diversity of the health professionals and the basic scenario. The costliest scenarios were the one implementing HPV DNA testing which did not provide further participation despite a high cost and the one based on P4P incentives towards GP, although it allows high participation rates. **CONCLUSIONS:** Using a comprehensive BIM, we show that full coverage of OS might be the most cost-effective way to implement it, although practical and financial issues might preclude other schemes. It may also be more balanced regarding the distribution of costs between stakeholders or may be more easily implemented and accepted by health professionals.

**PCN73**

**BUDGET IMPACT ANALYSIS OR PHARMACOTHERAPEUTIC THERAPY OF CHRONIC MYELOID LEUKEMIA (CML) WITH Nilotinib as THE SECOND-TIME LINE TREATMENT IN RUSSIAN FEDERATION**

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**OBJECTIVES:** To provide budget impact analysis (BIA) of including second-generation TKI (nilotinib) into reimbursement list of high-cost drugs of FSRP for second-line treatment of patients with CML. **METHODS:** BIA, as a part of this healthcare economic research was developed on the basis of decision tree and Markov model. The perspective of the study was FSRP of high-cost drugs, so the cost of imatinib and nilotinib were considered. Real consumption of medicine was used. Tender prices of FSRP for imatinib and regional tender prices for nilotinib were used. Exchange rate 1 Euro = 50 Rub. **RESULTS:** Annual cost per patient for nilotinib for the first line CML, patient in chronic phase was 636,83 Euro, while patients in accelerated phase and the second line treatment patients needed high-dose imatinib treatment that costs 1276,2 Euro. Annual cost per patient for nilotinib for the second line treatment was 1554,04 Euro. Total expenditures for first line treatment of CML with imatinib and the second line treatment with nilotinib for all CML patients were 82,2 mln Euro FSRP budget for CML in 2014 was 46 mln Euro, regional expenditures for the second line treatment with second generation TKI of CML were above 44 mln Euro. Therefore, inclusion of nilotinib into FSRP leads to budget increment, but doesn't exceed total current expenditures for CML of 90 mln Euro. **CONCLUSIONS:** Inclusion of nilotinib into FSRP does not exceed total current expenditures for CML and may improve patient access for effective treatment.

**PCN74**

**MACROECONOMIC ANALYSIS OF THE USE OF EVEROLIMUS COMPARED TO AXTINIB IN SECOND-LINE THERAPY OF PATIENTS WITH METASTATIC RENAL CELL CARCINOMA**

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**OBJECTIVES:** The aim of the study was to conduct a health economic evaluation of using everolimus and axitinib in patients with metastatic renal cell carcinoma (mRCC) - BSC/PPA analysis. The aim of this study was to find out that which sensitivity analysis were performed. Progression-free survival and overall survival were included into the model as the effectiveness criteria. Decision tree model with Markov cycles were simulated based on the literature and the clinical data. **RESULTS:** Stability of results to changes of external factors was evaluated by performing a probabilistic sensitivity analysis. **RESULTS:** An analysis showed that the use of everolimus was more cost-effective, which is less expensive than the use of axitinib. At the same time a decrease in the probability of adverse event occurrence for everolimus in the duration of overall survival by 27% were observed. The total cost per patient amounted to 1,686,463 RUB and 2,283,237 RUB when using everolimus and axitinib respectively. Comparison of everolimus and axitinib drug therapy is less expensive and at the same time, is more effective, i.e. it is dominant in relation to axitinib when considering such effectiveness criteria as overall survival and progression-free survival. The results of sensitivity analysis confirmed results of the baseline scenario regarding the economic feasibility of everolimus usage. The results of the budget impact analysis showed potential savings of budget finance in case of using everolimus, which provides an opportunity to treat additional patients with mRCC, with no additional expenditures on the part of health care system. **CONCLUSIONS:** Everolimus showed a longer duration of overall survival in patients with mRCC after ineffectiveness of the first-line therapy. Moreover, everolimus therapy was less costly compared to axitinib therapy. Thus, the results of the study showed that everolimus is a cost-effective strategy, as it is characterized by greater efficiency and lower costs.

**PCN75**

**COST ANALYSIS IN IMPLEMENTING RITUXIMAB FOR NON-HODGKINS Lymphoma - INTRAVERNOSALLY AND SUBCUTANEOUSLY - IN PATIENTS WITH SOCIAL COVERAGE IN LATAM**

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**OBJECTIVES:** To compare cost of rituximab both intravascular and subcutaneous for reimbursement of NHL in patients within the social security system in Argentina. Developing a more efficient and less expensive way to provide the drug, whose eligible patients become participant, diversification of health professionals performing the sampling and full coverage of the screening by the statutory health insurance. **RESULTS:** The “full coverage scenario” is the most cost-effective, followed by the scenario with self-sampling kits sent to women, the scenario with increased