PSY7

AN ECONOMIC EVALUATION OF RECOMBINANT ACTIVATED FACTOR VIIa AS A ROOM TEMPERATURE STABLE IN THE MANAGEMENT OF HEMOPHILIA PATIENTS WITH INHIBITORS IN SERBIA

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OBJECTIVES: Recombinant activated factor VIIa room temperature stable (rFVIIa RTS) enables immediate access to treatment, which may lead to more rapid bleeding control and reduces the cost product compared to original rFVIIa, leading to cost savings despite the greater cost of rFVIIa RTS. The total annual cost of managing mild/moderate bleeds in one average hemophilia patient with high titre, high responding inhibitors by original rFVIIa and rFVIIa RTS was examined. METHODS: Only main medications costs were compared from the public payer perspective. Resource utilization and clinical outcomes were based on a review of international literature. Excel based budget impact model (BIM) was developed to assess the financial consequences of treating bleeding episodes with rFVIIa compared to current treatment practices. Cohort of individuals in BIM can be followed sequentially from bleed initiation, taking into account first-line, second-line efficacies, switching to other products, re-bleeds and bleed cessation. RESULTS: Patients with fVIIa RTS were treated on an outpatient or home basis. First-line and second-line efficacy was assumed to be 92% for original rFVIIa and rFVIIa RTS. An early treatment with fVIIa was associated with a lower incidence of re-bleeds compared to delayed treatment 5.2% vs. 13.7% and therefore with less product use 2.1 vs. 2.3 doses per treatment line. Total annual costs per patient from initiation to cessation in the current treatment environment was €12.58 million (€0.12 million). One-way sensitivity analyses showed that at price of €158 million from 0% to 16% premium introduction of this new form can deliver savings for the Serbian health care bud due to immediate patients’ access to the treatment. If not literature but current real life treatment patterns are considered savings can reach 56%. CONCLUSIONS: rFVIIa room temperature stable (RTS) in comparison to the original rFVIIa represents cost-saving first-line treatment option for the Serbian health care system.

PSY8

BUDGET IMPACT OF THE USE OF HYDROMORPHONE ONCE DAILY IN CHRONIC PAIN PATIENTS IN THE GERMAN HEALTH CARE SYSTEM—AN UPDATE

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OBJECTIVES: The budget impact of treating patients with severe chronic cancer and non-cancer pain with OROS®hydromorphone once-daily was determined in the German health care system. METHODS: An existing Excel® based hypothetical budget impact model (Fleschmann et al. 2008) calculating the cost consequences of using strong opioids (Opioid Analgesics – OAs) was updated using new market data (2009) and current prices (2010 published prices). The model has a one year time horizon adopting the perspective of the social health insurance accounting for costs of opioids, breakthrough pain and adverse events. Patient numbers are calculated using data from literature; adverse rates are based on literature findings. Comparator included sustained-release morphine (twice-daily), controlled-release oxycodone (twice-daily), hydromorphone (twice-daily), transdermal fentanyl and transdermal buprenorphine. Initial prescription share of OROS® hydromorphone was 3.7% (2009). This share was hypothetically increased to 5%. It was assumed that this increase in prescription is gained by switching patients from their previous oral medication to OROS® hydromorphone. Titration and maintenance dosing schemes taken from previous analyses are used to model the switch. Morphine equivalences were chosen according to SmPC. RESULTS: The number of patients treated was estimated to be 810,608 per year. The model predicted that the expansion of OROS® HM would lower the per patient drug cost from €592.28 to €580.90. Due to generic entry drug cost per patient was considerably lower than in the previous version of the model (€879.32). The model also predicts that if the prescription share of OROS® HM increased to 5% the total budget for strong opioids would decrease by €1,135,086. CONCLUSIONS: Our analysis suggests that under current circumstances our finding from 2008 that extending the Nordisk Pharma Sp z.o.o., Warsaw, Poland; 4Novo Nordisk Pharma d.o.o. Beograd, Belgrade, Serbia

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obtained by literature research and consulting a panel of local clinical experts. The

forecasts, drug use, health care resource utilization and market shares. Data was

was developed with analyses based on Spanish data on disease prevalence, population

intravenous immunoglobulins (IVIGs) in 2009.

