OBJECTIVES: To explore the penetration of ESAs in the Greek pharmaceutical market and differences among patients. METHODS: Data was derived from the IKA-ETAM Social Security Fund, covering almost 50% of insured population. Consumption of ESAs (epoetin alfa, darbepoetin alfa, epoetin beta, methoxy polyethylene glycol epoetin beta, epoetin zeta) was collected from the Central & Peripheral Pharmaceuticals Organization (HOSPAP) and used to determine ESAs consumption in 2008 and 2009. Using hospital prices, the MSH of biosimilars was estimated for the respective years based on NHS hospital prices. RESULTS: ESAs consumption in 2008 and 2009 was approximately the same (20% & 23% respectively) while decreasing by 4% reaching 23% in 2010. A 13.8% decrease was also observed in IKA-ETAM total pharmaceutical expenditure in 2010. In 2009 ESAs expenditure reached €343 million with 94% and 6% MSH for original and biosimilar ESAs respectively. In 2010 ESAs expenditure was almost halved (€22 million), due to price cuts and stricter control of prescriptions. Specifically, the MSH of biosimilars was 81 and 19% respectively in 2009 and 2010. Under the economic recession Greece is experiencing, biosimilars seem to be a cost saving option.

PSY16 COST AND QUALITY OF LIFE BENEFITS OF FASTER BLEED RESOLUTION WITH AN RVIIA ANALOGUE: A MATHEMATICAL SIMULATION STUDY FOR THE GERMAN POPULATION

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OBJECTIVES: On-demand treatment for haemophilia patients with inhibitors is burdensome to patients and practitioners. Newer bypassing agents with shortened bleeding time resulting in fewer infusions, may improve patients' quality of life (QoL). The study objective was to model the lifetime costs and health-related QoL outcomes associated with bypassing agents, recombinant activated Factor VIIa and plasma-derived activated prothrombin complex concentrate (FVIIa, pPACK.CP). The model is an adaptation of a previous published model comparing rFVIIa and the literature, rFVIIa was associated with measurable lifetime cost savings compared with pd-aPCC (€2,962,833 vs. €4,664,971, respectively) and reduced total cost per bleed compared with pd-aPCC (€7,614 vs. €19,435, respectively). Reducing the number of rFVIIa infusions per bleed from 2.3 to 1.5 resulted in incremental cost savings of €248 (€7,062 vs. €6,814 in rFVIIa compared to additional QALY gain. Sensitivity analyses confirmed the robustness of base case findings. CONCLUSIONS: This exploratory model is a valuable tool for physicians to assess the impact of current treatment patterns over a patient's lifetime and to potentially identify optimal practice patterns. Availability of bypassing agents with improved efficacy profiles could result in significant improvement of patient care.

PSY17 RETROSPECTIVE CHART REVIEW STUDY OF THE COST OF CARE OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN FIVE EUROPEAN COUNTRIES

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OBJECTIVES: Evaluate rate of flares in adult SLE patients with active antinuclear autoantibody positive SLE disease and estimate the incremental direct costs of flare management. METHODS: A multi-centre retrospective chart review study explored data on SLE patients, disease activity, disease manifestations, and source utilization in 5 European countries (France, Germany, UK, Italy and Spain). Patients were stratified by disease severity at inclusion visit (50% severe) and followed-up for 2 years. Severe disease defined as having at least one major domain actively involved (renal, neurological, cardiovascular or respiratory) and requiring hospitalization or corticosteroids (>7.5 mg/day of corticosteroids and/or immunosuppressants). A modification of SELENA-SLEDAI Flare Index retrospectively used was for identifying mild/moderate and severe flares. Unadjusted mean costs associated with management of flares were assessed. Health care perspective and country specific data was used for resources and costs analysis. RESULTS: The total sample included 427 SLE patients (212 severe, 215 non-severe), mean age: 43.4 years, female: 90.5%. Total mean number of flares over the study period was 2.29 compared to 1.83 (p<0.001) for severe and non-severe patients respectively. Mean number of mild/moderate flares was compared to 1.32 (p<0.001), while the mean number of severe flares was 1.42 compared to 0.52 (p<0.001) for severe and non-severe patients, respectively. The mean two years cost for patients experiencing at least one flare over study period was €9667 compared to €3190 (p<0.001) without flares. Exploratory flare analyses revealed a mean 2 years cost of €24,956 in patients with severe flares (no statistical significance for mild/moderate flares). CONCLUSIONS: Severe patients experience both a higher number of flares and more severe flares compared to non-severe patients. Patients experiencing at least one flare over the study period incurred 2.5 times more costs than patients without flares; the presence of severe flares in SLE patients has a significant impact on the healthcare system.

