However, a study assessing the economic impact of IO introduction found a small difference in the PMPM cost ($12,123 [pre-IOs] vs $12,028 [post-IOs]). Adjusting for treatment duration, costs of IOs were higher, with lower medical-related inpatient HCRU due to increased drug costs appearing balanced by lower HCRU and AE management cost. Results: The economic impact of IOs due to increased market share was limited and US-focused. Given recent approvals of newer single-agent and combination IOs, future studies should further assess the economic impact of IOs in patients with advanced/metastatic NSCLC.

PCN118
BUDGET IMPACT ANALYSIS OF INOTUZUMAB OZOGAMICIN FOR THE TREATMENT OF ADULTS WITH RELAPSED OR REFRACTORY B-CELL PRECURSOR ACUTE LYMPHOCYTIC LEUKAEMIA IN THE NETHERLANDS

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Objectives: Inotuzumab ozogamicin (InO) and blinatumomab (Blina) are therapies approved for relapsed/refractory acute lymphoblastic leukaemia (rALL). InO and Blina were associated with higher response and survival compared to standard of care (SoC) chemotherapy in their trials, and InO was also associated with lower cerebrospinal fluid cell transplantation (HSCT) rates; hence, InO and Blina use is likely to increase over time. We modelled the budget impact of increasing market shares of InO and Blina in the Netherlands.

Methods: A budget impact model with a 5-year time horizon including treatment, adverse events (AEs), and end-of-life cost was developed. The eligible annual population was 20 patients. It was assumed InO, Blina and FLAG-Ida (SoC) each cover one-third of the market. This base case was compared to two scenarios where 1) only InO is used, and 2) only Blina is used. Subsequently, the budget impact of scenario 1 versus 2 was determined. Dutch cost inputs for 2020 were based on the Z-Index, previous ALL economic evaluations, the Dutch costing manual, and literature. Recent real-world hospitalization data was used for InO and FLAG-Ida. Results: When all therapies are used equally, Blina is associated with the highest average total cost at €1,833 million annually; InO was less at €1,177 million and FLAG-Ida at €1,031 million (total: €4,633 million). In scenarios 1 and 2, where either only InO or Blina was used, average annual costs were €5.31 and €5.49 million, respectively. The corresponding budget impact versus the base case was €0.68 and €0.86 million per year. The 5-year cumulative budget savings from treating all patients with InO instead of Blina is €0.9 million, rising to €6.1 million saved when HSCT-related costs are excluded. Conclusions: Blina was associated with the highest annual costs. Treating every patient with InO over Blina potentially saves €0.68 million per year.