OBJECTIVES: To assess the incremental cost-effectiveness ratio (ICER) of obinutuzumab in association with chlorambucil (GCbCl) for CLL previously untreated patients unsuitable for full-dose fludarabine based therapy, in the Portuguese National Health Service (NHSP) perspective. Comparators are rituximab in association with chlorambucil (RClb) and chlorambucil alone (Clb). METHODS: A Markov model developed by Rima et al. was used to predict disease progression and mortality, assuming weekly cycles and a 25 years’ time horizon. Preprogression clinical data was based on CLL11 clinical trial (Goede et al., 2015), and postprogression data based on Eichhorst et al. (2009). Utility values were obtained on Kosmas et al. (2014). Only direct medical costs were included, being resource costs estimated through a seven Portuguese experts panel and unit costs taken from official sources. A 5% discount rate was applied to both costs and consequences. RESULTS: In comparison to RClb, GCbCl increased the cost of 60,573 € and quality adjusted life years (QALY) that are associated to an additional cost of 12,472€. When compared to Clb, the use of GCbCl increases clinical gains by 1.07 LY and 0.99 QALYs at an additional cost of 24,104€. Consequently, GCbCl costs 18,112 per LY and 18,946 per QALY in comparison to RClb and 22,474 per LY and 24,352 per QALY in comparison to Clb. Sensitivity analysis shows that results are mainly sensitive to the extrapolation methods of preprogression survival and to utility values. CONCLUSIONS: The use of obinutuzumab in association with chlorambucil for CLL previously untreated patients that are unsuitable for full-dose fludarabine based therapy implies added costs per LY and per QALY that are generally accepted in Portugal. The cost-effectiveness ratios of obinutuzumab in association with chlorambucil (GCbCl) are below 25,000€ when compared both to rituximab and chlorambucil (RClb) and to chlorambucil alone (Clb).

PCN192

COST-EFFECTIVENESS OF CETUXIMAB IN FIRST-TREATMENT OF PATIENTS WITH METASTATIC COLORECTAL CANCER IN BELGIUM AND THE NETHERLANDS

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OBJECTIVES: This study aimed to assess the cost-effectiveness of first-line treatment of patients with cetuximab in combination with either FOLFOX or FOLFIRI with wild type ras viral oncogene (RASwt) metastatic colorectal cancer in Belgium (B) and the Netherlands (NL) compared with treatment with FOLFOX 4 and FOLFIRI.

METHODS: A Markov model was developed to estimate the incremental cost–utility ratios (ICURs) of the following first-line treatment comparisons: cetuximab + FOLFOX vs. FOLFOXIRI and cetuximab + FOLFIRI vs. FOLFIRI. The model was a state where patients received cetuximab in combination with either FOLFOX or FOLFIRI.

RESULTS: The ICUR of cetuximab + FOLFOX vs. FOLFOXIRI in NL was €18,965 whereas the ICUR of cetuximab + FOLFIRI vs. FOLFIRI in NL was €18,685. The ICUR of cetuximab + FOLFOX vs. FOLFOXIRI in B was €20,712 whereas the ICUR of cetuximab + FOLFIRI vs. FOLFIRI in B was €22,447. Sensitivity analysis showed that the model was most sensitive to the extrapolation of pre-progression survival and to the utility values.

CONCLUSIONS: The ICUR of cetuximab in combination with either FOLFOX or FOLFIRI was below the willingness to pay threshold of €25,000 used in both NL and B. Consequently, cetuximab is cost-effective in comparison to either FOLFOX or FOLFIRI, and the use of cetuximab in combination with FOLFOX or FOLFIRI is a cost-effective treatment option for patients with RASwt metastatic colorectal cancer.

PCN193

A COST-UTILITY ANALYSIS OF NAB-PACLITAXEL (ABRAXANE) PLUS GEMCITABINE IN METASTATIC PANCREATIC CANCER IN SLOVAK REPUBLIC

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OBJSCTIVE: To assess the cost-effectiveness of nab-paclitaxel and gemcitabine in comparison with gemcitabine alone for patients with pancreatic cancer in Slovak Republic from a National Health Insurance perspective.

METHODS: We constructed a Markov model for patients with MPCA to examine the costs and outcomes of nab-paclitaxel and gemcitabine versus gemcitabine. The model was constructed for 1 patient in comparison with original Docetaxelum. Costs for 1 month without proton beam therapy of 11,690€ were received from the national database “Cursor”.

RESULTS: The base case result was an incremental cost-effectiveness ratio (ICER) of €27,769 per QALY gained for paclitaxel albumin plus gemcitabine versus gemcitabine, based on an incremental cost of €5,943, incremental survival of 3.4 months and incremental QALYs of 0.214. The key driver of the incremental costs was the additional drug acquisition cost of adding nab-paclitaxel to gemcitabine.

CONCLUSIONS: €27,769 per QALY is defined as the upper limit for conditional reimbursement in Slovakia. Nab-paclitaxel and gemcitabine is the cost-effective option for the first-line treatment of patients with MPCA as it delivers a survival advantage at a moderate price increase.

PCN194

ESTIMATION OF THE TRESHOLD PRICE OF REGORAFENIB IN THE TREATMENT OF UNRESECTABLE STROMAL OR/AND METASTATIC STROMAL TUMORS AFTER FAILURE AT IMATINIB AND SUNITINIB IN SPAIN: COST-UTILITY ANALYSIS

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OBJECTIVE: To estimate the threshold price (TP) of regorafenib in Spain to be an efficient option (NPV) of clinical benefit-unrelated and/or metastatic gastrointestinal stromal tumors (GIST) that have progressed on imatinib and sunitinib, compared with the best supportive care (BSC). METHODS: The TP is the maximum price per QALY at which regorafenib is cost-effective and could be reimbursed in Spain (<€30,000/QALY). A probabilistic cost-utility Markov model of GIST treatment was developed initially in Excel to estimate costs and benefits of regorafenib compared with the BSC, from a National Health System perspective, in a lifetime Markov model with a 20 year time-horizon. A probabilistic sensitivity analysis was conducted to account for uncertainty.

RESULTS: The initial model estimated a total cost of €33,256 (95% CI: 27,909-38,324), and utility of 0.718 QALY (95% CI: 0.506-1.757) with regorafenib, the estimated value of BSC was €6,546 (95% CI: 5,637-7,506) and 1.073 QALY (95% CI: 0.902-1.116) respectively. The TP of regorafenib was estimated in €2,234; and the total cost was €25,801 (95% CI: 21,912-29,409), showing a difference compared to BSC of €19,356 (95% CI: 16,431-21,376), the ICUR was €30,000/QALY (95% CI: 25,556-35,795). The sensitivity of cost-effectiveness of regorafenib was 51.8%, for a willingness to pay of €30,000/QALY. CONCLUSIONS: Below an ex-factory price of 2,234€, the treatment with regorafenib in unresectable and/or metastatic GIST whose disease has progressed on imatinib and sunitinib represents a cost effectiveness assignation of resop.