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 extensive 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 €55,926, €673,491 and €814,924 for the three respective years post-entry (cumulatively €1,744,341). Average incremental per patient cost for the first year was found to be €249 when vedolizumab and biosimilars received 21% and 11% of total CD biologic volumes respectively. Early 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 €249. Although the impact on CHIF budget is not exceeding 5% of total CD biologic volumes, 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 RECESSISION ENVIRONMENT**

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**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 and biosimilars on the Greek healthcare system, would be €642,077 when vedolizumab and biosimilars are available. Total estimated annual value of increased expenditures for CIHF budget is in between approx. €642,077 and €15,033,176. Average incremental per patient cost for the first year was found to be €164 when vedolizumab and biosimilars received 10.9% and 3.3% of total CD biologic volumes respectively. Early 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 €249. Although the impact on CHIF budget is not exceeding 5% of total CD biologic volumes, 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**

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**OBJECTIVES:** The new combination therapy of paritaprevir, ombitasvir, dasabuvir and sofosbuvir was available with estimated expenditure on biosimilar therapies not exceeding €249 when vedolizumab and biosimilars received 10.9% and 3.3% of total CD biologic volumes respectively. The rate of hryvnia to dollar (USD) as of 28.11.14 was 0.2661.

**RESULTS:** The rate of hryvnia to dollar (USD) as of 28.11.14 was 0.2661.

**PG17 OPTIMAL TREATMENT OF CHRON’S DISEASE WITH BIOLOGICALS IN A WESTERN BALKAN COUNTRY: ESTIMATES OF COST/UTILITY BY MARKOV MODEL AND BUDGET IMPACT ANALYSIS**

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**OBJECTIVES:** The aim of this study was to estimate cost/utility of infliximab for treatment of Chron’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 Chron’s disease infliximab (infliximab for the patients unresponsive to infliximab) vs. azathioprine was estimated by Markov model written in Excel 2007. The model has 9 health states, with 30 two-month cycles. The model was populated from the perspective of the Serbian sopt to account for any health state over three years. Calculation of 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 extensive 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:** Biological therapy was cost effective in comparison with standard therapy, with ICER value of 2,091,348.96 € vs 1,156,213.78 RSD per QALY gained (99% CI), and Neto monetary benefit of 90,183.84 € vs 135,055.30 RSD (96% CI). About 62% of virtual patients generated by Monte Carlo microsimulation, and further used for budget impact analysis.

**PG18 IS NICE TOO OPTIMISTIC ABOUT SAVINGS FROM FEACAL CALPROTECTIN TESTING?**

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**OBJECTIVES:** Calprotectin is a calcium binding protein released by neutrophils associated with gastrointestinal inflammation. A recent review suggested the cost effectiveness of testing faecal calprotectin to help distinguish between organic bowel disease (IBD) and non-organic gastrointestinal disease (irritable bowel syndrome - IBS). National Institute of Clinical Excellence (NICE), UK guidelines were thus written to guide general practitioners (GPs) in excluding IBD and to achieve savings by 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. METHODS: 495 FC test results between July 2012 to October 2013 were reviewed. Paediatric patients (<16 years old) were excluded. Patients not referred to secondary care/tertiary care had their FCs contacted for further details. Long term clinical data was available in 27% patients, 40% intermediate and 7.7% positive results. CONCLUSIONS: A new diagnosis of IBD was made in 1% of patients with normal FC results, 19% intermediate and 38% of raised FC results. Conversely a new diagnosis of IBS (non-organic) was made in 46% of normal FC, 27% of intermediate and 7.7% of raised results. CONCLUSIONS: Despite a normal FC, this study suggests that 40% are still being referred to secondary care for investigation. This suggests that the cost saving intended by NICE may have been overestimated. The proportion of normal FC results which are managed in primary care could be improved with better GP education and more stringent pathways.