cTACE strategy was estimated to be 614 days whereas that of DEB TACE strategy was estimated to be 651 days. The total costs for cTACE strategy and DEB TACE strategy were £420,529 and £1,351,105 respectively. Thus the incremental cost-effectiveness ratio (ICER) for cTACE versus DEB TACE is £3,926 per one day survival gained. The Deterministic sensitivity analysis demonstrated that survival associated by DEB TACE strategy and DEB TACE operation costs have the greatest effect on the results. CONCLUSIONS: Results from this study suggest that employing a cTACE strategy is cost-effective intervention compared to DEB TACE in patients with hepatocellular carcinoma as it is willing to pay threshold set by world health organization (3xGDP/capita) for low and middle income countries.

PCN95 COST-EFFECTIVITY ANALYSIS OF IPIPLUMUMAB IN PERU
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OBJECTIVES: Pricing and reimbursement is typically approached product by product, not in comparison across therapeutic areas in Peru. Within oncology, there are relatively few treatment options for advance stage cancer patients that have documents recently been approved in Peru for the treatment of unresectable or metastatic melanoma. Given the rising costs of cancer care payers and physicians need to better understand the value of innovative oncology drugs for reimbursement decision making. This study assesses the cost per additional month of mean overall survival of ipilimumab and how this metric compares to other oncology agents approved in Peru in the metastatic setting.
METHODS: We selected agents that received regulatory authorization to the market in Peru between March 2014 and March 2017 and whose primary or secondary objective was to improve quality of life and not control specific symptoms. Mean OS was obtained from published literature. Drug prices were obtained from “observatorio de precios de DIGEMID” a public database. The economic model valuated each agent is presented in terms of cost per additional month of mean OS from a private healthcare payer perspective. The analysis uses the costs to treat to mean progression of each agent divided by the months of mean overall survival including its progression and overall survival to estimate mean progression costs and overall survival.
RESULTS: Seventeen drugs met inclusion criteria. Of these, 26 different indications were evaluated. The average cost per mean overall survival month gained was estimated at S/ 57,178, range S/3,108 – S/264,764. Ipinilimumab as first and second-line treatments for metastatic melanoma cost per additional mean overall survival at S/36,901 and S/41,740 respectively.
CONCLUSIONS: In this cost efficacy analysis, ipilimumab’s cost per additional month of overall survival was estimated below the market average. At current private market prices ipilimumab may offer good value for money.