lifetime horizon, with costs and outcomes discounted by 3.5% per year. Univariate and multivariate probabilistic sensitivity analyses are conducted to investigate parameter uncertainty. **RESULTS:** The incremental cost-effectiveness ratio (ICER) for vedolizumab is estimated at £21,620/QALY compared with CT. Sensitivity analyses showed that results are most sensitive to variation in the CT arm transition probabilities from the moderately-severely active state and from the remission state. The ICER was also sensitive to response assessed at week six rather than week 8 and efficacy based on GEMINI II only. When treatment with vedolizumab was continued for 2 or 3 years (instead of 1 year) the ICER increased to £24,695/QALY and £26,207/QALY respectively. The average probabilistic ICER shows vedolizumab to be £27,428/QALY gained (95% CI ICER of -£7,883 to £82,947). **CONCLUSIONS:** The economic model predicts that treatment with vedolizumab improves QALYs and is a cost-effective alternative to CT for patients who have inadequate response to CT and TNF-α antagonists. Vedolizumab has received positive recommendations from the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) for the CT and anti-TNF failure population.

PSY115

A COST-EFFECTIVENESS ANALYSIS OF RAASI – ENABLING PATIROMER FOR THE TREATMENT OF HYPERKALEMIA IN AUSTRIA

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OBJECTIVES: An increase in blood-serum-potassium levels is common in patients with renal impairment or heart failure. Lifesaving RAAS-inhibitors (RAASi) such as ACE inhibitors, AT1 receptor-antagonists and aldosterone-blockers lead to a further rise in potassium levels. Discontinuation and downtitration of RAASi result in increased morbidity, as RAASi prolong the time to complete renal insufficiency. The purpose of this study was to extend the results of an 8-week OPAL–HK RCT for patiromer, a nonabsorbed potassium-binder, that showed significant reduction in hyperkalaemia and RAASi dose maintenance in the patiromer group (94%) compared to no-patiromer (placebo) arm (44%). The analysis was performed from the Austrian healthcare-systems perspective. **METHODS:** A reported model by Sutherland et al. (2017), composed of a decision-tree and a Markov process, was used to simulate the treatment pathway of patients with chronic-kidney-disease (CKD). The short-term decision-tree estimates the proportion of CKD patients (potassium level, ≥5.0mmol/L) that continued/discontinued RAASi medication after hyperkalemia. The endpoint of the decision-tree was linked with to Markov model to simulate life-time follow-up. The model includes 6 states (stable CKD, CKD disease-progression, cardiovascular (CV) events, post CV event, hospitalization and death). The cohort definition was adopted from the OPAL–HK trial. Monte-Carlo simulation accounted for uncertainty. Direct costs and life expectancy were obtained from local sources for 2018. QALYs and costs were discounted at 5% p.a. **RESULTS:** Over lifetime, costs and outcomes associated with patiromer would amount to 38,117.17€ and achieve 5.48 QALYs. Costs with no treatment are 27,157.66€ and obtain 4.90 QALYs. The results show that patiromer is associated with a significant improvement in QALYs; 7 months in perfect health. The incremental-cost-utility-ratios ICUR amounts to 18,979.23€. **CONCLUSIONS:** The results indicate that treatment with patiromer vs. no-patiromer, in addition to enabling RAASi continuation, is potentially a cost-effective intervention for the treatment of hyperkalaemia in patients with CKD stages 3-4 in Austria.

PSY117

ASSESSMENT OF SOCIAL AND ECONOMIC BURDEN OF CHRONIC MYELOID LEUKEMIA IN BULGARIA

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OBJECTIVES: To evaluate the social and economic burden of chronic myeloid leukemia (CML) in Bulgaria presented as disability adjusted life years (DALYs). **METHODS:** A retrospective analysis was performed on the basis of officially published information in the national cancer registry and local representative studies. Data for the relevant survival and the average year of diagnosis of patients with CML in the country were gathered and analyzed. DALYs were calculated as the sum of the Years of Life Lost (YLL) and the Years Lost due to Disability (YLD). Disability weight, the average life expectancy and the median survival were assumed to be 0.049 (0,031-0,072) as it is in case of controlled phase of CML, 88 years of age as per WHO methodology and 25 years according to expert opinions, respectively. The average age of CML diagnosis for Bulgarian population is 53±16 years according to nationally representative study conducted between 2012 and 2014. DALYs were multiplied by the GDP/capita so as to find the economic burden of the disease. **RESULTS:** On average a patient with CML in controlled phase spends 10.89 years of his remaining life in disability due to the disease. Taking into account annual working income we found that the costs of lost productivity per patient are supposed to be around 66 398.5 (63 623 – 69 906) €. **CONCLUSIONS:** The current study is the first Bulgarian one which evaluates the social burden of CML after placing innovative tyrosine kinase inhibitors on the Bulgarian market. The disease appears to have high social and economic burden which is comparable with the burden of other non-communicable chronic diseases in Bulgaria.

