OBJECTIVES: Severe asthma is a major cause of morbidity and mortality around the world, with a heavy societal burden. The aim of this study was to evaluate the economic value of omalizumab in the treatment of adult patients with severe allergic asthma in Greece, from a societal perspective, based on data collected from a clinical trial (INNOVATE) and real-world evidence (RWE) from a prospective study conducted in Greece. METHODS: A Markov cohort model was developed in Microsoft Excel to compare the costs and outcomes of omalizumab plus standard therapy (ST) vs. a modified ICSC, LABA and SABA vs. ST alone. The time horizon was of 36 months. Both direct and indirect costs were incorporated. Health outcomes considered were Quality Adjusted Life Years (QALYs). Costs and QALYs were discounted annually at 3.5%. Unit costs were taken from publically available sources. Productivity losses were calculated based on a published data, while utility values were taken from the INNOVATE study. Deterministic and probabilistic sensitivity analyses were undertaken to test the robustness of the model results. RESULTS: The addition of omalizumab to ST resulted in a higher cost per QALY compared to ST alone. QALYs gained by switching patients from SFC to ST led to an incremental cost per QALY gained of €8992. Sensitivity analysis showed that the probability of omalizumab being cost effective was 59% when the willingness-to-pay threshold is €5000/QALY. CONCLUSIONS: Omalizumab appears to be a cost-effective treatment option for adult patients with severe allergic asthma compared with ST in Greece, confirmed by both trial and real-world data.

PRS58 COST-EFFECTIVENESS ANALYSIS OF INDACATEROL/GLYCOPYRONIUM (QV149) AS A MAINTENANCE BRONCHODILATOR TREATMENT IN ADULT PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN SPAIN

Gracelli M1, Gianna M, Paz S, Benten J1

1Novartis Farmaeutica, Barcelona, Spain; 2Outcomes 10, Castellon, Spain; 3Outcomes’10, Castellon, Spain

OBJECTIVES: To assess the cost-effectiveness (CE) of indacaterol/glycopyrronium (QV149) as a maintenance bronchodilator treatment over 5 years in patients with COPD compared with Placebo (PL), SCOP (Symbicort® Turbuhaler®), SHINE (QVA149 vs. placebo) and ILLUMINATE (QVA149 vs SFC). The base case analysis over 9 years estimated incremental costs and QALYs of -€107, and 0.143 (95%CI: 0.102; 0.195) when Oralair® was compared to Grazax®, -€22,75 (95%CI: -€77,40; -€22,75) when Oralair® was compared to Grazax®, -€10,299, resulting in an ICER of €46,322/QALY. Over 10 years, 0.41 QALYs were gained at an additional cost of €10,425, yielding an ICER of €25,142/QALY. Conclusions: Our model-based analysis suggests that EBV leads to clinically meaningful changes in disease staging and progression when compared to medical management, with resulting gains in quality-adjusted life expectancy. Relative to the acknowledged willingness-to-pay threshold of €50,000/QALY, our results indicate EBV is a cost-effective therapy in the German health care system.