PG18
BUDGET IMPACT ANALYSIS OF BIOSIMILAR INFlixIMAB FOR THE TREATMENT OF CROHN’S DISEASE IN SIX CENTRAL EASTERN EUROPEAN COUNTRIES
BrodskyG, Gulacsi L, Balogh O, Raji F, Renzec F, Pentek M
Corvinus University of Budapest, Budapest, Hungary
OBJECTIVES: Infliximab (CT-P13) is the first licensed biosimilar in EU for Crohn’s disease (CD). It is expected that spread of biosimilars in the treatment of CD will lead to cost savings and it might improve access to biological therapies. The aim of this study was to analyse the budget impact of introducing biosimilar infliximab for the treatment of CD in six Central Eastern European (CEE) countries – Bulgaria, Czech Republic, Hungary, Poland, Romania and Slovakia – health care systems. METHODS: This budget impact model estimates potential impact of biosimilar infliximab on health care budget over three-year time frame from third- party payer perspective. Spreadsheet-based country specific population model was developed functioning in quarter year time units. The model tracked movement of CD patients with chronic disease in six states: 1) initiating infliximab (bidirectional), 2) adalimumab, 3) dual use of infliximab, and 4) adalimumab. Switching between biologics and biosimilar infliximab was taken into consideration as well. In scenario analyses different rates of interchanging and switching were analysed. A -25% price difference was assumed for net. gov. br. A sub analysis was carried out for cirrhotic patients with hepatitis C with cirrhosis between 2008 and 2012. Methods were identified based claims database (DATASUS) was used to assess direct health care costs associated treatments. A total of 22,198 PPIs were prescribed to 7,504 patients (average age: 45.09 (SD=15.82) years) at a cost of R$ 3,931,241.43. The average cost per PPI prescription was R$177.10 (SD=R$140.62). The average cost for a generic PPI prescription was R$147.01 compared to R$27.17 for a prescription for an originator product. I differ- ent PPIs were prescribed. Omeprazole, lansoprazole and pantoprazole had branded generics available on the market, whereas esomeprazole and rabeprazole only had originator products on the market. Omeprazole was the most frequently prescribed (40.78%). Less than 2% of PPI prescriptions were for rabeprazole. Most prescriptions were for Schedule 4 products (prescription-only), with only 3.91% Schedule 2 prescriptions (over-the-counter, prescribed in lower dosages for acute symptoms over a short period of time). Overall, 76% of PPI prescrip- tions were for branded generics. CONCLUSIONS: Omeprazole dominated PPI pre-scribing, whilst esomeprazole was the most expensive PPI. It will be important to further investigate the impact of patient expiry and the introduction of new branded generics on PPI prescribing patterns. The study confirmed the significant price differ- ences for PPIs between branded generics and originator products.

PG19
PROTON PUMP INHIBITORS IN SOUTH AFRICA: ROLE OF BRANDED GENERICS
Truter I.
Nelson Mandela Metropolitan University, Port Elizabeth, South Africa
OBJECTIVES: Original products dominate the market, and as soon as patents expire prescribing patterns change as branded generics become the most often prescribed due to mandatory generic substitution in South Africa. This study inves- tigated to prescribing patterns of proton pump inhibitors (PPIs). METHODS: A retrospective, cross-sectional drug utilisation study was conducted on prescription data of a medical insurance scheme administrator in South Africa for 2011. The data was analyzed using Microsoft Excel. The difference in age distribution between patients as well as gender and the proportion of patients hospitalized for hepatocellular carcinoma. This increase might be due to an improvement in screening techniques and aging of the population.