PSY18 RESOURCE CONSUMPTION EVALUATION FOR KETOROLAC, PARECOXIB AND TENOXICAM AT ORTHOPEDIC SURGERY POST-OPERATION IN BRAZILIAN PATIENTS FROM PRIVATE PAYERS PERSPECTIVE

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OBJECTIVES: The rational use of resources is essential for granting sustainability at any healthcare system. This study aims to evaluate the best anti-inflammatory medication regarding costs consumption from private payer's perspective. METHODS: 400 medical charts from 3 private hospitals in Curitiba city were accessed retrospectively, and patients were selected based on the use of intravenous ketorolac (200mg/day), parecoxib (40mg/day) or tenoxicam (40mg/day) at the immediate post-operative adult patients from orthopedic surgeries period and based on the existence of hospital’s billing information. One hundred twenty-one cases were recruited. Resource use considered were anti-inflammatory and anesthetic drugs, infusion equipment, medication costs (factory list prices) and labor costs were estimated from the amount of minutes per day to administering the medicines. The minimum monthly wage for a nurse according to the Brazilian nurses union was considered (R$3.75 USD). Costs are expressed in Brazilian Reais (BRL) converted to the US dollar ($) using the exchange rate effective on the day of the study. All costs were expressed at competitive prices and/or cost range was evaluated. Results: Diazepam was found to be the less costly alternative to the hospital by rationing the number of administrations per day, the use of antidepressant, anecic and antieptic medications and the total labor time costs for administering the medications.

PSY19 ECONOMIC COSTS OF CHEMOTHERAPY-INDUCED FERRILE NEUTROPENIA AMONG PATIENTS WITH NON-HODGKIN’S LYMPHOMA IN EUROPEAN CLINICAL PRACTICE

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OBJECTIVES: To assess the cost of chemotherapy-induced febrile neutropenia (FN) in the United States has been reported to be substantial. Little is known about the cost of FN in other countries or about costs of follow-on care and subsequent FN events. METHODS: Resource use data were obtained from an observational study of supportive care in patients with non-Hodgkin’s lymphoma (NHL) receiving CHOP-14 or CHOP-21 chemotherapy (rituximab) predominantly across Europe. FN was defined as single fever of 38.3°C or temperature of ≥38.3°C for ≥2 h, and neutrophil count of <0.5x109/L or <1.0x109/L and predicted to fall below 0.5x109/L. Patients developing FN in a given cycle ("FN patients"), starting with the first cycle, were matched (1:1, without replacement) on age, tumor stage, chemotherapy, and other factors to those not developing FN in that cycle ("comparison patients"), irrespective of FN experience in subsequent cycles. FN-related healthcare utilization and costs (estimated from UK National Health Service perspective [2010]) were tallied for patients from the match cycle through the last chemotherapy cycle ("follow-up"). RESULTS: Eighteen percent of patients (331/1829) in the observations study experienced at least one FN event in the first cycle, which required inpatient care. A total of 295 FN patients were matched to comparison patients for these analyses; baseline characteristics were similar between groups. During follow-up, FN patients averaged 1.4 (95%CI 1.34-1.56) FN events and comparison patients averaged 0.15 (0.10-0.21) FN events, and corresponding mean number of FN-related hospital days was 6.21 (5.28-7.17) and 0.63 (0.30-1.02). Mean total cost was £5744 (£4893-£6664) higher for FN patients than comparison patients, with 71% of the difference attributable to care in the index cycle (£4051 (£3633-£4469) and 29% to costs of follow-on care and subsequent FN events.

PSY20 THE ANNUAL DIRECT MEDICAL COST OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS AND COSTS DRIVERS (LUCIE STUDY): FRENCH RESULTS

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