and costs (all p<0.05), the adjusted annual incremental costs in abusers versus non-abusers were $28,882 (95% CI: $26,455-$29,311) and $15,523 (95% CI: $15,389-$15,657) per patient among Medicaid and commercially insured patients, respectively, during the post-index period. The main cost driver was in-patient hospitalization which comprised 88% of unadjusted incremental costs during follow-up. Direct medical costs were based on Medicaid insured and 6% in commercially insured patients. CONCLUSIONS: Diagnosed opioid abusers among long-term IR hydrocodone users impose significantly higher financial burden in both Medicaid and commercial providers. The annual economic impact of a rare disease as DMD in Italy is considered using the international National Health System (NHS) societal perspective. METHODS: A probabilistic prevalence-based cost of illness model was used to estimate the economic impact of DMD. All the costs were determined through a survey that families registered with the Muscular Dystrophy Association “Parent Project onlus” completed on-line. NHS and family perspective has been analyzed divided into high and low groups into patients (≤ 8 – 16 years) and ≥ 16 years. A probabilistic sensitivity analysis with 5,000 Monte Carlo simulations was performed, in order to test the robustness of results and define the 95%CI. RESULTS: Indirect costs are those that weigh more on the total expenditure of the NHS at €747.364.836 (95%CI: €300.028.168 – €968.953.050) per year, while the direct health care costs are €9.175.331 (± 8.999,728) and nonmedical costs are €12.946.879 (95% CI: €7.925.699 - €19.175.331) Patients with more than 16 years spend more than those between 0 and 7 years old, and even more than those between 8 and 15. For what concern the private expenditure, the model estimated costs from €7.910.506 (95% CI: €3.345.192 – €18.772.350), The incremental effects of having DMD are associated with significant health loss and costs, while the direct cost of managing all patients in the first year is €1.87 million. For what concern the private expenditure, the model estimated costs from €7.910.506 (95% CI: €3.345.192 – €18.772.350), The incremental effects of having DMD are associated with significant health loss and costs, while the direct cost of managing all patients in the first year is €1.87 million. For what concern the private expenditure, the model estimated costs from €7.910.506 (95% CI: €3.345.192 – €18.772.350), The incremental effects of having DMD are associated with significant health loss and costs, while the direct cost of managing all patients in the first year is €1.87 million.

### PSY41

**COST OF ILLNESS ANALYSIS OF DUCHENNE MUSCULAR DYSTROPHY IN ITALY**

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**OBJECTIVES:** The objective of this study is to estimate the average annual direct and indirect costs associated with Duchenne muscular dystrophy (DMD) in Italy considering both National Health System (NHS) societal perspective. METHODS: A probabilistic prevalence-based cost of illness model was used to estimate the economic impact of DMD. All the costs were determined through a survey that families registered with the Muscular Dystrophy Association “Parent Project onlus” completed on-line. NHS and family perspective has been analyzed divided into high and low groups into patients (≤ 8 – 16 years) and ≥ 16 years. A probabilistic sensitivity analysis with 5,000 Monte Carlo simulations was performed, in order to test the robustness of results and define the 95%CI. RESULTS: Indirect costs are those that weigh more on the total expenditure of the NHS at €747.364.836 (95%CI: €300.028.168 – €968.953.050) per year, while the direct health care costs are €9.175.331 (± 8.999,728) and nonmedical costs are €12.946.879 (95% CI: €7.925.699 - €19.175.331) Patients with more than 16 years spend more than those between 0 and 7 years old, and even more than those between 8 and 15. For what concern the private expenditure, the model estimated costs from €7.910.506 (95% CI: €3.345.192 – €18.772.350), The incremental effects of having DMD are associated with significant health loss and costs, while the direct cost of managing all patients in the first year is €1.87 million.

### PSY42

**THE BURDEN OF MYOFIBROSIS IN GREECE**

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**GOALS:** To estimate the burden of myofibrosis (MF) in Greece, focusing on epidemiological data, quality of life (Qol), direct and indirect costs. METHODS: A 17-page questionnaire was developed, validated, and completed with the Delphi technique. It included questions on epidemiological, resource use, Qol and socio-economic data. An expert panel with 9 KOLs, epidemiologists was convened consisting of experts from the largest Haematology Units of Greece, covering geographically six out of seven Regional Health Authorities. Unit costs in 2014 prices were taken from official published sources. The societal perspective was adopted. RESULTS: Prevalence and incidence rates of MF in Greece are approx. 2.5: 100,000 and 0.7: 100,000 people respectively, corresponding to approx. 270 patients (71.7% with primary and 28.3% with secondary) and 76 new cases every year; 92% of the patients present at stage 1. The cost of management of all patients in the first year is €1.65 million, including pharmaceutical, hospital, follow-up costs, blood transfusions, and management of infections. Predicted in 10 years will be €217.975 per year, resulting in a total annual burden of approx. €1.87 million. CONCLUSIONS: MF is associated with significant burden to patients, their families, and to the society. Treatment with ruxolitinib appears to improve patients’ Qol and reduce indirect costs, mainly through reduction of splenomegaly and splenectomies.