at a series of decision conferences taking place in each country.

RESULTS:

Value parameters considered spanned the dimensions of therapeutic impact, safety profile, innovation level and socioeconomic impact. Overall weighted preference value scores were produced reflecting the performance of the treatments against the criteria while considering their relative importance. Order of treatments' rankings was identical across all agencies, with enzalutamide scoring highest and cabazitaxel lowest. Therapeutic impact criteria always produced the greatest relative weight. Hypothetical priority setting decisions were made based on "value-for-money" grounds through the use of "cost per unit of value" metrics by incorporating purchasing costs.

CONCLUSIONS:

The MCDA framework tested possesses a number of characteristics that could facilitate decision making, including the systematic and explicit incorporation of value trade-offs as part of model assessment and the transparency throughout all its stages. Therefore, it has the prospects to act as a practical evaluation tool for value assessment and communication during the HTA process.

OP60 Ramucirumab In Gastric Cancer Treatment: An Economic Evaluation

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INTRODUCTION:

Gastric cancer (GC) is one of the most common malignancy and the third leading cause of cancer mortality worldwide. Currently, platinum-based and fluoropyrimidine-based combinations represent the milestone of front-line drug regimens. Unfortunately, there are few treatment options after failure of first-line therapy. Ramucirumab, a human IgG1 monoclonal antibody to VEGFR-2, has been recently approved in the European Union (EU) for use as monotherapy or in combination with paclitaxel as second-line treatment in patients with advanced GC with progressed disease. We performed a cost-effectiveness analysis of the Ramucirumab plus paclitaxel doublet versus paclitaxel alone in patients with previously treated advanced GC, based on results of the RAINBOW trial (1).

METHODS:

A Markov model has been developed in order to estimate the Life Years Gained (LYGs) and the incremental cost-effectiveness ratio (ICER) for both treatments. The model adopted the Italian healthcare system perspective and the time horizon is that of the lifetime of a patient with an advanced GC. The model considered three distinct health states: stable, progression or death. Transition probabilities were extracted from the Kaplan-Meier curves provided in the trial and cubic/spline function was used to approximate the extrapolation of survival curves for each treatment cycle. An internal model validation was performed to validate the Overall Survival (OS) curves generated by our model simulation. We based our economic analysis on clinical data and resource consumption (drugs, drug administration, supportive care medications, disease monitoring and graded 3 or 4 adverse events) on the Italian setting (2,3). All costs were expressed in euros. Sensitivity analysis also have been performed.

RESULTS:

This cost-effectiveness study demonstrated that, in 2nd-line therapy, the combination of ramucirumab with paclitaxel provides an incremental benefit (+1.54) at high incremental cost (EUR41,616) per LYGs.

CONCLUSIONS:

At a threshold of EUR5,000 for LYGs, based on Italian perspective, ramucirumab plus paclitaxel had less probability of being cost-effective. To our knowledge, our study is the first modeling study from an Italian

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payer perspective and the first worldwide to examine ramucirumab as a 2nd-line treatment.

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OP61 Cost-Utility Analyses Of Biologics For Refractory Ulcerative Colitis

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INTRODUCTION:

Although many biologics (Bs) have been approved for the treatment of moderate-to-severe Ulcerative Colitis (UC) in patients who have responded inadequately to conventional therapy, the selection of Bs is controversial due to the lack of head-to-head trials. Indirect economic comparisons of these costly drugs are available from National Healthcare perspectives that are not the Italian ones. Therefore, the objective is to evaluate cost-utility of Bs for the treatment of refractory moderate-to-severe UC both in Italy and in the Lombardy Region.

METHODS:

A Markov model (considering three transition states: remission, clinical response, relapse) was constructed using the software R 3.3.1 markovchain-package to evaluate incremental cost-utility ratios (ICUR) of adalimumab (ADA), infliximab (IFX), infliximab biosimilar (IFX-B), golimumab (GOL) and vedolizumab (VED) treatments of patients over a 10-year time horizon from the perspective of the Italian (N) and Lombardy Region (R) healthcare system. Clinical parameters were derived from clinical trials. Costs (actualized by – 1.5 percent) were obtained from the National database and Regional public tender. Utility was expressed as QALY (Quality-Adjusted Life Years).

RESULTS:

Costs per treatment were different from a N and R perspective (ADA -55 percent; IFX -16.7 percent; IFX-B -29.6 percent; GOL -9.6 percent; VED -10 percent). Direct healthcare costs (treatment cost, visits, laboratory tests, hospital admissions) were calculated over 10 years of treatment per patient: ADA (N: EUR114,227, R: EUR68,314, -40.2 percent), IFX (N: EUR130,595, R: EUR103,081, -21 percent), IFX-B (N: EUR110,438, R: EUR78,852, -28.6 percent), GOL (N: EUR118,602, R: EUR96,922, -18.3 percent), VED (N: EUR113,852, R: EUR102,932, -9.6 percent) with associated QALY respectively of 6.68, 6.66, 6.66, 6.70, 7.02. From a N perspective, IFX-B was dominating compared to all other treatments. The ICUR of VED/IFX-B was EUR9,483 for 10 years (willingness to pay EUR948/QALY). From a R perspective, ADA was dominating compared to all other treatments. The ICUR of VED/ADA was EUR101,818 for 10 years (Willingness to Pay, WTP EUR10,182/QALY).

CONCLUSIONS:

National and Regional cost-utility analyses produced different results. As Regional price discounts can occur, local analysis is needed to estimate the economic impact of therapies to ensure optimal choice.

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