PCN45
A BUDGET IMPACT MODEL FOR THE INTRODUCTION OF BEVACIZUMAB FOR THE TREATMENT OF NEWLY DIAGNOSED GLOBLASTOMA MULTIFORME IN THE UK
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Methods: Newly diagnosed glioblastoma multiforme (GBM) is associated with poor prognosis and limited treatment options. The placebo controlled AVAGlio study showed that the use of bevacizumab plus temozolomide (TMZ) improves progression-free survival (PFS) by 4.4 months, and maintains health-related quality of life in patients with newly diagnosed GBM. A budget impact model (BIM) has been developed to calculate the costs associated with the introduction of bevacizumab for the treatment of newly diagnosed GBM in the UK. The BIM is based on UK epidemiological and resource data and compares a base case in which all eligible patients are treated with temozolomide + TMZ only, versus a scenario in which bevacizumab is introduced with increased uptake over a three year period. The model combines drug, adverse events, and administrative costs to estimate the total cost of treating the eligible patient population in the UK using published sources converted into £ (2013). Results: The BIM estimates that introducing bevacizumab with an expected uptake of 87% in bevacizumab, the total cost would be £5,619,457, £11,463,690 in year 2 with an expected uptake of 20%, and £16,688,655 in year 3 with an expected uptake of 30%. When these costs are considered in the context of the total oncology costs for the UK in 2013, the budget impact of the introduction of bevacizumab in years 1, 2 and 3 is 0.08%, 0.17% and 0.25%, respectively. When the costs related to bevacizumab alone are considered in the context of the total oncology drug budget for the UK in 2013, the costs for bevacizumab for years 1, 2 and 3 in the BIM are 0.42%, 0.95% and 1.82% respectively.

Conclusion: The introduction of bevacizumab for the treatment of newly diagnosed GBM in the UK is associated with a low budget impact.

PCN46
BUDGET IMPACT ANALYSIS OF BEVACIZUMAB PLUS CHEMOTHERAPY VERSUS BEVACIZUMAB AND ANTI-EGFR WITH CHEMOTHERAPY FOR FIRST AND SECOND LINE TREATMENT OF METASTATIC COLORECTAL CANCER IN RUSIAN FEDERATION
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Methods: To assess the budget impact of the use of nilotinib in first and second line chronic myeloid leukemia (CML) compared with imatinib and dasatinib, from the perspective of a third party payer in Colombia. METHODS: A Markov model was developed with a 5-year time horizon simulating first and second line treatment options including nilotinib, imatinib and dasatinib. 2013 incidence and prevalence figures were estimated from national data. Base case market share for each compound was obtained from public national medicines registry (Sismed) for the years 2012 – 2013. Resource utilization and costs of medicines, health care services and adverse events were estimated according to clinical trials data and local health care provider databases. The analysis estimated up to 80% market share for nilotinib in both lines. A univariate sensitivity analysis was developed to identify the effect of individual parameter variation on final results.

Results: The budget impact analysis showed that increasing the use of nilotinib both in first and second line treatment of CML patients poses a minimal impact on the Colombian health care system, within parameters similar to those used in 2012 for the inclusion of technologies in the benefit plan. Additional benefits in lower progression rates and potential increased survival may favor this technology to be reimbursed within the premium (UPC) in Colombia.

PCN47
PROJECTED CLINICAL, RESOURCE, AND BUDGET IMPACT OF IMPLEMENTING LOW DOSE COMPUTED TOMOGRAPHY LUNG CANCER SCREENING IN THE UNITED STATES
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Methods: A Markov Model was developed to evaluate the disease progression of a cohort of patients with ALK +ve advanced non-small-cell lung cancer (NSCLC). METHODS: A Markov Model was developed to evaluate the disease progression of a cohort of patients with ALK +ve advanced non-small-cell lung cancer (NSCLC). METHODS: A Markov Model was developed to evaluate the disease progression of a cohort of patients with ALK +ve advanced non-small-cell lung cancer (NSCLC).