as a second line treatment without increase of the total national CML budget in 2014.

PCN70

RADIO-223 IN THE TREATMENT OF METASTATIC CASTRATION RESISTANT PROSTATE CANCER: BONE METASTASES: BUDGET IMPACT ANALYSIS OF THE NATIONAL HEALTH SERVICE

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OBJECTIVES: Castration resistant prostate cancer with bone metastases (mCRPC) is a common condition associated with high medical and indirect healthcare costs. Purpose of this analysis is to estimate the economic consequences of Radio-223 dichloride in the treatment of prostate cancer with definition of a Budget Impact Analysis (BIA) from the perspective of the National Health Service (NHS). METHODS: Budget Impact analysis was carried out 5 years after the launch of the NHS program for the treatment of mCRPC by the statutory Health Authority (INCa) and an expert board involving clinical experts and stakeholder representatives. The analysis was performed by applying an incremental cost-utility approach to estimate the costs of treatment given to the castration resistant prostate cancer (mCRPC), and as a result of the introduction of Radio-223 dichloride. In the assessment it was assumed that all the formulations present the same effect, ie that they present the same pharmacodynamic characteristics of the active substance. The calculated values were applied to a population with mCRPC estimated first the year by about 4,009 people. RESULTS: Considering the cost of the drug, the costs of administration, the cost of each adverse event, the total costs of each therapy, Radio-223 dichloride appears to have a lower cost than Abiraterone in both setting of patients in the first and second line treatment, lower than Enzalutamide in post-docetaxel population. The total costs were as follows: Radio-223 dichloride € 24,662,13, Abiraterone pre-Docetaxel € 54,118,25, Abiraterone post-Docetaxel, Cabazitaxel € 26,950, Enzalutamide € 30,885.55 and finally Docetaxel € 4,574.69. Overall, looking at the scenario of the 1st and 2nd line following the introduction of Radio-223 dichloride it would generate savings of € 467 994 the first year, €3,546,090 in the second year and finally € 7,160,642 in the third year. CONCLUSIONS: Treatment with Radio-223 dichloride turns out to have a favorable impact on the budget and appears to be the less expensive compared to other therapeutic strategies used in mCRPC in Italy.

PCN71

ECONOMIC IMPACT OF THE DETECTION OF MEDICATION ERRORS IN ONCOLOGICAL PATIENTS WITH AFEIREL NEUTROPHIA IN A CANCER HOSPITAL

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OBJECTIVES: To determine the avoided cost derived from the opportunite interven- tion of the pharmacist before to the administration of schemes of chemotherapy avoiding medication errors (EM). METHODS: A transverse analysis of EM’s record was made with the objective of estimating the cost of each adverse event, the total cost of each therapy, Radio-223 dichloride appears to have a lower cost than Abiraterone in both setting of patients in the first and second line treatment, lower than Enzalutamide in post-docetaxel population. The total costs were as follows: Radio-223 dichloride € 24,662,13, Abiraterone pre-Docetaxel € 54,118,25, Abiraterone post-Docetaxel, Cabazitaxel € 26,950, Enzalutamide € 30,885.55 and finally Docetaxel € 4,574.69. Overall, looking at the scenario of the 1st and 2nd line following the introduction of Radio-223 dichloride it would generate savings of € 467 994 the first year, €3,546,090 in the second year and finally € 7,160,642 in the third year. CONCLUSIONS: Treatment with Radio-223 dichloride turns out to have a favorable impact on the budget and appears to be the less expensive compared to other therapeutic strategies used in mCRPC in Italy.