14,701 CNY [778USD versus 2,077USD], $p < 0.001$). Only in terms of self-funded costs, the bortezomib-based regimen was significantly lower (37,127CNY versus 11,521CNY [5,246USD versus 1,628USD], $p < 0.001$).

Conclusions. Compared with the bortezomib-based regimen, the ixazomib-based regimen has better therapeutic effects on MM patients while saving costs. Hence, it may be preferable for use in the treatment of RRMM in China.

PP459 Healthcare Resource Utilisation Of Anti-Neutrophil Cytoplasmic Antibody Associated Vasculitis Patients: Real-World Data From English Clinical Practice Research Datalink

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Introduction. Anti-neutrophil cytoplasmic antibody-associated vasculitis (AAV) is a rare, serious and often life-threatening disease. The use of available treatments options (immunosuppressants and glucocorticoids (GCs)) improves the prognosis of AAV greatly; however, GC use is associated with significant toxicity related morbidities and the management of AAV is costly. However, information of the costs associated with AAV in the United Kingdom is limited. This study aimed to quantify the burden of AAV using a large England and Wales source of real-world data, the Clinical Practice Research Datalink (CPRD) Hospital Episode Statistics (HES) linked database, to identify healthcare resource utilization and generate estimates of costs.

Methods. Incident patients ($n = 220$) were included if ≥ eighteen years, with diagnosis read codes G754.00/G75A.00; ICD codes M31.3/M31.7 from January 1997 to December 2017. Costs were taken from Unit Costs of Social and Health Care, National Health Service reference costs and electronic drug tariff. Distinction was made between type of consultations, outpatient visits and inpatient admission based on Healthcare Resource Grouping. Costs were summarised as mean per member per year (PMPY) in 2016 prices and presented before and after diagnosis.

Results. In the year preceding AAV diagnosis, mean costs PMPY were GBP12,012 [USD15,400], (GBP5,339 [USD6,845] inpatient, GBP766 [USD982] outpatient, GBP314 [USD403] GP, GBP5,594 [USD7,172] GP prescribing). In the year of AAV diagnosis (Y0) costs PMPY were GBP28,252 [USD36,220], GBP15,436 [USD19,790] inpatient, GBP1,863 [USD2,388] outpatient, GBP2,407 [USD3,086] GBP8,545 [USD10,956] GP prescribing). Costs in the years post-diagnosis remained higher than pre-diagnosis with a low of GBP22,839 [USD29,281] in Y4. The prescribing costs (GC, methotrexate and azathioprine) were the largest contributor in Y0-Y4 (GBP15,047 [USD19,291] Y1; GBP12,325 [USD15,801] Y4).

Conclusions. Diagnosis of AAV is associated with increased healthcare costs, including higher inpatients costs in the year of diagnosis and subsequently higher prescribing costs in the community. Given the incidence (17.2 cases per million) and considering only costs in the year of diagnosis, an additional GBP15.6 million [USD24.6 million] of healthcare resource utilization occurs every year from new diagnoses of AAV. However, this will likely be underestimated due to the lack of secondary care prescribing data in CPRD-HES and prescribing of immunosuppressant treatments in this setting.

PP469 From Theory To Practice: Which Value Framework Is Applied For Onco-Hematology Therapies In Italy? A 5-year Retrospective Analysis

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Introduction. Different value frameworks (VFs) have been proposed in order to translate available evidence on risk-benefit profiles of new treatments into Pricing & Reimbursement (P&R) decisions. However limited evidence is available on the impact of their implementation. It's relevant to distinguish among VFs proposed by scientific societies and providers, which usually are applicable to all treatments, and VFs elaborated by regulatory agencies and health technology assessment (HTA), which focused on specific therapeutic areas. Such heterogeneity in VFs has significant implications in terms of value dimension considered and criteria adopted to define or support a price decision.

Methods. A literature research was conducted to identify already proposed or adopted VF for onco-hematology treatments. Both scientific and grey literature were investigated. Then, an ad hoc data collection was conducted for multiple myeloma; breast, prostate and urothelial cancer; and Non Small Cell Lung Cancer (NSCLC) therapies. Pharmaceutical products authorized by European Medicines Agency from January 2014 till December 2019 were identified. Primary sources of data were European Public Assessment Reports and P&R decision taken by the Italian Medicines Agency (AIFA) till September 2019.

Results. The analysis allowed to define a taxonomy to distinguish categories of VF relevant to onco-hematological treatments. We identified the "real-world" VF that emerged given past P&R decisions taken at the Italian level. Data was collected both for clinical and economical outcomes/indicators, as well as decisions taken on innovativeness of therapies. Relevant differences emerge between the real world value framework and the one that should be applied given the normative framework of the Italian Health System.

Conclusions. The value framework that emerged from the analysis addressed issues of specific aspects of onco-hematological treatments which emerged during an ad hoc analysis conducted on treatment authorized in the last 5 years. The perspective adopted to elaborate the VF was the one of an HTA agency responsible for P&R decisions at a national level. Furthermore, comparing a real-world value framework with the one based on the general criteria defined by the national legislation, our analysis allowed identification of the most critical point of the current national P&R process in terms ofsustainability of current and future therapies as advance therapies and agnostic-tumor therapies.

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