PG12
MEAN ANNUAL COST OF PATIENTS HOSPITALIZED FOR CHRONIC HEPATITIS C IN FRANCE: THE HEP-C-LONE STUDY
Abergel A, Rotily M, Gaudin A,1 Morais A.D.2, Laxman K.3, De Léotoing L,1 Vainchtock A,3 Akremi R,3, Branchoux S.4 Centre Hospitalier Universtitaire CHU Estang, Clermont-Ferrand, France; HEVA, Lyon, France;1 Bristol-Myers Squibb, Rueil-Malmaison, France
OBJECTIVES: To assess the mean annual costs of patients hospitalized for chronic hepatitis C (CHC) in France stratified by liver disease stage. METHODS: Patients hospitalized for chronic viral hepatitis C (ICD-10 code B17.3) were identified in the PMSI-MCO 2010-2012 database (French Medical Information System Program Medicine, Surgery, Obstetrics) between January, 1st 2010 and December, 31st 2012 and tracked in the post-acute care/hospitalizations at home: different liver disease stages (F0-F3 fibrosis; compensated cirrhosis; decompensated hepatitis C (HCV) related) were diagnosed. The mean annual health care cost was calculated using a cost-utility analysis. The mean annual health care costs were stratified by liver disease stage estimated for the evolution for these stages between 2009 and 2012 were 32%, 38% and 17%, respectively. Between 2009 and 2012, 11% of liver biopsies were reduced by one third, and also less liver trans- plants were performed (293 vs 254). Overall, the economic burden of hospitalizations related to CHC was € 60 millions in 2012, 8% lower than in 2009. CONCLUSIONS: 3 major facts were highlighted: the decline in the number of liver biopsies, the decrease in the number of patients hospitalized for cirrhosis and the increase in patients hospitalized for hepatocellular carcinoma. This increase might be due to an improvement in screening techniques and aging of the population.

PG10
DIRECT TREATMENT COSTS OF CIRRHOSIS IN THE BRAZILIAN PUBLIC HEALTH CARE SYSTEM: A 2008–2012 RETROSPECTIVE ANALYSIS
Magno LA,1,2,3,4,5 Moraes ADJ
1Instituto de Estudos de Saúde Coletiva, 2Vaccinology Institute, 3Instituto de Pesquisas, 4Fundação Oswaldo Cruz, Rio de Janeiro, Brazil
OBJECTIVES: Estimate direct health care costs associated with cirrhosis from a brazilia- n public payer perspective (SUS). METHODS: A retrospective study of a public claims database was used to determine health care costs associated with cirrhosis between 2008 and 2012. Patients with cirrhosis were identified based on ICD-10 codes (K70.3, K71.7, K74.3-K74.6). The retrospective analysis considered inpatient costs and outpatient treatment costs of patients during the 4 year time frame. Medication costs were defined as a weighted average during the period of analysis considering official government price lists available at www. compras- net. gov. br. A sub analysis was carried out for cirrhotic patients with hepatitis C (HCV) and autoimmune hepatitis (AIH), as patients treated with ribavirin (RBV-P). RESULTS: Between 2008-2012, 120,082 patients were hospitalized due to cirrhosis (49% of patients accounted by ICD K74.6) with a total treatment cost of R$404 millions. The most prescribed medication was RBV-P (30% for AIH, 58% for HCV). The average medical cost per patient was R$121 million, 3% for surgical procedures (R$ 6 million) and the remainder for exams and diagnostics. Patients were hospitalized for an average of 10.1 days per year, with an average cost of R$ 2,806 (R$249-3,757) per hospitalization event. The total cost per patient was R$ 5,334. The cost for inpatient care was R$ 2,592 (R$434.304-70.274). Between 2008 and 2012 2,933 patients were hospital- ized for cirrhosis having received HCV treatment with a total cost of R$ 19 million. The average inpatient cost for HCV-cirrhosis patients was R$ 4,999 for 11.2 days of hospitalization. Organ transplants-associated costs accounted for R$ 15, million, 77% of total costs, with an average cost of R$ 67,319 per transplant. CONCLUSIONS: One fifth of patients accounted for the majority of hospital care costs in cirrhosis patients in the Brazilian public health care system. Considering patients with HCV treatment and cirrhosis, the average cost per patient was around 78% higher than the general cirrhosis patient.