Avoidance of administration costs for infused treatments could offset the higher acquisition cost for deferasirox. Additional data is required to confirm efficacy of other treatments in patients with NTNB.

PSY8
THE BUDGET IMPACT OF QUTENZA® FOR THE TREATMENT OF NEUROPATHIC PAIN IN SWEDEN
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OBJECTIVES: Neuropathic pain (NP) is a common disorder which can be chronic, severe, and disabling and is associated with reductions in quality of life and considerable costs. Current first-line treatments for NP include tricyclic antidepressants and anti-inflammatories. QUTENZA® is a cutaneous patch that allows rapid delivery of capsaicin directly to the source of pain. The objective of this analysis is to estimate the burden of NP; current treatment costs and the budget impact of introducing QUTENZA® for the treatment of peripheral NP in non-diabetic adults in Sweden. METHODS: We conducted a budget impact calculator to estimate the impact of introducing QUTENZA® for 100 people in Sweden. Drug costs for each medication strategy are annual costs, based on estimated market shares, and range from 100% to 5% of the SEK cost of QUTENZA®. We assumed a 50% uptake of QUTENZA® and a 50% reduction in the use of concomitant medication in the model, based on evidence from real-world data. RESULTS: For a NP population of n=100, the cost of current prescribing was estimated at SEK 1,01 million. The cost of alternative prescribing including QUTENZA® was estimated at SEK 11,941. The estimated cumulative budget impact by year (for 100 patients, with the market share varying from 100% to 1% and 1% to 0% in Year 1 to Year 5) ranged from SEK 9,664 in Year 1 to SEK 67,949 in Year 5. CONCLUSIONS: The introduction of QUTENZA® results in a budget impact of SEK 67,949 for 100 patients over 5 years. This represents a minimal.

PSY9
PHARMACOECONOMIC ANALYSIS OF ANTI-INHIBITOR COAGULANT COMPLEX (AICC) IN THE TREATMENT OF INHIBITOR HEMOPHILIA
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OBJECTIVES: To identify the dominant scheme of inhibitor hemophilia bypassing agents therapy (comparing three regimens: Eptacog aalfa monotherapy, combination therapy (Eptacog aalfa + AICC) and «AICC + Eptacog aalfa»). METHODS: Based on the crossover clinical research FENOC (Jan Asmertar, Sharyne M., Donfels, 2007) the annual cost of treatment by bypassing agents in mild, moderate, severe and life-threatening bleeding is estimated. The analysis of the direct and indirect costs is conducted. Direct costs include the cost of bypassing agents therapy, the cost of emergency medical care, the cost of inpatient and outpatient treatment. Indirect costs include cost of patient's disability, GDP losses caused by mortality and disability, and loss of productivity of bypassing agents on demand therapy in three existing schemes is identified: monotherapy Eptacog aalfa (there is no alternative treatment), «Eptacog aalfa + AICC» (after the first episode of bleeding no response patients to treatment from Eptacog aalfa to AICC transferred) and «AICC + Eptacog aalfa» (after the first episode of bleeding no response patients to treatment from AICC to Eptacog aalfa transferred). RESULTS: Based on the clinical study FENOC, indicated that there is no significant difference in efficacy AICC and Eptacog aalfa therapy in patients suffering from bleeding. An analysis of the direct and indirect costs shows that the costs of the annual course of treatment of 142 patients in Russia are 66 mil EUR, 60,7 mil EUR and 53,1 mil EUR for treatments Eptacog alfa monotherapy, «Eptacog alfa + AICC» and «AICC + Eptacog alfa» schemes respectively. CONCLUSIONS: It is determined that the schemes «AICC + Eptacog alfa», will reduce costs related to the current treatment regimen for 12,9 mil EUR (19,54%) or provide additional therapy for 34 patients of this disease.

PSY10
POTENTIAL FINANCIAL IMPACT OF SUGAMMADEX IN ANAESTHETIC DEPARTMENTS: A BUDGET IMPACT ANALYSIS FOR POTENTIALLY SHORT PROCEDURES REQUIRING NEUROMUSCULAR BLOCKADE
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OBJECTIVES: To evaluate the economic impact on Italian NHS of using sugammadex within anaesthetic departments instead of neostigmine. METHODS: The number of procedures using neuromuscular blocking agents (NMBA) potentially manageable with sugammadex (sugammadex and neostigmine) and PORC management costs. RESULTS: Overall annual costs of sugammadex and neostigmine usage result about 34.5 and 31.6 Million Euro, respectively. Sugammadex prevents 99% of PORC episodes on 428,395 procedures which is associated with savings of more than 30 Million Euro. Also the saved time in surgery procedures due to sugammadex results in an annual savings of 154,867 (36.1%) hours that could be used for further procedures. CONCLUSIONS: Sugammadex radically reduces PORC episodes during post-operative and it allows for better operating room occupation.

