by targeting prophylaxis based on patient genotype. The deterministic sensitivity analysis showed that the savings is most dependent on the incidence of invasive fungal infection, cost of treating an invasive fungal infection, and frequency of ‘17 in the population. CONCLUSIONS: Genotypic data from published sources, a total of 3,023 potential patients with LC were
would incur if they were to include crizotinib on their formularies. Using epidemiol-
expected costs that the Mexican Social Security Institute (IMSS) and the Safety and
eters on results.
Crizotinib is the only therapy approved for patients with ALK +
received an unrelated allo-HSCT with unfavourable prognostics.
Ceplene®/IL-2 is expected to fulfil a direct medical need for patients not eligible or having
2013 including medical visits, hospitalisations, laboratory and diagnostic tests, prophylactic measures, treatment of complications and infections were consid-
ered on results. RESULTS: The BIM estimates that a total of 5,789 patients will be
in the population.
incurred additional costs ranging from R$6,334,955 to R$38,818,233. CONCLUSIONS: Considering current available evidence regarding treatment sequencing, the introduction of enzalute-
ned is expected to increase costs to the Brazilian Private Health System.
PCN47 BUDGET IMPACT MODEL OF CEPLENE® AS MAINTENANCE THERAPY IN ADULT PATIENTS WITH ACUTE MYELOID LEUKEMIA IN FIRST REMISSION
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1RCN Health Economics & Outcomes Research S.L., Barcelona, Spain, 2Meda Pharma GmbH & Co KG, Bad Homburg vor der Höhe, Germany, 3Universitat de Barcelona, Barcelona, Spain. OBJECTIVES: To assess the economic impact of Ceplene® with low-dose Interleukin-2 (IL-2) for the treatment of adult patients with Acute Myeloid Leukemia (AML) in first complete remission (CR1) which previously received intensive chemotherapy in Spain. METHODS: A budget impact model was developed using the perspective of the National Health System with a 4-year time horizon. Ceplene®/IL-2 was compared with no treatment and an unrelated allelogenic hematopoietic stem cell transplant (alloHSCT). (For treatment options and baseline assumptions see table 1). RESULTS: The BIM estimates that a total of 5,789 patients will be treated in the next three years, with annual cost estimates in the baseline scenario of R$83,944,041 in year 1, reaching R$198,507,065 in year 3 of the simulation. The introduction of Ceplene/IL-2 was associated with a decrease in costs of R$60,522 per patient after 3 years. In deterministic sensitivity analysis, enzalutamide price, proportion of patients receiving additional treatment line and duration of therapy were the most important variables that impacted results, with the alternative scenario scenario more costly than the baseline scenario in all simulations, incurring additional costs ranging from R$6,334,955 to R$38,818,233. CONCLUSIONS: Considering current available evidence regarding treatment sequencing, the introduction of enzalutamide is expected to increase costs to the Brazilian Private Health System.

PCN48 BUDGET IMPACT ANALYSIS OF THE USE OF CRIZOTINIB FOR NON-CELL LUNG CANCER AND ALK+ MUTATION IN THE TWO MAIN PUBLIC HEALTH CARE INSTITUTIONS IN MEXICO
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OBJECTIVES: Standard treatment for lung cancer (LC) in Mexico is chemotherapy. Crizotinib is the only therapy approved for patients with ALK+ advanced non-cell lung cancer in Mexico. This analysis aims to estimate the economic impact of using crizotinib for patients with ALK+ advanced NSCLC in the Mexican setting from public health care institution perspective. METHODS: A budget impact analysis with a one-year time horizon was developed to compare expected costs that the Mexican Social Security Institute (IMSS) and the Safety and Social Services for State Workers Institute (ISSSTE) public health care institutions would incur if they were to include crizotinib on their formulas. Using epidemiol-
y data from published sources, a total of 3,023 potential patients with LC were
identified at IMSS and 631 at ISSSTE, 2,570 and 536 of them with NSCLC. A 4.2% ALK+ rate was assumed. Direct medical costs of standard treatment for LC were obtained from a published source. Cost for crizotinib was given by the manufacturer. All costs are expressed in 2014 USD ($1USD=$13MXN). Two scenarios were presented: 1) world without crizotinib, where all patients with LC are treated with standard treatment; 2) world with crizotinib, where all ALK+ (and a small percentage of ALK-) are treated with crizotinib and all other LC patients are treated with standard treatment. RESULTS: # 1 and 17 ALK+ advanced NSCLC patients were identified in IMSS and ISSSTE, respectively. Total costs for the world “without” one ALK+ horizon is $50.3 and $52.9 million, respectively. For IMSS, total costs were $10.5 versus $11.1 million. The combined incremental budget impact across both public health care institutions is 5.2%. CONCLUSIONS: Crizotinib, the only drug approved for the treatment of ALK+ advanced NSCLC, is a more costly option than the baseline scenario in all simulations, incurring additional costs ranging from R$6,334,955 to R$38,818,233. CONCLUSIONS: Considering current available evidence regarding treatment sequencing, the introduction of enzalutamide is expected to increase costs to the Brazilian Private Health System.

