the result into federal drug provision program will lead to reduction in federal budget compared to MA red approach compared to MA reduction mainly results from less costs for immunosuppressive drugs in Ev.

- a probability of cost-effectiveness of 93.8% and 93.1%, respectively. CONCLUSIONS: Mirabegron 50 mg/day is a cost-effective treatment compared with immunosup- icagents in OAB patients from a Spanish NHS perspective.

PUK17 PHARMACOECONOMICS ANALYSIS OF EVEROLIMUS IMMUNOSUPPRESSIVE THERAPY AFTER RENAL TRANSPLANTATION

Avery A M, Anexcentry NA F, Frölin M, Derckx EV

1The Russian Presidential Academy of National Economy and Public Administration, Moscow, Russia, 2Applied economic research Institute of Russian academy of national economy and public administration, Moscow, Russia, 3Vologda State Medical University, Vologda, Russia

BACKGROUND: Immunosuppressive therapy after organ transplantation is financed from federal budget in Russia, but only when certain drugs are prescribed, i.e. mycophenolic acid, mycophenolate mofetil, cyclosporine, tacrolimus. Everolimus had demonstrated good efficacy and safety in renal transplantation patients but has not been included into federal drug provision program yet. OBJECTIVES: to calculate cost difference between two approaches for immunosuppressive therapy after renal transplantation: everolimus plus reduced-exposure cyclosporine (Ev+Cyc_red) and mycophenolic acid plus standard exposure cyclosporine (MA+Cyc_st) for Russian healthcare system. METHODS: We calculated the two-year difference in costs that resulted from efficacy and safety differences of compared alternatives employing the probability model. Data on costs and outcomes were taken from D. Cibrik et al. randomized control trial (2013). Direct medical costs were calculated from the Russian healthcare system point of view. We also estimated the 5-year budget impact of everolimus inclusion into drug provision program calculated from the Russian healthcare system. We also estimated the probability model. Data on safety and efficacy of compared strategies were calculated. RESULTS: Ev+Cyc_red leads to cost reduction by €2.5 thousand (17%) per patient in a two-year period when compared to MA+Cyc_st. The reduction mainly results from less costs for immunosuppressive drugs in Ev+Cyc_red arm. after adjusting costs for MA+Cyc_st. At £20,000 per QALY, the costs were lower in Ev+Cyc_red strategy. Everolimus inclusion within federal drug provision program will lead to reduction in federal budget spending starting from the first year; the total five-year budget savings are €4.3 million. CONCLUSIONS: Ev+Cyc_red is a cost-saving option for immunosuppressive therapy after renal transplantation in Russia when compared with MA+Cyc_st.

PUK18 LAPAROSCOPIC SURGERY VS TRADITIONAL OPEN SURGERY FOR KIDNEY IMPLANTATION: A COST-EFFECTIVENESS MODEL

Agu SD, BremMed Health Solutions Pvt. Ltd., Panjin, India

OBJECTIVES: Laparoscopic surgery can be used to remove the kidney from a donor in kidney transplant but was recently used for the first time in the UK to remove a kidney for living related donation. The objective of this study was to analyse the cost-effectiveness of using laparoscopic surgery compared to open surgery in kidney recipients. METHODS: A decision tree model with a time horizon of 10 days was constructed to calculate short-term costs and benefits of patients undergoing kidney transplantation. The model was built from a third-party payer perspective in the UK. The costs for work-up, surgery, blood transfusion during surgery, equipment, hospital stay and post-operative complications were obtained from the National Health Service reference costs. Quality of life (QoL) was measured using the SF-12 health survey. Utilities were produced accounting for the difference in various potentially clinical outcomes from the SF-12 data collected at three time-points in CS29 (n = 803, male=434, female=369) were mapped to utility values using the SF-6D. Multiple data points were available per patient, a mixed model, with patient as a random effect variable, was therefore fitted using the generalised additive mixed model procedure in R. Utilities were produced accounting for the difference in various potentially clinical factors: age, body mass index, gender, number of co-morbidities, number of voids (NOV) and time to first void (TTV, also called first uninterrupted sleep period - FUSP). Diagnostic plots were produced to test model fit (scatter, residual and Q-Q), and Spearman's correlations were calculated for all pairwise comparisons to test for multicollinearity in the data. For calculation of predictive utilities, all variables were set to their median values. RESULTS: All diagnostic plots showed a good model fit and in accordance with model assumptions. Though the median was for 6 NOV (median=3.33 voids) and TTV (median=1.78h), both variables were kept in the model to determine their relative impact on Qol. Both NOV and TTV had a significant impact on utility, with up to 0.1 change in score. The utility was 0.75, 0.72 and 0.69 for levels of 0, 1 and 2 NOV, respectively. With the threshold of 0.05, the optimum utility score for patients aged 40-50. Male patients had a higher score than female patients. CONCLUSIONS: Nocturia severity has a significant impact on Qol. NOV and TTV can cause changes up to 0.1 in utility score.

PUK21 IMPACT OF NOCTURIA ON QUALITY OF LIFE – MAPPING OF SF-12 TO UTILITY VALUES USING CLINICAL TRIAL DATA

Lee D1, Nielsen SK2, Kidd R3, Andersson FL4

BremMed, Sheffield, UK, 2BremMed, Panjin, India, 3Ferring Pharmaceuticals A/S, Copenhagen, Denmark, 4Adelphi Real World, Macclesfield, UK

OBJECTIVES: Nocturia (getting up at night to void) can have a negative impact on quality of life (Qol), but limited data are available to determine the size of this impact. This study aimed to derive utility data on the impact of nocturia on Qol from the randomised clinical trial CS29 (clinicaltrials.gov, NCT00474990) for desmopressin versus placebo. METHODS: SF-12 data collected at three time-points in CS29 (median=803, male=434, female=369) were mapped to utility values using the SF-6D. Multiple data points were available per patient, a mixed model, with patient as a random effect variable, was therefore fitted using the generalised additive mixed model procedure in R. Utilities were produced accounting for the difference in various potentially clinical factors: age, body mass index, gender, number of co-morbidities, number of voids (NOV) and time to first void (TTV, also called first uninterrupted sleep period - FUSP). Diagnostic plots were produced to test model fit (scatter, residual and Q-Q), and Spearman's correlations were calculated for all pairwise comparisons to test for multicollinearity in the data. For calculation of predictive utilities, all variables were set to their median values. RESULTS: All diagnostic plots showed a good model fit and in accordance with model assumptions. Though the median was for 6 NOV (median=3.33 voids) and TTV (median=1.78h), both variables were kept in the model to determine their relative impact on Qol. Both NOV and TTV had a significant impact on utility, with up to 0.1 change in score. The utility was 0.75, 0.72 and 0.69 for levels of 0, 1 and 2 NOV, respectively. With the threshold of 0.05, the optimum utility score for patients aged 40-50. Male patients had a higher score than female patients. CONCLUSIONS: Nocturia severity has a significant impact on Qol. NOV and TTV can cause changes up to 0.1 in utility score.

PUK22 HRQOL AND UTILITY IN NOCTURIA ARE CORRELATED TO NUMBER OF VOIDS

Andersson FL1, Juul KV1, Rayen M2, Rassau RC3

Ferring Pharmaceuticals A/S, Copenhagen, Denmark, 2New England Research Institutes, Watertown, MA, USA

OBJECTIVES: LOFT (lower urinary tract symptoms) are highly frequent and bother- some to the patient. Nocturia, defined by the International Continence Society as