performed using Monte Carlo technique. **RESULTS:** Annual patient costs of MMF were $7,746.75, $7,899.03, $7,694.19 and $7,509.14 USD. For MPS was $7,573.35, $7,899.92, $7,605.80 and $7,904.64 USD with an incremental efficiency of 0.07 less graft rejection in APD, IPMED, IPMAD and hemodialysis respectively in one year horizon. PSA shows consistency on model results. **CONCLUSIONS:** MPS was a dominant alternative having lower costs and more effectiveness than MMF. The results show possibilities to achieve cost-savings and a potential clinical benefit in renal transplants, from the perspective of the Mexican public health system, in specific from IMSS. 1IMSS (Mexican Institute of Social Security)

**PUC21**

**A COST-EFFECTIVENESS ANALYSIS OF ONABOTULINUMTOXIN A VERSUS BEST SUPPORTIVE CARE (BSC) FOR THE TREATMENT OF ANTICHOLINERGIC TREATMENT-REFRACTORY NEUROGENIC DETRUSOR OVERACTIVITY (NDO)**

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**OBJECTIVES:** To evaluate the cost-effectiveness of onabotulinumtoxinA 200 U vs. BSC among patients inadequately managed with anticholinergics in a UK setting. **METHODS:** A Markov model was developed to compare onabotulinumtoxinA + BSC to BSC alone, with surgery as a downstream option. **RESULTS:** The incremental cost-effectiveness ratio (ICER) was £2,739 per QALY. Univariate sensitivity analyses indicated that the main cost drivers are mean monthly use of catheters and treatment administration. **CONCLUSIONS:** Efficacy and safety inputs were based on Phase 3 trials. Utility values were based on a published algorithm. Sensitivity analyses assessed the impact of uncertainty in all model variables. **RESULTS:** In base-case analysis, early KA initiation at eGFR at 17-29 mL/min/1.73m2 would be the preferred cost-effective option if reduction of eGFR decline associated with LPD was 4% or above in France. When KA was initiated at eGFR 15-17 mL/min/1.73m2, it would remain cost-effective if the reduction of eGFR decline associated with LPD plus KA was 13.5% or above. 10,000 Monte Carlo simulations showed early KA initiation was associated with: $7,989.92, $7,605.80 and $7,920.64 USD with an incremental efficacy of 0.07 less graft rejection in APD, IPMED, IPMAD and hemodialysis respectively in one year horizon. **CONCLUSIONS:** The equal efficacy and lower cost of sevelamer carbonate than lanthanum carbonate when used for treatment of hyperphosphatemia in patients with CKD -ND in Bulgaria should make the sevelamer carbonate a preferable alternative.

**PUC22**

**BEST SUPPORTIVE CARE VERSUS BEST SUPPORTIVE CARE ALONE IN THE TREATMENT OF IDIOPATHIC OVERACTIVE BLadder WITH URINARY INCONTINENCE AMONG PATIENTS NOT ADEQUATELY MANAGED BY ANTICHOLINERGIC THERAPY AND FAILURE**

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**OBJECTIVES:** To assess the cost-effectiveness of botulinum toxin type A (BTX-A) versus BSC in the treatment of idiopathic overactive bladder with urinary incontinence among patients not adequately managed by anticholinergic therapy and failure in France. **METHODS:** A 10 year Markov model divided into 3-month cycles was developed to predict the long-term costs and health outcomes of BTX-A + BSC, comprising behavioural therapy, incontinence pads, continence catheters (self-catheters) and self-catheters (indwelling catheters) versus BSC alone from a societal perspective (excluding productivity loss) in France. Health states were determined by daily number of UI episodes. Patients discontinuing BTX-A and BSC were still managed with BSC. **RESULTS:** The estimated treatment cost per patient/year with SC and LC was 1441,75€ and 1569,50€ respectively at the low dose regimen (4000 mg of SC vs. 2000 mg of LC), while within the high dose regimen (6400 mg of SC vs. 3000mg of LC) it was 2306,80€ and 2354,25€ respectively. Expected cost savings (discounted) for the French market was between 1 348 794€ and 2 696 431€ at the low dose regimen, while at the high dose regimen the estimated cost savings was between 501 59€ and 1 011 52€ respectively. The results of SA (discounted) show that the major cost drivers in the treatment of hyperphosphatemia were the unit costs of SC and LC. **CONCLUSIONS:** The equal efficacy and lower cost of sevelamer carbonate than lanthanum carbonate when used for treatment of hyperphosphatemia in patients with CKD -ND in Bulgaria should make the sevelamer carbonate a preferable alternative.

**PUC25**

**A SPANISH COST-EFFECTIVENESS ANALYSIS OF SEVELAMER VERSUS CALCIUM CARBONATE IN NONDIALYSIS-DEPENDENT CHRONIC KIDNEY DISEASE (CKD) PATIENTS**

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**OBJECTIVES:** The Spanish analysis showed that sevelamer is a cost-effective treatment option, compared with BSC alone from a societal perspective (excluding productivity loss) in France. Health states were determined by daily number of UI episodes. Patients discontinuing BTX-A and BSC were still managed with BSC. **RESULTS:** The estimated treatment cost per patient/year with SC and LC was 1441,75€ and 1569,50€ respectively at the low dose regimen (4000 mg of SC vs. 2000 mg of LC), while within the high dose regimen (6400 mg of SC vs. 3000mg of LC) it was 2306,80€ and 2354,25€ respectively. Expected cost savings (discounted) for the French market was between 1 348 794€ and 2 696 431€ at the low dose regimen, while at the high dose regimen the estimated cost savings was between 501 59€ and 1 011 52€ respectively. The results of SA (discounted) show that the major cost drivers in the treatment of hyperphosphatemia were the unit costs of SC and LC. **CONCLUSIONS:** The equal efficacy and lower cost of sevelamer carbonate than lanthanum carbonate when used for treatment of hyperphosphatemia in patients with CKD -ND in Bulgaria should make the sevelamer carbonate a preferable alternative.