Tobacco use is a leading cause of illness and death in Colombia. In 2013, smoking is responsible for 112,891 total annual deaths in Colombia are attributable to smoking (6,776 heart disease, USD$442,619,734 lung cancer and 3,544 lung cancer). Smoking cessation in Colombia. These results could be useful for decision makers to reinforce public policies regarding smoking cessation in Colombia.

PCN42 BUDGET IMPACT ANALYSIS OF BEVACIZUMAB AND ANTI-EGFR WITH CHEMOTHERAPY FOR FIRST AND SECOND LINE TREATMENT OF METASTATIC COLORECTAL CANCER IN ARGENTINA

Methods: To estimate the budget impact of bevacizumab combinations in the metastatic colorectal cancer (mCRC) treatment and chemotherapy with anti-EGFR for first and second line according to the Argentine health care system. METHODS: The budget impact analysis was conducted. Direct expenses associated with mCRC and resulting follow-up costs were calculated using general tariff agreement of Argentine health insurance and official national statistics (accepted exchange rate was 1 $ = 30 RUB). RESULTS: Bevacizumab treatment combinations in the mCRC therapy provided cost saving benefits compared with chemotherapy with anti-EGFR for first and second line therapy. Total health care costs of mCRC therapy were approximately 187 115 RUB (39 571 $) in bevacizumab+FOLFIRI 1 line therapy, 662 242 RUB (22 075 $) in bevacizumab+CAPFOX 2 line therapy and 2 518 819 RUB (82 177 $) in bevacizumab+FOLFIRI 2 line therapy. Treatment of mCRC using bevacizumab treatment combinations compared to chemotherapy with anti-EGFR leads to cost savings of 1 541 181 RUB (51 373 $). Conclusions: Smoking is directly responsible for the loss of 674 262 lives each year in Colombia and generates an annual direct health care cost of more than 4 billion Colombian pesos, equivalent to 0.6% of GDP and 10.5% of health care spending. These results could be useful for decision makers to reinforce public policies regarding smoking cessation in Colombia.

PCN43 BUDGET IMPACT ANALYSIS FOR NILOTINIB USE IN THE TREATMENT OF CHRONIC MYELOID LEUKEMIA IN COLOMBIA

Methods: To estimate the budget impact of the use of nilotinib in first and second line chronic myeloid leukemia (CML) compared with imatinib and dasatinib, from the perspective of a third party payer in Colombia. METHODS: A Markov model was developed with a 5-year time horizon simulating first and second line treatment with nilotinib treatment options including nilotinib, imatinib and dasatinib. 2013 incidence and prevalence figures were estimated from international data. Base case market share for each compound was obtained from public national medicines registry (Sismed) for the years 2012 - 2013. Resource utilization and costs of medicines, health care services and adverse events were estimated according to clinical trials data and local health care provider databases. The analysis estimated use up to 80% market share for nilotinib in both lines. A univariate sensitivity analysis was developed to identify the effect of individual parameter variation on final results. RESULTS: Nilotinib inclusion as a first and second line treatment option for CML patients resulted in a cumulative impact of COP $14.961 million over 5 years, corresponding to a 0.056% per capita premium (UPC) in the Colombian health care system. Year to year, the impact was calculated from COP $1.168 million to COP $5.588 million on the fifth year. The sensitivity analysis showed the costs of technology, health care services and disease progression as the most relevant variables. CONCLUSIONS: The budget impact analysis showed that increasing the use of nilotinib both in first and second line treatment of CML patients poses a minimal impact on the Colombian health care system, within parameters similar to those used in 2012 for the inclusion of technologies in the benefit plan. Additional benefits in lower progression rates and potential increased survival may favor this technology to be reimbursed within the premium (UPC) in Colombia.

PCN44 BUDGET IMPACT ANALYSIS OF CRIZOTINIB AS TREATMENT OF ANAPLASTIC LYMPHOMA KINASE (ALK) POSITIVE ADVANCED NSCLC IN PANAMA

Methods: To estimate the budget impact of the use of crizotinib in first and second line non-small-cell lung cancer (NSCLC). METHODS: A Markov Model was developed to evaluate the disease progression for patients with ALK +ve advanced NSCLC in a three year period, that will be treated with Crizotinib. The model compares scenarios With and Without Crizotinib. The difference in total costs is the net impact of Crizotinib on the health care budget. Local epidemiologic data was used. Costs were estimated from national data (COP, RUB, 2012) and included costs of treatment, administration and monitoring, palliative care, and severe adverse events. The base case scenario assumes 100% testing rate for ALK in incident patients and 100% treatment progression for Crizotinib in advanced NSCLC patients. Sensitivity analyses were performed for 80-100% market share. RESULTS: In a three year period, 23 patients received Crizotinib (from a cohort of 609 advanced NSCLC patients). Cost related to drug acquisition and management of adverse in a world “With” and “Without” Crizotinib during three years are USD$ 863,103,308 heart diseases, USD$442,619,734 lung cancer and USD$170,100,285 stroke. CONCLUSIONS: Smoking is directly responsible for the loss of 674 262 lives each year in Colombia and generates an annual direct health care cost of more than 4 billion Colombian pesos, equivalent to 0.6% of GDP and 10.5% of health care spending. These results could be useful for decision makers to reinforce public policies regarding smoking cessation in Colombia.