  m in the six minute walk and an absolute increase of  $3.4 \pm 1.2$  percent in forced vital capacity,  $p = 0.03$  and  $p = 0.006$ , respectively). In another systematic review, it was observed that patients treated with alpha-alglucosidase had a mortality rate five times lower than untreated patients (rate ratio = 0.21, 95% CI: 0.11 – 0.41). In a pediatric population with advanced disease, biweekly infusions prolonged survival and survival free of invasive ventilation. The quality of the evidence was classified as very low. The annual treatment costs were USD 296,187.64 (adult patient with 70 kg) and USD 42,312.52 (pediatric patient with 10 kg).

**CONCLUSIONS:**

The limited available evidence suggests alpha-alglucosidase is efficacious in Pompe disease patients with some clinical conditions who do not present negative cross-reactive immune material. The balance between the limited quality of the evidence and the demonstrated benefits is favorable, especially for clinical improvement, reduction of mortality and intangible benefits.

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## PP127 Issues On The Estimation Of The Opportunity Cost Threshold Value

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**INTRODUCTION:**

There is no consensus on which methods to use to estimate an opportunity cost threshold for the efficient allocation of resources. Researchers have attempted to estimate an evidence-based threshold value, but only a few approaches have been considered and any estimate is currently used by policy makers. This study aims at exploring three assumptions normally applied in the threshold estimation: (i) approaches assume that there is always a displacement involving a loss of health; however, empirical studies suggest that one of the first responses of local health care purchasers is to squeeze greater efficiency out of providers; (ii) to be sure about the appropriate threshold it is necessary to know which