Clinical efficacy and adverse event costs were not taken into consideration. The model also assumed reimbursement of infliximab-biosimilars in 2015 with low market-penetration and conventional treatment almost steady throughout the three-year time horizon. Input data for estimated volumes were validated separately by two opinion leaders in gastroenterology (from a tertiary public and a private hospital), with experience through early-access programs. Any assumptions that showed discrepancies to expert opinion were converted to the average value of the two inputs. Values are in €2015. RESULTS: The increase in total costs from the introduction of vedolizumab and biosimilars to the Greek healthcare system, would be €255,926, €673,491 and €814,924 for the three respective years post-entry (cumulative €1,744,341). Average incremental per patient cost for the first year was found to be €249 when vedolizumab biosimilars received 21% and 11% of total UC biologic volumes respectively. Yearly total pharmaceutical UC expenditure ranged from €2,735,702 to €3,016,905 in the absence of vedolizumab and €2,991,628 to €3,831,829 when vedolizumab was available with estimated expenditure on biosimilar therapies not exceeding 25% of three years. Annual pharmaceutical costs due to lack of country-specific data, vedolizumab introduction is not expected to exert significant pressure on third party pharmaceutical UC expenditure.

PG15 VEDOLIZUMAB IN CROHN’S DISEASE: A BUDGET IMPACT MODEL FOR A NOVEL DRUG IN A RECESSION ENVIRONMENT Petrikis I, Koliakou S, Maouuridou K, Kollia AM Takeda Hellas, Maroussi Athens, Greece

OBJECTIVES: Crohn’s disease (CD) exerts significant burden to IBD-patients and payers. The aim of this study was to estimate the budget impact of vedolizumab in the Greek CVHR system, would be €255,926, €673,491 and €814,924 for the three respective years post-entry (cumulative €1,744,341). Average incremental per patient cost for the first year was found to be €249 when vedolizumab biosimilars received 21% and 11% of total UC biologic volumes respectively. Yearly total pharmaceutical UC expenditure ranged from €2,735,702 to €3,016,905 in the absence of vedolizumab and €2,991,628 to €3,831,829 when vedolizumab was available with estimated expenditure on biosimilar therapies not exceeding 25% of three years. Annual pharmaceutical costs due to lack of country-specific data, vedolizumab introduction is not expected to exert significant pressure on third party pharmaceutical UC expenditure.

PG15 OPTIMAL TREATMENT OF CHRON’S DISEASE WITH BIOLOGICS IN A WESTERN BALKAN COUNTRY: ESTIMATES OF COST/CURATIVE EFFECTIVENESS BY MARKOV MODEL AND BUDGET IMPACT ANALYSIS Jankovic S1, Djakovic L1, Bujic R1, Kostic M1
1Faculty of Medical Sciences, University of Belgrade, Serbia, 2Kragujevac, Serbia and Montenegro, 3University of Kragujevac, Kragujevac, Serbia and Montenegro

OBJECTIVES: The aim of this study was to estimate cost/utility of infliximab for treatment of Crohn’s disease in Serbia and to calculate impact on national health budget if it is used according to evidence-based guidance for treatment of inflammatory bowel diseases. METHODS: Cost/utility of biological therapy of Crohn’s disease infliximab and vedolizumab was calculated by Markov model. The model used was Markov population model and estimated the cost and effectiveness of different treatment regimens for Crohn’s disease. RESULTS: Based on the model, adding infliximab to first-line therapy would result in an average increase in national health budget between 1,744,341 and 2,991,628 Euros. The increase would be greatest for patients with a history of partial response to previous treatment and less impacted by CYP2C19 genotype subgroups. Comparing with infliximab, ilaprazole achieved an incremental cost effectiveness ratio of €132,056 per QALY gained (99% CI), and the willingness to pay for an additional QALY is not exceeding €255,926. The increase in total costs from the introduction of vedolizumab and biosimilars to the Greek healthcare system, would be €255,926, €673,491 and €814,924 for the three respective years post-entry (cumulative €1,744,341). Average incremental per patient cost for the first year was found to be €249 when vedolizumab biosimilars received 21% and 11% of total UC biologic volumes respectively. Yearly total pharmaceutical UC expenditure ranged from €2,735,702 to €3,016,905 in the absence of vedolizumab and €2,991,628 to €3,831,829 when vedolizumab was available with estimated expenditure on biosimilar therapies not exceeding 25% of three years. Annual pharmaceutical costs due to lack of country-specific data, vedolizumab introduction is not expected to exert significant pressure on third party pharmaceutical UC expenditure.

