direct cell death compared with rituximab (Rtx) and is pending regulatory approval (in combination with chlorambucil [Cb]) for the treatment of patients with previously untreated chronic lymphocytic leukemia (CLL). Obinutuzumab-Cb shows a >85% reduction in the risk of progression, relapse or death in comparison to treatment with Cb alone (HR 0.14), a broadly accepted treatment option for many patients with CLL who have had prior chemotherapeutic and biological therapy. In conclusion, the most cost-effective strategy might be the use of obinutuzumab-Cb compared to Cb and Rtx. Market share information for obinutuzumab, chlorambucil, Rtx, Cb and Bendamustine and the different relevant combinations were entered for Germany and Canada (Ontario province only).

RESULTS: Based on a 39% reduction in numbers of refractory patients treated with obinutuzumab-Cb compared to Rtx-Cb cost savings per year per patient (FYPP) for further line treatments in Canada (Ontario) range between Ca$950 and Ca$3,091, which leads to maximum cost saving of 4,585 € per one patient per year. In Germany the cost savings range FYPP between €2,556 and €8,318, which leads to maximum cost savings for the whole eligible population (1,302 patients) up to €10,830,036. The big difference in the cost savings FYPP between the two countries is mainly based on the prices of the different drugs.

Key cost drivers were treatment duration and price/cost of further line treatments. Scenario analyses on cost, efficacy and market share data confirmed these findings. CONCLUSIONS: Obinutuzumab-Cb shows significant patient-relevant clinical benefits and potential cost savings in further line treatments in patients with previously untreated CLL.

PCN51 PHARMACOECONOMIC ASPECTS OF CHRONIC PAIN MANAGEMENT IN RUSSIAN PATIENTS

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OBJECTIVES: To evaluate cost-effectiveness of the new transdermal therapeutic system (TTS) of fentanyl and subcutaneous injections (Si) of morphine hydrochloride in the treatment of chronic pain and predict potential budget impact of the implementation of fentanyl TTS in routine clinical practice.

METHODS: The pharmacoeconomic model was developed and validated on the results of Russian observational study, included 45 patients with terminal cancer: 25 patients received fentanyl TTS and 20 – SiS of morphine. During the first month of therapy the frequency of ambulance use was significantly lower in patients received fentanyl TTS (5 uses vs 11 uses per one patient per week in the morphine group), this was reflected in lower total costs (17,611,42 RUB and 23,037.54 RUB per one patient without constipation, respectively. Long-term morphine group), this was reflected in lower total costs (17,611,42 RUB and 23,037.54 RUB per one patient without constipation, respectively.

Comparing fentanyl TTS and SiSiS of morphine, the most cost-effective treatment for use in the same patient population as pegfilgrastim. We developed a model to compare the Canadian costs of managing the treatment-related adverse events (AEs) of obinutuzumab, ofatumumab, ofatumumab+Clb and Bendamustine and the different relevant combinations were entered in number of refractory patients treated with obinutuzumab-Cb compared to Rtx-Cb cost savings per year per patient (FYPP) for further line treatments in Canada (Ontario) range between Ca$950 and Ca$3,091, which leads to maximum cost saving of 4,585 € per one patient per year. In Germany the cost savings range FYPP between €2,556 and €8,318, which leads to maximum cost savings for the whole eligible population (1,302 patients) up to €10,830,036. The big difference in the cost savings FYPP between the two countries is mainly based on the prices of the different drugs.

Key cost drivers were treatment duration and price/cost of further line treatments. Scenario analyses on cost, efficacy and market share data confirmed these findings. CONCLUSIONS: Obinutuzumab-Cb shows significant patient-relevant clinical benefits and potential cost savings in further line treatments in patients with previously untreated CLL.

PCN52 BUDGET IMPACT OF LEPFILGRISTIM FOR THE MANAGEMENT OF CHEMOTHERAPY-INDUCED NEUTOPENIA

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OBJECTIVES: Chemotherapy-induced neutropenia (CIN), a commonly-occurring adverse event in cancer patients undergoing chemotherapy, and particularly febrile neutropenia (FN), have potentially life-threatening and costly consequences. The standard of care for patients at risk of FN comprises prophylactic administration of recombinant granulocyte colony-stimulating factor (G-CSF) with pegfilgrastim, a long-acting formulation of G-CSF, and the most widely used in Europe. Lepfilgrastim is a novel, pegylated and glycosylated long-acting G-CSF designed for use in the same patient population as pegfilgrastim. We developed a model to estimate the economic impact over five years of managing G-CSF-eligible chemotherapy patients at risk of FN with lepfilgrastim rather than pegfilgrastim in Scotland.

METHODS: The eligible patient population was estimated based on cancer incidence in Scotland and current uptake of G-CSF by patients initiating chemotherapy to prevent neutropenia. Drug, monitoring and event costs were taken from the British National Formulary. Unit Costs of Health and Social Care and Scottish National Tariff. As lepfilgrastim was shown to be non-inferior to pegfilgrastim (in a phase III study in breast cancer patients), the efficacy and safety of pegfilgrastim and lepfilgrastim were modeled to be identical and in statistical equivalence toward fewer neutropenic events and dose modifications with lepfilgrastim were explored in scenario analyses.

RESULTS: The model estimated that 315 patients currently receive pegfilgrastim annually. A progammatic model was estimated with costs savings ranging from £2,814 in year 1 to £1,668,804 in year 5, total of £611,904 over five years. Savings were attributable to the low drug acquisition cost of lepfilgrastim. Using event rates from the pivotal phase III breast cancer study, a sensitivity analysis was performed using pegfilgrastim instead of lepfilgrastim generated savings of £16,312, avoided 81 neutropenic events (including 11 occurrences of FN) and 50 dose modifications, and caused 34 additional treatment-emergent adverse events.

CONCLUSIONS: Lepfilgrastim was cost-saving compared with pegfilgrastim.