**PCV35**

THE BUDGET IMPACT ANALYSIS OF AMBRSENTAN IN 2ND LINE TREATMENT OF ADULT PATIENTS WITH IDIOPATHIC, FAMILAR OR ASSOCIATED WITH CONNECTIVE TISSUE DISEASE PULMONARY HYPERTENSION OF III NYHA STAGE

Kawalec P1, Holko P2, Krzyzanowska A3, Glogowski C2

1Jagiellonian University, Kraków, Poland; 2Centrum HTA, Krakow, Poland; 3GSK Commercial Sp. z o.o., Warsaw, Poland

OBJECTIVES: To evaluate the costs of ambisentan within therapeutic health program in 2nd phase line treatment of adult patients with idiopathic, familiar or associated with connective tissue disease pulmonary hypertension of III NYHA stage.

METHODS: The analysis compared two scenarios: existing and new. The existing one assumed application of bosentan, iloprost, treprostinil or sildenafil in patients with pulmonary hypertension of III NYHA stage in case of 1st line treatment with bosentan, or sildenafil failure. The new one included also administration of ambisentan. Population’s abundance and market shares of drugs used in presented indication were estimated on the basis of PHPOL Registry. Cost data were collected from public payer’s perspective. Analysis was conducted in Poland and calculated in five years. Official ex-factory price of Volibris® was provided by the producer. Cost analysis was performed under assumption that ambisentan would be financed within the framework of Catalogue of active substances used in therapeutic health programs, a range of differentiated prices associated with connective tissue disease pulmonary hypertension of III NYHA stage brought savings from public payer’s perspective amounted to: 178,782 PLN (64,719PLN–342,497PLN) in first year, 383,054 PLN (132,673 PLN–569,277 PLN) in second year, 614,046 PLN (203,224 PLN–1,266,372 PLN) in third year, 646,137 PLN (203,224 PLN–1,455,310 PLN) in fifth following year. CONCLUSIONS: Treatment with ambisentan leads to savings from public payer’s perspective and constitutes substantial therapeutic value.

**CONCLUSIONS:**
- Treatment with ambisentan could save $1,707 million to the IMSS.
- AMBRSENTAN in second line treatment of adult patients with pulmonary hypertension could save $1.707 million for the institution with 1.8 million bed days, 4.4 million physician visits and 5.3 million laboratory tests avoided.

**THEORETICAL SAVINGS:**
- Annual savings from public payer’s perspective and constitutes substantial therapeutic value: $1,707 million for the institution with 1.8 million bed days, 4.4 million physician visits and 5.3 million laboratory tests avoided.
- Theoretical savings yield by candesartan/HCT are $161.86 per patient. Calculated annual treatment cost per patient including related cardiovascular events was $556.56 (203,224 PLN–1,266,372 PLN).
- Total IMSS affiliates. A 5% discount rate was applied to costs. Results are presented over 20 years old reported by the National Population Council and the number of II period 1995–2005 in the North-West region of Russia, the proportion (70%) of the Mexican population given this population are $1.707 million for the institution with 1.8 million bed days, 4.4 million physician visits and 5.3 million laboratory tests avoided.

**OBJECTIVES:**
- Evaluation of AMBRSENTAN in second line treatment of adult patients with pulmonary hypertension could save $1.707 million to the IMSS.
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**RESULTS:**
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**PCV36**

BUDGET IMPACT MODEL OF VENOUS THROMBOEMBOLISM PREVENTION AFTER TOTAL HIP AND KNEE REPLACEMENT

Krzyzanowska A1, Majewska A2, Omalleyanov VV3, Polishko VM4

1Research Center for Clinical and Economic Evaluation and Pharmacoeconomics, Moscow, Russia; 2Institute of Clinico-Economic Expertise and Pharmacoeconomics, RSPM, Moscow, Russia; 3Russia; 4Research institute of ambulances n.a. Skilyaevskyi, Moscow, Russia

OBJECTIVES: The purpose of this study was to perform comparative pharmacoeconomic analysis of antithrombotic therapy with rivaroxaban (Xarelto®) and enoxaparin (Clexane®) in the conditions of real clinical practice of total hip (THR) and knee (TKR) replacement. METHODS: The method of budget impact modeling was used. RESULTS: At equal duration of venous thromboembolism (VTE) prophylaxis at THR (35 days) rivaroxaban turned out to be more budget saving than enoxaparin by 2,399 RUB (62.71 RUB/case), reducing the quantity of complications cases (pulmonary embolism, deep vein thrombosis, death) by 26 cases per one thousand patients. At various duration of prophylaxis at THR—rivaroxaban (35 days) and enoxaparin (14 days)—rivaroxaban application has also demonstrated budget savings by 100 RUB (2.63 RUB/case) and simultaneouse complications decrease by 74 cases per one thousand patients. The results of comparison of two weeks VTE prophylaxis after TKR have shown the most sizeable economy after rivaroxaban application by 7734 RUB (202,164 RUB) and simultaneouse complications decrease by 92 cases per one thousand patients. CONCLUSIONS: Rivaroxaban demonstrated budget savings compared to enoxaparin at all prophylaxis regimens at THR and TKR by reducing thrombosis complications.

**OBJECTIVES:**
- To compare the economic impact of a pocket-sized ultrasound (PSU) versus standard ultrasound for abdominal aortic aneurysm (AAA) screening in Italy.
- METHODS: The model was developed from the perspective of the Servizio Sanitario Nazionale, the national health-care system in Italy, during an 8-year time horizon for 65–74-year-old males who had smoked in their lifetime. Our model assumed 100% of eligible males could be screened with the PSU, as compared to 2% actually screened with standard ultrasound, and that screening with a PSU would incur no additional cost. Model inputs were derived from major clinical trials (4-year rates of mortality, aortic rupture, and elective and emergency surgeries) and DRG reimbursement rates (costs). Model outputs of number of deaths, ruptures and costs (2010 euros) were calculated. One-way sensitivity analyses were conducted. RESULTS: A PSU strategy yielded a 33.8% (0.32% vs. 0.48%) and 46.6%...