drugs. For RA, average cost for SC drugs was 24 448€ and it was 30 403€ for the infusion drug. For 100 AS patients treated over 2 years, substituting 60% of IV by SC drugs would generate 37 951€ in savings for the French Statutory health insurance. For RA, such a substitution would yield a 487 977€ saving. Taking into account transportation costs of 50€ per visit increased respectively the costs associated with infusion therapies to 31 554€ for AS and 31 056€ for RA.

CONCLUSIONS: In the context of ever-increasing scrutiny over their public health expenditure, savings in costs should drive the choice of treatment route of administration. Overall, replacing current IV Anti-TNF therapies by SC treatments would entailed substantial benefits for the French Statutory Health Insurance.

PMS11
BUDGET IMPACT ANALYSIS IN SPANISH PATIENTS WITH DUPUYTREN'S CONTRACTURE: FASCICTOMY VERSUS COLLAGENASE CLOSTRIDIUM HISTOLYTICUM de Salas-Cansado M1, Cuadros M2, Araneda M3, Del carro M4, Muñoz R5, Lwoff N6
1Fizter Spain, Alcobendas, Madrid, Spain, 2Hospital Virgen de la Victoria, Málaga, Spain, 3Hospital Cliníc, Barcelona, Spain, 4Hospital Beata María, Madrid, Spain, 5Fizter Spain, Alcobendas, Madrid, Spain

OBJECTIVES: To estimate the budget impact analysis of Collagenase Clostridium histolyticum (CCH) vs. fascectomy (FSC) for the treatment of Dupuytren’s Disease (DD) in Spain.

METHODS: A cost minimization analysis was adopted (effectiveness was assumed to be equivalent for both techniques). DD related costs were considered: CCH costs (including drug, administration and visits) were obtained from clinical trials and a real-life study. FSC costs (including type of admission, visits, emergency room, re-admissions, tests, drugs and rehabilitation costs) were collected through a retrospective, observational, local study. Unit costs were obtained from local databases (e-SALUD and BOT). Results were presented from the NHS perspective for the next 3 years. We assumed 5100 fasciectomy/year (15% annually) and 3000 CCH/year; in them will annually utilize CCH. In addition a 10, 15 and 20% of untreated diagnosed patients were expected to receive CCH. All the data were validated through an expert panel. A sensitivity analysis was performed with the main variables. RESULTS: The average FSC cost was € 2250 (72% inpatients), ranging from € 16 246 to € 3059; and a 20, 30 and 40% of them will annually utilize CCH. The average CCH cost was € 1220 (1.5 vial/injection and 4 visits) and may drop to € 898 (1.1 vial/injections and 3 visits). The accumulated 3 years BIA was 45,971 [ME -2,993, 3,870]. CONCLUSIONS: According to this study, the inclusion of the CCH has produced a 3 years cumulative budgetary impact of € 45,971 [ME -2,993, 3,870] for the NHS.

PMS12
BUDGET IMPACT OF GOLIMUBAM IN THE ANTI-TNF TREATMENT OF RHEUMATOID ARTHRITIS, AKYLOSING Spondylitis And Psoriatic Arthritis In The Brazilian Public Health Care System Moraes AD, Pereira MT, Janssen Cilag Farmacêutica, São Paulo, Brazil

OBJECTIVES: To estimate the budget impact of adopting golimubam for the treatment of rheumatoid arthritis (RA), akylosing spondylitis (AS) and psoriatic arthritis (PsA) in Brazil. The impact of adopting golimubam (GOL) was compared to adalimumab (ADA) and etanercept (ETN) on a per patient basis in the Brazilian public health care system.

METHODS: Golimubam was compared to adalimumab and etanercept. Adalimumab and etanercept (ETN) were valued by a weighted average of their respective market share in Brazil. The study was performed at a 1-year time horizon.

RESULTS: The average cost per patient/month for golimubam was € 1,470, for adalimumab € 1,840, and for etanercept € 1,210. GOL was expected to increase the number of RA, AS, and PsA patients treated in Brazil by 1,055, 688, and 379, respectively. The number of RA patients that would receive adalimumab and etanercept would decrease by 770 and 350, respectively. The estimated budget impact for RA, AS, and PsA patients was € 2,705,000, € 1,840,000, and € 720,000, respectively.

CONCLUSIONS: The adoption of golimubam is expected to increase the number of RA, AS, and PsA patients treated in Brazil, leading to a decrease in the number of patients that would be treated with adalimumab and etanercept. The budget impact of the adoption of golimubam is expected to be € 2,705,000 for RA, € 1,840,000 for AS, and € 720,000 for PsA patients.

PMS13
COMPARATIVE BUDGET IMPACT OF TERIPARATIDE VERSUS PARATHORMONE 1-84 USING INDIRECT COMPARISON EFFICACY DATA IN ITALY Migliore A1, Broccoli S1, Biszi R2, Parise G3
1FarmaFid Srl, Firenze, Italy, 2DIBIOS, Bologna, Italy, 3ISEM institute of research, Fucecchio, Italy

OBJECTIVES: To estimate the budget impact for the treatment of osteoporosis in Italy following a treatment pattern with TERIPARATIDE vs. PTH 1-84. METHODS: A budget impact model was constructed using a decision-tree analysis with a Monte Carlo technique where a sufficiently large number (currently 500) of individual patients are processed through the model, saving the result for each patient and calculating a mean group cost. The model incorporates the vertebral fracture and non-vertebral fractures odd ratios for TERIPARATIDE vs. PTH 1-84 from the MTC of Migliore (2012). The odd ratios are held constant for the 18 months of treatment.

The analysis was carried out from the perspective of the Italian health care system and therefore only direct costs were considered (drug costs and fracture costs). Vertebral and non-vertebral fracture costs for Italy were taken from Borgstrom (2011) and inflated to year 2012 using a national inflation index. The average non-vertebral fracture cost was calculated by adjusting the non-vertebral fracture costs to the proportional reduction of the model output. A probabilistic sensitivity analysis and a probabilistic sensitivity analysis. RESULTS: Within 500 Monte Carlo patient simulations, mean costs per patient were significantly different between the two alternatives with €11,408 (SD €4,478) and €13,280 (SD €6,643) for the TERIPARATIDE group respectively (p < 0.001).

CONCLUSIONS: Considering the treatment costs and the costs of the fractures not avoided, TERIPARATIDE is expected to be the cheapest therapeutic option compared to PTH 1-84.