PG16 INTRODUCTION OF NEW COMBINATION THERAPY FOR TREATMENT OF EXPERIENCED HCV GT1 PATIENTS: BUDGET IMPACT ANALYSIS, THE CROATIAN PERSPECTIVE Mance D1, Mance D1, Vitezic D3
1University of Rijeka, School of Medicine, Rijeka, Croatia, 2University of Rijeka, Faculty of Economics, Rijeka, Croatia, 3University of Rijeka, School of Medicine and University Hospital Centre Rijeka, Rijeka, Croatia

OBJECTIVES: The new combination therapy of paritaprevir, ombitasvir, dasabuvir, with/without ribavirin is highly tolerable, all-oral, interferon-free regimen for treatment of chronic hepatitis C virus (HCV) infection. The objective of the present study was to evaluate the financial impact on the Croatian health Insurance Fund (CHIF) budget following the introduction of the therapy for experienced HCV genotype 1 (GT1) patients. METHODS: The size of the eligible population for the new pharmaceutical combination was estimated by local demographics information, literature, and experts’ opinion. Only direct costs of pharmaceuticals were taken into account. Budget impact calculations were based on health-economic outcomes of the new therapy in comparison to alternative interventions (standard dual-therapy and triple therapies that include boceprevir, telaprevir and simeprevir) for different patient subpopulations. Patient subpopulations were differentiated by response to previous treatment (relapse, partial response and null response), presence of cirrhosis and HCV GT1 subtype. Sensitivity analysis was performed in the form of alternative scenarios. Final parameters were estimated by Monte Carlo simulations. RESULTS: The new combination therapy showed better efficacy, lower adverse events and better adherence compared to standard dual-therapy and triple therapies that include boceprevir, telaprevir and simeprevir for different patient subpopulations. For certain patient subpopulations, the new therapy is cheaper per achieved SVR in comparison to other therapies. The estimated number of patients eligible for the new antiviral therapy was 204,006 to 653,930 in the absence of vedolizumab and 5,219,636 to 6,442,077 when vedolizumab was available with estimated expenditure on biosimilar therapies not exceeding €745,000 over three years. CONCLUSIONS: Irrespective of the limitations due to lack of payer perspective, the new combination therapy for treatment of chronic hepatitis C virus (HCV) infection has a potential to reduce the budget impact in the Croatian CHIF budget if it is used according to evidence-based guidance for treatment of inflammatory bowel diseases.

PG17 COST ANALYSIS OF PROTON PUMP INHIBITORS IN THE TREATMENT OF GASTROESOPHAGEAL REFUX DISEASE IN UKRINE Volkova L, Gerasyovna O, Mischenko O, Bezitka N, Kryuchenko G, Kuznetsov I
1National University of Pharmacy, Kharkiv, Ukraine

OBJECTIVES: The objective of this study is to determine the direct costs of the use of PPI for the treatment of erosive form (EF) and non-erosive form (NEF) of GERD in patients of working age in Ukraine. METHODS: Cost analysis for PPIs was conducted for a minimum course of treatment of GERD in one patient: NEF – 4 weeks, EF – 8 weeks. Daily doses of preparations were used in calculations: omeprazole, clobazac, lansoprazole, pantoprazole – 40 mg, omeprazole – 20 mg, pantoprazole – 40 mg, lansoprazole – 30 mg. RESULTS: As recommended by the Ukrainian unified clinical protocol “Gastroesophageal Reflux Disease”, 2013). When calculating the direct costs, the cost of PPIs was only taken into account. Prices of drugs were taken from the Morion information system. CONCLUSIONS: A recent systematic review has confirmed the value of reducing the number of referrals to secondary care. We aimed to determine the 12 month clinical outcomes of patients undergoing FC testing in primary and secondary care settings. 4University of Warwick, Coventry, UK, 1Warwick Hospital, Warwick, UK, 2George Eliot Hospital, Nuneaton, UK, 3University of Warwick, Coventry, UK

OBJECTIVES: Calcitonin is a calcium binding protein released by neutrophils associated with acute inflammatory conditions, such as stroke. A recent review has confirmed the value of reducing the number of referrals to secondary care. We aimed to determine the 12 month clinical outcomes of patients undergoing FC testing in primary and secondary care settings. 4University of Warwick, Coventry, UK, 1Warwick Hospital, Warwick, UK, 2George Eliot Hospital, Nuneaton, UK, 3University of Warwick, Coventry, UK

OBJECTIVES: The objective of this study is to determine the direct costs of the use of PPI for the treatment of erosive form (EF) and non-erosive form (NEF) of GERD in patients of working age in Ukraine. METHODS: Cost analysis for PPIs was conducted for a minimum course of treatment of GERD in one patient: NEF – 4 weeks, EF – 8 weeks. Daily doses of preparations were used in calculations: omeprazole, clobazac, lansoprazole, pantoprazole – 40 mg, omeprazole – 20 mg, pantoprazole – 40 mg, lansoprazole – 30 mg.