OBJECTIVES: To estimate the incremental total and per-patient budget impact of adopting certolizumab pegol (CZP) for the recently indicated treatment of active psoriatic arthritis (PsA) in Greece. METHODS: A budget-impact model was developed from a third-party perspective (EPOPY) to delineate the financial implications of introducing CZP for the treatment of PsA alongside currently indicated biologic characterizations of PsA, certolizumab pegol, golimumab, and adalimumab, over the next 5 years (2014-2018). The model framework considered market share scenarios with and without CZP, and directly reimbursed costs of treatment and disease management, applied to the prevalent and eligible Greek PsA patient population. Quarterly treatment discontinuations was geared to enable tracking of patients, so that the model could apply different costs to patients at different stages of treatment. Costs pertaining to drug acquisition, administration and monitoring were included for both the induction and maintenance phases of patients’ treatment and corresponded to current costing year. Resource unit costs and epidemiological data were retrieved from officially published sources.

RESULTS: The measured outcomes were incremental costs per treated patient per year (ITPPY) and total budget impact, calculated by comparing the respective patient and total budget expenditures with and without CZP in the market share mix scenarios.

CONCLUSIONS: The inclusion of CZP for active PsA treatment was predicted to be associated with short- and long-term cost savings in Greece.

PMS30 BUDGET IMPACT ANALYSIS OF IMPLEMENTING TENDERS BETWEEN THE BRANDED INFILIXIMAB AND ITS BIOSIMILARS IN THE PUBLIC HOSPITALS OF PARIS

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OBJECTIVES: To analyze the budget impact of different scenarios of tender between the branded infliximab (BRANDED-INFIL) and its biosimilars (BIOSIM-INFIL) in the 37 public hospitals of Paris (AP-HF).

METHODS: Data collected: i) branded infliximab expenditures over the 2012-2014 period, ii) 2014 medical information from PMSI hospital database (French medical information system program) to determine for which therapeutic indications patients were treated associated with infliximab (rheumatology, gastroenterology, dermatology or others) by distinguishing infliximab-naive patients (INFILAX-NAIF) and infliximab-experienced patients (INFILAX-EXPER). Three scenarios have been considered for the budget impact analysis: tender between BRANDED-INFIL and BIOSIM-INFIL to list only one infliximab in the hospital drug formulary with a hypothetical price decrease of 20% (S1) or 30% (S2); tender between BRANDED-INFIL and BIOSIM-INFIL only for INFILAX-EXPER and no tender for INFILAX-NAIF (S3) and who remain treated by BRANDED-INFIL with a price decrease of 20% and a proportion of INFILAX-NAIF treated by BIOSIM-INFIL of 10% (S3).

RESULTS: The branded infliximab represented €42.1 million expenditures in 2014 compared to €38.1 and €36.3 million in 2013 and 2012 respectively. 54,582 patients were treated with the branded infliximab for several therapeutic indications: gastroenterology (61.5%), rheumatology (26.4%), dermatology (1.4%) and others (10.3%). The proportions of INFILAX-EXPER indication were: 35.9% in rheumatology, 32.5% in gastroenterology and 40.3% in dermatology and 42.8% in other indications. Over 3 years, 51 would generate savings of €22.8 million and 52 would save €34.2 million, whereas with S3 the savings would amount to €73 million (€4.5 million in gastroenterology, €7 million in rheumatology, €0.1 million in dermatology and €0.6 in other indications).

CONCLUSIONS: If the Committee on Medicinal Products (COMED) of AP-HF decides to implement tenders between BRANDED-INFIL and BIOSIM-INFIL the savings will be largely dependent on the scope of these tenders. These results could be considered by the COMED in its decision-making process.

PMS31 BUDGET IMPACT ANALYSIS OF AN ETANERCEPT BIOSIMILAR FOR THE TREATMENT OF RHEUMATOID ARTHRITIS IN EUROPE

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OBJECTIVES: Rheumatoid arthritis (RA) has considerable impact on physical function and reduces quality of life. Biologics, such as etanercept, can be efficacious in reducing disease activity in their authorised indications. However, these treatment options can be very costly and present economic pressures on healthcare funding. The objective of this study was to assess budget impact of introducing an etanercept biosimilar in the first year of disease duration in 4 European countries (EUCs).

