frequency of inpatient visits and pulmonary, cardiovascular, renal and skin complications of SLE in group treated with belimumab. Therefore the use of belimumab led to a reduced difference in the required budget funds from 2,118,449 RUB/45,581 EUR to 1,876,965 RUB/40,385 EUR and the reduction ran as high as 241,484 RUB/5,196 EUR for 5 years. **Conclusions:** The use of belimumab in the treatment of patients with SLE reduced the treatment costs. In the remaining options the required and efficacy of belimumab help reduce the costs for 241,484 RUB/5,196 EUR for 5 years in belimumab treatment group.

**PSY27**

PUBLIC EXPENDITURE ON AUTHORISED ORPHAN DRUGS IN THE CZECH REPUBLIC BETWEEN 2008 AND 2013

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**Objective:** The aim of this study was to determine public expenditure on medicines for rare diseases from the public health sector in the Czech Republic (CZ).

**Methods:** We identified orphan medicinal products (OMPs) registered by the European Medicines Agency (EMA) until December 2013 in the public database of EMA. In the base case scenario, OMPs were only within the interval of marketing authorisation date and December 2013 or OMP designation withdrawal date or date of withdrawal of use. Reports on consumption and real expenditures of these OMPs came from all health insurance companies in the CZ. Exchange rate of 2.5 CZK – 1 EUR was used. **Results:** Overall, 86 OMPs were authorised within the European Union (EU) between 2008 and 2013. Of these, 50 OMPs (58.6%) were covered from the Czech public health insurance at some point within this period. The number of registered OMPs increased from 94 in 2008 to 84 in 2013 when the number of covered OMPs doubled from 24 to 41, respectively. The annual public expenditure on OMPs rose simultaneously from 43 to 72 million EUR, while the total expenditure on OMPs drugs increased from 1.7 to 2 billion EUR. The OMP share of total pharmaceutical sales grew steadily from 2.5% in 2008, reaching 3.4% in 2011 and plateaued at 3.6% in 2013 Twenty-one oncological OMPs (51.2%) generated up to 72.6% of the total annual expenditure (1.7 to 3.4 billion EUR) in 2013. **Conclusions:** The use of OMPs in the Czech Republic public expenditure on OMPs of 3.6% of all drugs seems to be relatively high. The major part of OMP costs is in oncological diagnoses. One of the limitations is the exclusion of designated OMPs not authorised by EMA since these OMPs still might be present on the market and reimbursed. This aspect needs further investigation.

**PSY28**

QUTENZA® ESTIMATED COSTS PER PATIENT IN PRIMARY AND SECONDARY CARE: A COMPARISON BETWEEN QUTENZA®, PREGABALIN AND LIDOCAINE FOR THE TREATMENT OF PERIPHERAL NEUROPATHIC PAIN

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**objectives:** The objective of this study was to estimate and compare the annual cost per patient of the administration of capsaicin 8% patch, Qutenza®, in Primary and Secondary Care for the treatment of adult patients with peripheral neuropathic pain (PNP). The annual cost per patient treated with Qutenza® was also compared with Pregabalin and Lidocaine in Primary Care. **Methods:** The costs per patient for each treatment were estimated by analysing the health care resources associated with the use of pregabalin, lidocaine and Qutenza® for the treatment of PNP from the perspective of the Spanish National Health System. Healthcare resources associated with the pharmacological treatments considered were administration time and health care personnel, complementary non-pharmacological treatment, hospitalisation, adverse effects and concomitant medication, EUR 2013. **Results:** Total costs per patient were estimated and compared both including and excluding concomitant medication to estimate the effect on the treatment costs. **Conclusions:** The annual treatment cost per patient when Qutenza® is administered in the hospital was estimated at €5,387.32 and €5,259.19 when administered in Primary Care. Qutenza® applied in Primary Care for the treatment of PNP showed annual savings of €128.14 per patient compared with the administration of Qutenza® in Secondary Care. Overall, the annual treatment costs per patient with pregabalin or lidocaine were estimated at €4,074.14 and €5,998.09, respectively, resulting in savings of €8,814.95 and €7,389.9 respectively when compared with the annual cost per patient when treated with Qutenza® in Primary Care. **Conclusions:** The introduction of Qutenza® into Primary Care for the treatment of PNP is expected to result in annual savings due to lower administration costs associated with the use of Qutenza® and savings in health care personnel in Primary Care. Qutenza® also showed to be the less expensive option in comparison with pregabalin or lidocaine, independent of the area of administration.

**PSY29**

ECONOMIC IMPACT LINKED TO THE REDUCTION OF EXACERBATIONS WHEN A TREATMENT REGIME WITH INHALED ANTIBIOTICS IS SWITCHED TO AZTRONAM LYSINE IN PATIENTS WITH CYSTIC FIBROSIS AND CHRONIC PULMONARY INFECTION CAUSED BY PSEUDOMONAS AERUGINOSA

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**Objectives:** Estimate, from the Spanish National Healthcare System (SNHS) perspective, the required reduction of exacerbation episodes in different patient profiles to maintain the overall treatment cost if a chronic treatment with inhaled antibiotics was switched to a chronic treatment with aztreonam lysine in patients with chronic pulmonary infection by Pseudomonas aeruginosa (PA).

**Methods:** A cost comparison model was developed considering two criteria to define patient profiles: current drug treatment (12 options linked to aztreonam/avidol and/or colistin sodium) and current exacerbation episodes (1-6/year). For each profile the overall treatment cost was calculated. Considering a switch to aztreonam lysine, the reduction of exacerbations was estimated maintaining in overall treatment cost. For the base case, ex-factory prices were considered; for sensitivity analysis, discounts ranged from 15 to 50%. **Results:** Switching to aztreonam lysine would not increase overall treatment costs in 8/12 options; even maintaining current exacerbation episodes could lead to SNS savings. In the remaining profiles reduced efficacy of aztreonam lysine help reduce the costs for 241,484 RUB/5,196 EUR for 5 years in belimumab treatment group.