To assess the economic impact for the Spanish health care system of the

substitution of Flebogamma by Privigen in the Spanish market setting for liquid

intravenous immunoglobulins (IVIGs) in 2009. METHODS: A budget impact model

was developed with analyses based on Spanish data on disease prevalence, population

forecasts, drug use, health care resource utilization and market shares. Data was

obtained by literature research and consulting a panel of local clinical experts. The

perspective of the Spanish health care system was considered and a 5-year time horizon

was evaluated. All costs referred to 2009 and a discount rate of 3% was applied.

Indications of IVIGs included in this study were replacement therapy, immunomodula-

tion and allogeneic bone marrow transplantation. Sub-indications of these primary

indicators were also considered distinguishing between children and adolescents vs.

adults. IVIG treatments considered were Kiovig, Octagamoga, Flebogamma and Privigen.

Direct medical annual costs per patient for each (sub-)indication were esti-
mated before and after the substitution by Privigen. RESULTS: The target population

for IVIG treatment was estimated to be 5743 in 2009, increasing to 6926 in 2014.

Total costs for the next 5 years with the actual market share were estimated at €565

million. A minimum increase in Privigen’s market share from 2% in the first year up

to 12% in the fifth year was considered. Under these circumstances, the estimated

costs were €638 million which represents a saving of $2 million for the Spanish health

care system. CONCLUSIONS: An increase of Privigen’s market share in Spain is likely

to decrease the budget utilization of the health care system within the next 5 years.

Savings are the result of less drug and administration costs per treated patient.

PSY10

A BUDGET IMPACT MODEL TO INVESTIGATE POTENTIAL COST SAVINGS ASSOCIATED WITH IMPROVEMENTS IN THE SAFETY PROFILE OF STRONG OPIOID ANALGESICS

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OBJECTIVES: The use of strong opioid analgesics to treat severe chronic pain is

associated with adverse events (AEs) and treatment discontinuations, which can

increase the overall cost of treatment. New interventions with more favourable safety

profiles could reduce these costs. An economic model was constructed to investigate

the potential budget savings associated with the introduction of an intervention with

increased tolerability to a formulary. METHODS: A prevalence-based, deterministic

budget impact model with a five-year time horizon was developed from the perspective

of a UK health care budget-holder. The model takes into account drug acquisition,

AE and discontinuation costs associated with the five most frequently-used strong

opioid analgesics (WHO step 3) in the UK. Cost and usage data were derived from

the British National Formulary, market research studies and patient interviews. AE

and discontinuation rates were derived from published studies. RESULTS: In a theo-

retical population of 100,000 individuals, the model estimated that 205 patients

experienced severe chronic pain and subsequently received strong opioid analgesics.

The total annual cost of treating these patients with current non-optimised strong

opioid analgesics was estimated to be £51,426, 62% of which was spent managing

AEs and discontinuations. Over five years, the model showed that if 50% of patients

received an alternative strong analgesic which reduces the number of AEs and discon-

tinuations by 25% (compared to currently-used strong opioid analgesics), there would

be 198 fewer AEs and 58 fewer discontinuations. This result would in cost saving of

£31,985. CONCLUSIONS: The cost of managing AEs and discontinuations is a significant contributor to the overall treatment cost associated with strong opioid analgesics. New treatments with improved safety profiles may reduce the economic burden of managing AEs and discontinuations associated with the use of strong opioid analgesics. This may partially or even completely offset any potential increase in acquisition costs.

PSY11

COSTS OF SUPPORTIVE CARE (SC) FOR THE TREATMENT OF MYELODYSPLASTIC SYNDROME (MDS) IN BRAZIL: AN ANALYSIS FROM THE PRIVATE PAYERS’ PERSPECTIVE

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OBJECTIVES: MDS is a rare hematological disease, that affects the production of blood cells. One of the goals of the treatment is to maintain the blood-cell count in near-normal levels. The means to achieve this are done mainly with the use of hema-

topoietic- growth factors and transfusions. Our objective was to determine the costs

of SC for the treatment of MDS was US$104,210, according to the patients’ characteristics and types of treatments used.

MDS was US$45,006/ patient/ year. This value can vary from US$33,368 to

assumed an horizon of one year of treatment.

The mean cost of SC for patients with intermediate risk (INT) MDS.

indication at home. All costs referred to 2009 and a discount rate of 3% was applied.

Total costs for the next 5 years with the actual market share were estimated at

for IVIG treatment was estimated to be 5743 in 2009, increasing to 6926 in 2014.

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