had similar co-morbidities, with cardiovascular disease being the most common. Duloxetine and pregabalin patients, by the study design, also had similar total healthcare costs ($18,970 vs. $19,019, p = 0.994) with 22% contributed by inpatient care. Eighty-three percent of Duloxetine and Pregabalin admissions were similar with the dose of 120mg. This study is aimed to estimate the potential budgetary consequences of increasing the use of Somatuline Autogel in the treatment of acromegaly in Spain. METHODS: A budget impact model was developed to compare annual treatment costs of Duloxetine and Pregabalin patients with Somatuline Autogel and Sandostatin LAR, including drug acquisition costs and administration costs. Disease prevalence and IMS sales data were used to estimate total number of patients using both treatments, and the potential budget impact of increasing Somatuline Autogel was calculated under different scenarios based on the proportion of patients using different dose ranges. RESULTS: Overall treatment costs were 11,857€ and 12,165€ per patient/year for Somatuline Autogel and Sandostatin LAR respectively (monthly treatment), as a result of the higher acquisition cost and administration costs of the latter. Furthermore, assuming that 30% of patients with Somatuline Autogel may benefit of the extended dose interval (every 6 or 8 weeks), mean cost savings per patient may rise to 2,019€ (10,147€ vs. 12,165€). When applying these patient-level cost savings with Somatuline Autogel to total treated patients, acromegaly treatment costs could be reduced by 0.3 M€ to 1.2 M€ by increasing the proportion of patients who initiated Somatuline Autogel from current 45% up to 50% and 70% respectively in Spain. CONCLUSIONS: Using Somatuline Autogel in acromegaly patients is associated with favorable economic outcomes when compared to other long-acting somatostatin analogs in Spain.

**OBJECTIVES:** To examine the most common reasons for primary or specialty care visits among fibromyalgia patients who initiated duloxetine or pregabalin, the leading reasons for inpatient admissions due to intervertebral disc disorder or major depression disorder (MDD) (odds ratios: 0.83, 0.69, 0.63, respectively) (all p < 0.001). CONCLUSIONS: Among similarly commercially-insured fibromyalgia patients who initiated duloxetine or pregabalin, the leading reasons for inpatient admissions were somewhat different between groups. Compared to Pregabalin initiators, Duloxetine initiators tended to be less likely to have inpatient admissions due to intervertebral disc disorder or MDD.

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mean number of flares over the study period was 2.29 compared to 1.93 (p < 0.001) for severe and non-severe patients respectively. Mean number of mild/moderate flares was compared to 1.32 (p < 0.001), while the mean number of severe flares was 1.42 compared to 0.52 (p < 0.001) for severe and non-severe patients, respectively. The mean two years costs for patients experiencing at least one flare over study period was €9607 compared to €3190 (p < 0.001) without flares. Flare exploratory analysis was performed a mean 2 years in costs of severe flares (no statistical significance for mild/moderate flares). CONCLUSIONS: Severe patients experience both a higher number of flares and more severe flares compared to non-severe patients. Patients experiencing at least one flare over the study period were 2.5 times more costly than patients without flares; the presence of severe flares in SLE patients has a significant impact on the healthcare system.

PSY18 RESOURCE CONSUMPTION EVALUATION FOR KETOROLEC, KETOROLAC, PARECOXIB AND TENOXICAM AT ORTHOPEDIC SURGERY POST-OPERATION IN BRAZILIAN PATIENTS FROM PRIVATE PAYERS PERSPECTIVE

PSY19 ECONOMIC COSTS OF CHEMOTHERAPY-INDUCED FEBRILE NEUTROPIA AMONG PATIENTS WITH NON-HODGKIN’S LYMPHOMA IN EUROPEAN CLINICAL PRACTICE

PSY17 RETROSPECTIVE CHART REVIEW STUDY OF THE COST OF CARE OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN FIVE EUROPEAN COUNTRIES