PSY118

RESOURCE USE AMONG BIOLOGICAL THERAPY INITIATORS WITH CROHN'S DISEASE IN FINLAND

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OBJECTIVES: To assess the healthcare resource and biological therapy use patterns in Crohn's disease in Finland. **METHODS:** As part of the registered RECREFO-study, four Finnish clinics collected real-world data of adult patients with Crohn's disease (N=186) who initiated biological therapy between January 1st 2010 and June 30th 2016. The collected data included patient characteristics, drug treatments, and healthcare resource use. **RESULTS:** Of the study population, 35.5% started adalimumab, 57.0% started infliximab and 7.5% started vedolizumab. Dose adjustments during maintenance treatment (35.9% with adalimumab, 30.3% with infliximab, 0% with vedolizumab) and treatment discontinuations (34.9% with adalimumab, 32.1% with infliximab, 14.3% with vedolizumab) were common. Concomitant drug use at baseline differed between biological therapies: thiopurines were significantly more common among infliximab initiators and methotrexate among vedolizumab initiators, whereas corticosteroids were less common among adalimumab initiators. During follow-up, the use of oral corticosteroids decreased significantly ($p<0.05$): from 13.6% to 3.0% for adalimumab users, from 30.2% to 4.7% for infliximab users and from 42.9% to 7.1% for vedolizumab users. Most patients had imaging examinations (88.7%), healthcare (87.6%) and drug-related visits (86.0%), and phone (93.5%) and electronic/paper contacts (82.3%). Among the patients with respective resource use, the following average use was observed: imagings 3.3 (standard deviation SD 2.2, follow-up 1159 days), health care visits 5.7 (SD 4.1, follow-up 1142 days), drug-related visits 11.7 (SD 10.3; follow-up 989 days), phone contacts 10.8 (SD 7.9; follow-up 1097 days), and electronic/paper contacts 6.4 (SD 5.3; follow-up 1162 days). Hospitalization occurred in 26.3% of patients for an average of 14.6 days (SD 18.9; follow-up 1392 days). **CONCLUSIONS:** Among patients with Crohn's disease in a real-life setting, biological therapy dose adjustments and discontinuations were common, concomitant baseline medication differed between biological treatments, and oral corticosteroid treatment use decreased after initiation of biological therapy.

PSY119

TREATMENT PATTERN ANALYSIS AND HEALTHCARE RESOURCE CONSUMPTION ON PATIENTS AFFECTED BY PSORIASIS IN APULIA REGION (ITALY).

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OBJECTIVES: To analyze the therapeutic and diagnostic pathways for patients affected by psoriasis in Apulia, and to estimate the healthcare resource consumption and related costs for the Italian regional Health System. **METHODS:** An observational retrospective cohort analysis of administrative database "EDOTTO" of Apulia Region was performed; patients ≥18 years were included if they met one of the following criteria: hospitalization discharge diagnosis of psoriasis (ICD-9-CM 696.1), or exemption code for psoriasis (045.696.1), or a first prescription of a topical antipsoriatic drug (ATC D05A) between 01/01/2010 and 31/12/2015. All patients were followed up for 12 months [from index date (ID) (first match with one of the inclusion criteria) until December 2016]. Type of antipsoriatic drug (topical, DMARD, and biologic), persistence in treatment and annual cost of illness related to the therapeutical strategy applied were analyzed. **RESULTS:** . 30,010 patients were included in the analysis, mean age was 54.3 years and 55.3% were male. At the ID, most of them (89.5%) were treated with a topical antipsoriatic drug, 13.7% with a DMARD drug and 3.9% with a biologic drug (mainly etanercept and adalimumab). More than half (55.7%) of the patients was not treated with any antipsoriatic drug before ID, whereas this proportion decreased to 2.8% in the follow up period. Persistence to ID treatment was 79% for biologics, 64% for DMARDs and 30% for topical drugs. The mean annual healthcare costs according to treatment at ID were €17,454 for patients treated with biologics, €2,168 for DMARDs, €1,431 for topical drugs. **CONCLUSIONS:** This real-world study in Apulia Region showed that, first therapeutical approach in psoriasis patients was topical drugs, however, greater persistence in treatment was observed with biologic drugs. Further research using a larger sample of patients is needed to confirm and contextualize our findings.

PSY120

ECONOMIC BURDEN OF SYMPTOMATIC MULTIPLE MYELOMA ON THE ITALIAN HEALTH CARE SYSTEM: FOCUS ON THE MAIN DRIVER COSTS.

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OBJECTIVES: The increasing focus on the cost of multiple myeloma (MM) treatment, which is driven mainly by the introduction and availability of novel agents, the objective of this study was to estimate the economic burden of symptomatic MM in Italy. **METHODS:** A retrospective analysis using data from the administrative databases of five Italian Local Health Units was performed. MM patients with at least 1 main diagnosis code for MM between January 2011 and June 2013 were identified from hospital records. The date of the first diagnosis claim for MM was defined as index-date. Smoldering patients with no claims of MM-specific therapy were excluded. Patients were followed up for three years or until death, whichever occurred first. Follow-up costs were calculated per patient per year (PPPY), overall and for each year of follow-up using Italian prices and tariffs. Total costs were categorized into drugs, outpatient services and direct hospitalization costs. **RESULTS:** 703 patients with symptomatic MM were entered into the study cohort, mean age of 68 years; 54% male. The average PPPYcost was €18,753.13, mainly driven by costs of hospitalizations (32.5% drugs, 56.8% hospitalizations, 10.7% outpatient services, respectively). 113 patients had stem cell transplant (SCT) during the hospitalization-index, mean age of 59 years; 62% male.Among those, 71 (62.8%) had a