PSY11
THE BUDGET IMPACT ANALYSIS OF DEFERASIROX FOR THE TREATMENT OF IRON OVERLOAD DUE TO FREQUENT BLOOD TRANSFUSIONS IN CHILDREN AND ADOLESCENTS (AGE < 18 YEARS)
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OBJECTIVES: The purpose of the budget impact analysis (BIA) was to estimate for a first-time indications, reimbursement within the health care treatment programme (HTP) on the budget of the National Health Fund (NHF) in Poland. METHODS: BIA was performed for a 2-year time horizon (July 2012 - June 2014) from the Polish public payer perspective. The target population qualified to the HTP was defined as children and adolescents aged < 18 years and iron overload due to frequent blood transfusions. The population was estimated on the basis of medical expert opinion. Two scenarios were compared: the "existing scenario" - without reimbursement strategy (SSEK only standard of care, DFO was available) and the "new scenario" - DSEX reimbursed as part of HTP. In the analysis, only direct medical costs were included: costs of drugs and their administration, costs of monitoring and costs of blood transfusions. It was assumed that the costs of EN and IT were not considered in the cost of complication prevention (pneumonia, sepsis, catheter and wound infection) treatment. Effectiveness data was taken from Russian clinical trial: Popov T.S., Shestopalov A.E., Tsvetkov D.S., Nechaev D.S., Kuz'min M.A. I.M. Sechenov First Moscow State Medical University, Moscow, Russia

PSY12
PHARMACOECONOMIC STUDY OF NUTRITION SUPPORT (NS) USAGE DURING INTENSIVE TREATMENT
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OBJECTIVES: To undertake a comparative analysis of 2 methodologies of intensive treatment (IT) , precisely: without NS and IT taking into account NS handling. METHDS: Pharmacoeconomic analysis "budget impact" was performed. Only direct costs were taken into account: expenses for drug therapy, hospitalization intensive care unit and medical division) and late complications (pneumonia, sepsis, catheter and wound infection) treatment. Effectiveness data was taken from Russian clinical trial: Popov T.S., Shestopalov A.E., Tsvetkov D.S., Nechaev D.S., Kuz'min M.A. I.M. Sechenov First Moscow State Medical University, Moscow, Russia, 2011. Four types of NS were compared: IT with NS; IT + external nutrition (EN); IT + parental nutrition (PN) and IT + combined nutrition (CN). RESULTS: When carrying out comparative pharmacoeconomic study all calculations were made for 3 groups of patients depending on their health condition: lightly-severe, moderately-severely and severe. According to the results, in the calculations from IT without NS it is clear that carrying out NS leads to reduction of total expenses, therefore economy of money for the state. Independent from patient health condition – the greatest economy of money arises when DI is used during IT. Further on degree of expressiveness of positive economic effect there is PN and the least NS economic type is CN. CONCLUSIONS: The results received during the study were analyzed and the rating of NS types, which were taking part in the research, from the point of view of their clinical efficiency and economic effectiveness for the state budget, was made.

PSY13
A BUDGET IMPACT MODEL FOR NOVOSEVEN FOR THE MANAGEMENT OF BLEEDING EPISODES IN PATIENTS WITH HAEOMPHILIA A TREATED WITH INHIBITORS
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OBJECTIVES: To demonstrate the economic impact of using NovoSeven compared to Fieba during the initial treatment of mild to moderate bleeding episodes in patients with haemophilia A with inhibitors. METHODS: A budget impact model was developed based on a previous economic evaluation to calculate the annual budget impact and the treatment cost per episode according to the different treatment strategies. The model presents the costs of the strategies to treat a mild to moderate bleeding episode with up to three lines of treatment, in which the impact parameters are the weight of the patient, the dose, the efficacy and the costs of medication and administration. Three treatment strategies were used: strategy 1: NovoSeven - NovoSeven - NovoSeven, strategy 2: Feiba - NovoSeven - NovoSeven and strategy 3. Feiba - Feiba - NovoSeven. Costs per episode and annual costs were calculated based on local input data on costs and resources and the perspective used was that of the Spanish National Health Service (NHIS). RESULTS: Total costs per patient for one bleeding episode were €10,253, €11,852 and €12,042 for strategies 1, 2 and 3, respectively. Lower total costs per patient with NovoSeven are due to a reduced need for further treatment and associated hospitalisation. Only using NovoSeven saves €2,985 compared to strategy 2 and €2,842 compared to strategy 3 annually. CONCLUSIONS: The use of NovoSeven in all three lines of treatment in patients with haemophilia A compared to using Feiba in the first line of treatment and in the first and second line of treatment saves €1,599 and €1,789 respectively per bleeding episode. This is mainly due to reduced need for further treatment and associated hospitalisation with NovoSeven. Annual cost savings using only NovoSeven are the consequence of lower drug cost and higher treatment efficacy with NovoSeven.