PSY16 COST AND QUALITY OF LIFE BENEFITS OF FASTER BLEED RESOLUTION WITH AN RIVIA ANALOGUE: A MATHEMATICAL SIMULATION STUDY FOR THE GERMAN POPULATION

PSY15 AUTOANTIBODY PSY14 ANTIMICROBIAL STUDY IN HOSPITALIZED MUSCULAR DYSTROPHIES’ STIMULATING FACTORS (ESAs) are among the top ten therapeutic groups with the highest pharmaceutical expenditure in Greece. OBJECTIVES: To explore the penetration of ESAs in the Greek pharmaceutical market and differences in pricing levels between original and biosimilar ESAs. METHODS: Data were derived from the IKA-ETAM Social Security Fund, covering almost 50% of insured population. Consumption of ESAs (epoetin alfa, darbepoetin alfa, epoetin beta, methoxy polyethylene glycol epoetin beta, epoetin zeta) was collected from the Central & Peripheral Pharmaceutical Reporting system for the years 2008-2010. Results: Consumption of ESAs in 2008 to 2010 was approximately the same (26 & 27% respectively) while decreasing by 4% reaching 23% in 2010. A 13.8% decrease was also estimated for the respective years based on NHS hospital prices. Results: ESAs consumption in 2009 was also approximately the same (26% & 27% respectively) with price cuts and stricter control of prescriptions. Specifically, the MSH of biosimilars reached 81% and biosimilars 19% respectively. In the reported years prices lion), due to price cuts and stricter control of prescriptions. Specifically, the MSH of biosimilars was also estimated for the respective years based on NHS hospital prices.

METHODS: Under the economic CONCLUSIONS: Higher price differences are observed, favoring the use of biosimilars. The total sample included 427 SLE patients (212 severe, 215 non-severe), mean age: 43.4 years, female: 90.5%. Total costs (estimated from UK National Health Service perspective [2010]) were tallied for each patient, and the use of antacid, analgesic and antiemetic medications and the total labor time costs for administering the medications. One hundred twenty-one cases were reviewed. Resource use considered were antacid, antimicrobials, and analgesics, infusion equipment, medication costs (factor list prices) and labor costs were estimated from the amount of minutes per day to administering the medications. The minimum monthly wage for a nurse according to the Brazilian nurses union was considered (593.75 USD). Costs were expressed in 2010 USD. A multi-centre retrospective chart review study of supportive care in patients with non-Hodgkin’s lymphoma (NHL) receiving CHOP-14 or CHOP-21 chemotherapy (H11021) predominantly across Europe. FN was defined as single temperature of ≥38.3°C or temperature of ≥38.3°C for ≥1 hour, and neutrophil count of < 5x10^9/L or < 1.0x10^9/L and predicted to fall below 0.5x10^9/L. Patients developing FN in a given cycle (“follow-up”) patients, starting with the first cycle, were matched (1:1, without replacement) on age, tumor stage, chemotherapy, and other factors to those not developing FN in that cycle (“comparison patients”), irrespective of FN experience in subsequent cycles. FN-related healthcare utilization and costs (estimated from UK National Health Service perspective [2010]) were tallied for patients from the match cycle through the last chemotherapy cycle (“follow-up”). RESULTS: Eighteen percent of patients (331/1829) in the observations study experienced, their first FN event, which required inpatient care. A total of 295 FN patients were matched to comparison patients for these analyses; baseline characteristics were similar between groups. During follow-up, FN patients averaged $4,664,971, respectively) and reduced total cost was £5744 (£4893-£6664) higher for FN patients than comparison patients, averaged 0.15 (0.10-0.21) FN events, and corresponding mean total cost was £22mil-1000 lion), due to price cuts and stricter control of prescriptions. Specifically, the MSH of biosimilars was also estimated for the respective years based on NHS hospital prices. Results: ESAs consumption in 2009 was also approximately the same (26% & 27% respectively) with price cuts and stricter control of prescriptions. Specifically, the MSH of biosimilars reached 81% and biosimilars 19% respectively. In the reported years prices