METHODS: A budget-impact model (BIM) was developed to estimate the impact of the hypothetical introduction of an etanercept biosimilar on the healthcare budgets in EU5 over a five-year horizon (2016-2020) from the payer’s perspective. Prevalence-based, incidence-based and country-specific cost-savings in Greece.

RESULTS: The theoretical introduction of an etanercept biosimilar with a 10% price of etanercept biosimilar – two discount scenarios versus etanercept (10%, 25%) was estimated for all three clinical endpoints from the hospital, health system and societal

PMS32 BUDGET IMPACT ANALYSIS OF CERTOLIZUMAB PEGOL IN THE TREATMENT OF AXIAL SPONDYLOARTHRITIS IN GREECE

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OBJECTIVES: To estimate, from a Greek payer perspective, the budget impact of adopting certolizumab pegol (CZP) for the treatment of axial spondyloarthritis (axSpA), including ankylosing spondylitis (AS) and non-radiographic axSpA (nr-axSpA) in Greece.

METHODS: Data collected: i) branded certolizumab pegol expenditures over the 2011-2013 period, ii) 2013 medical information from PMSI hospital database (French medical information system program) to determine for which therapeutic indications patients were treated associated with certolizumab pegol (rheumatology, gastroenterology, dermatology or others) by distinguishing certolizumab pegol-naive patients (INFILAX-NAIF) and certolizumab pegol-experienced patients (INFILAX-EXPER). Three scenarios have been considered for the budget impact analysis: tender between BRANDED-INFIL and BIOSIM-INFIL to list only one infliximab in the hospital drug formulary with a hypothetical price decrease of 20% (S1) or 30% (S2); tender between BRANDED-INFIL and BIOSIM-INFIL only for INFILAX-EXPER and no tender for INFILAX-NAIF (S3) and who remain treated by BRANDED-INFIL with a price decrease of 20% and a proportion of INFILAX-NAIF treated by BIOSIM-INFIL of 10% (S3).

RESULTS: The branded certolizumab pegol represented €42.1 million expenditures in 2013 compared to €38.1 and €36.3 million in 2012 and 2011 respectively. 54,582 patients were treated with the branded certolizumab pegol for several therapeutic indications: gastroenterology (61.5%), rheumatology (26.4%), dermatology (1.4%) and others (10.3%). The proportions of INFILAX-EXPER indication were: 35.9% in rheumatology, 32.5% in gastroenterology and 40.3% in dermatology and 42.8% in other indications. Over 3 years, 51 would generate savings of €22.8 million and 52 would save €34.2 million, whereas with S3 the savings would amount to €73 million (€4.5 million in gastroenterology, €7 million in rheumatology, €0.1 million in dermatology and €0.6 in other indications).

CONCLUSIONS: If the Committee on Medicinal Products (COMED) of AP-HF decides to implement tenders between BRANDED-INFIL and BIOSIM-INFIL the savings will be largely dependent on the scope of these tenders. These results could be considered by the COMED in its decision-making process.

PMS33 BUDGET IMPACT ANALYSIS OF AN ETANERCEPT BIOSIMILAR FOR THE TREATMENT OF ALL LICENSED ETANERCEPT INDICATIONS FOR ADULTS IN EUROPE

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OBJECTIVES: Biologics such as etanercept, can be efficacious in reducing disease activity in their authorised indications, but are considered costly. The objective of this study was to assess future budget impact of introducing an etanercept biosimilar in all licensed indications in four European countries (EUCs) in 2016.

METHODS: A budget-impact model (BIM) was developed to estimate the impact of potentially introducing an etanercept biosimilar on the budgets in the healthcare systems in the four EUCs over a five-year horizon (2016-2020) from the payer’s perspective. The projected costs of tenders between etanercept and etanercept biosimilar were compared to those of the innovator etanercept. In the budget-impact model adaptations evaluate the impact of introducing an etanercept biosimilar to a segment of the anti-TNF market that includes innovator etanercept and adalimumab.

RESULTS: On the other hand, CZP is anticipated to increase the annual budget per nr-axSpA patient by between $809 and $827 (8.6% to 8.8%), as it costs slightly more than ADA. For the overall axSpA population, the average annual increase per patient ranges from $342 to $372 (3.4% to 3.7%), which is below a reimbursement threshold set by the main health insurance fund.

CONCLUSIONS: The reimbursement of CZP for the treatment of axSpA patients in Greece will, on average, result in a modest and acceptable increase in the total therapy cost.