PCN49 BUDGET IMPACT ANALYSIS OF EVEROLIMUS PLUS EXEMESTANE VERSUS GEMCITABINE PLUS PACLITAXEL AND CAPECITABINE PLUS DOXETAXEL IN METASTATIC BREAST CANCER PATIENTS IN EGYPT
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1Ministry of Health, Faculty of Pharmacy Helwan University, Cairo, Egypt, 2Central Administration for Pharmaceutical Affairs, Cairo, Egypt, 3Ministry of Health, Cairo, Egypt. OBJECTIVES: To estimate the budget impact of everolimus-exemestane versus the most commonly used regimens in the Egyptian practice, gemcitabine-paclitaxel and capecitabine-docetaxel for a health care plan that introduces everolimus for post-menopausal hormone receptor positive, human epidermal growth fac-
ctor receptor positive breast cancer (HER2+). METHODS: Budget and medical drug impacts (2013 EGP) were estimated over the first three years of the three drug regimens use from the health insurance data. Data were used to estimate the popula-
tion size. The treatment data for MBC patients were obtained from published and nonpublished sources. The model considered 2 scenarios—without (pre) and with postmarket medical-exemelam-exemestane was added. The results were used to estimate incremental costs of each regimen. RESULTS: The gemcitabine-paclitaxel population was LE0.62, LE2.60 and LE5.77 for year 1, 2 and 3 respectively while the capecitabine-docetaxel population was LE0.59, LE5.4 and LE5.70 for year 1, 2 and 3 respectively. The capecitabine-docetaxel results were most relevant to the Egyptian health care system while the gemcitabine-paclitaxel results were most sensitive to the number of eligible patients. CONCLUSIONS: Increased acquisition costs of everolimus-exemestane for HER2+, HER2-MBC treatment are expected to be obviously offset by both the reduced number of progressed patients and the relatively small medical costs due to avoided adverse events of each of gem-
citabine-paclitaxel and capecitabine-docetaxel regimens. The expected budget impact of covering everolimus for this group of patients was relatively small.

PCNC10 BUDGET IMPACT ANALYSIS OF RITUXIMAB FOR CHRONIC LYMPHOCYTIC LEUKEMIA IN THE BRAZILIAN PRIVATE HEALTH SYSTEM
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1FPE - Fundação de Ensino e Pesquisas Econômicas, Brasilia, Brazil, 2University of Sao Paulo - USP, Brazil. BACKGROUND: Chronic Lymphocytic Leukemia (CLL) is a malignant disease incur-
able of the lymphoid system, that affects predominantly elderly, especially in Western countries. Your treatment when necessary is based on the administration of chemotherapy, with association of fludarabine plus cyclophosphamide (FC). The, the most widely used schema. Recently the addition of rituximab, a monoclonal anti-
body has been associated with this scheme, known as FCR. OBJECTIVES: To elabo-
rate a budget impact analysis (BIA) of rituximab for chronic lymphocytic leukemia for help the decision making. METHODS: A BIA of association of fludarabine plus cyclophosphamide in SUS compared to rituximab with this scheme was performed. The analysis‘ time horizon was 5 years, using a CIL prevalence of 4.4% and 25% of CLL refractory between them (1.634), considering an annual growth rate of 0.814% and a market share of 25% and 75% according the classification of diagnosis and stage of Rai & Keating. The mean total rituximab dose considered was 375/mg/m2, an average personal weight and size of 70kg and 1.70m, which means 681,75mg per cycle. All cost purchase prices and remission rate of rituximab (25%) and stand chemotherapy (9%) were obtained at one year trial in the onc-hematol-
ogy high risk University Clinics Hospital of the Faculty of Medicine University Preto de Figueira Preto / USP hospital measured in real 2012. RESULTS: The budget impact of FC per year would be 38.7 mil (21.7M), in this year, considering 25% of target population, reaching approximately 13.5 mil reais ($60.9M) in 5 years. For FCR, the additional impact would be 97 mil reais ($43 5M) in the 1st year, reaching 340 mil reais ($153M) in 75% of patients. CONCLUSIONS: Treatment costs still impressive, considering that rituximab’s values reach 2.5 times the cicle units value of standard chemotherapie, fact that did not happen in other countries where they are already covered.

PCNC2 REAL-WORLD COSTS OF LABORATORY TESTS FOR NON-SMALL CELL LUNG CANCER
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