de hematología y tratamiento farmacológico. La evaluación farmacoeconómica se llevó a cabo, utilizando un modelo de efecto fijo, desde la perspectiva de un paciente adulto con sistema previsional de salud público, EB activa y las manifestaciones clínicas seleccionadas, diagnosticado según el criterio del International Study Group, en un horizonte temporal de un año. El análisis de decisión para las dos alternativas más efectivas se llevó a cabo a través de DATA 3.5. RESULTADOS: De los 38 estudios encontrados en cada una de las bases de datos, 15 cumplieron los criterios de selección, con los cuales se calculó el efecto de la intervención. Las alternativas más efectivas resultaron ser taldomida de 100 y 300 mg y la suspensión de surfralcox. Una vez realizado el análisis costo-efectivo, la suspensión de surfralcox fue dominada por taldomida de 100 mg.

CONCLUSIONES: A pesar de la falta de evidencia en enfermedades raras y eficacia de tratamientos clásicos, fue posible proponer una alternativa costo-efectiva para la EB. No obstante, dada la heterogeneidad de las manifestaciones clínicas en enfermedades raras y los costos de los tratamientos, resulta necesario proponer análisis alternativos a la costo-efectividad, que permitan apoyar a tomar decisiones para estos grupos de pacientes.

SYSTEMIC DISORDERS/CONDITIONS – Health Care Use & Policy Studies

PSY11

ANÁLISIS DE COSTO-EFECTIVIDAD PARA EL MANEJO FARMACOLÓGICO DE LA HEMOFILIA A SEVERA EN 5 ENTIDADES DE ASSEGURAMIENTO EN COLOMBIA

Bryan A, LeiswitzT, Salgar L, Rodríguez F

OBJECTIVES: El objetivo fue proponer análisis alternativos a la costo-efectividad, que permitan apoyar a tomar decisiones para estos grupos de pacientes.

CONCLUSIONES: A pesar de la falta de evidencia en enfermedades raras y eficacia de tratamientos clásicos, fue posible proponer una alternativa costo-efectiva para la EB. No obstante, dada la heterogeneidad de las manifestaciones clínicas en enfermedades raras y los costos de los tratamientos, resulta necesario proponer análisis alternativos a la costo-efectividad, que permitan apoyar a tomar decisiones para estos grupos de pacientes.

SYSTEMIC DISORDERS/CONDITIONS – Patient-Reported Outcomes & Patient Preference Studies

PSY12

BETA-THALASSEMIA PATIENTS SURVEY ON DEFERIPRON THERAPY

Bansal D1, Purohit V.1, Ghai B.2

OBJECTIVES: To evaluate the benefit-risk of biological agents (BA) in the treatment of moderate to severe psoriasis. METHODS: It was performed a mixed treatment comparison (MTC) using all trials of psoriasis. The common agent comparator was placebo and the time-horizon was up to 24 weeks of treatment. This indirect meta-analysis was followed by a stochastic multi-attribute acceptability curve (SMAC) and a cost-effectiveness analysis to compare adalimumab, etanercept, infliximab and ustekinumab on two benefit and two risk criteria. Efficiency was evaluated by means of Pairsor Area Severity Index 90 and 75 response (rPASI90 and rPASI75) and the safety criterion was represented by any adverse event (AAE) and serious adverse event (SAE). MTC/SMAC analysis was performed for two scenarios: one with missing outcome preference and the other with ordinal preference information established by experts in psoriasis (SAA > rPASI90 > rPASI75 > AAE). RESULTS: Results show the relative efficiency and safety of both created scenarios. Infliximab 5 mg/kg had the highest probability of being the 1st-place in MTC/SMAC ranking (84% to 67%). It was followed by ustekinumab 90 mg for the 2nd-place (54% to 50%), ustekinumab 45 mg for the 3rd-place (51% - 50%), adalimumab 80 mg followed by 40 mg (51% - 47%), etanercept 50 mg TW (74% to 62%) and placebo in the 6th-place (97% - 94%). CONCLUSIONS: From all available evidence on treatment with BA for psoriasis, the designed method was enabled to point that infliximab 5 mg/kg is the BA with the highest probability of having the best benefit-risk ratio in the short-term follow up. It is followed by ustekinumab 90mg, ustekinumab 45mg, adalimumab 80→40 mg, etanercept 50 mg TW and placebo, respectively. Our findings can be useful to help on deciding which sequence of BA must be defined by guidelines and health services when therapy failure happens.

PSY15

DIRECT HEALTH CARE COSTS OF PATIENTS SWITCHING BIOLOGIC THERAPIES IN CHRONIC PLAQUE PSORIASIS

Qureshi A1, Mallett L2, Zhang X3, Li L, Lohse R4

METHODS: The families with the patient characteristics and costs associated with first year biologic therapy were focused in psoriasis patients who switched or remained on biologic therapy. METHODS: Adult patients with psoriasis diagnosis (ICD-9 CM 696.1 or 696.8 codes, excluding psoriatic arthritis (ICD-9 CM 696.0), rheumatoid arthritis(ICD-9-CM 714.4), ankylosing spondylitis(IDC-9-CM 720.0), Crohn’s disease(IDC-9-CM 555.x) or ulcerative colitis(IDC-9-CM 556.x) with continuous insurance coverage for one year pre and post first biological therapy prescription, having at least one prescription of adalimumab, etanercept, infliximab or ustekinumab and no previous use of biologic therapy were selected from a privately insured MarketScan® commercial and Medicare database, 2012. Two patient cohorts of switchers and non-switchers were defined based on gap of 60 days of therapeutic benefit. Analyses included descriptive statistics and per member per year costs. RESULTS: Out of the 2848 patients who met the study criteria, 8.32% (n=237) switched(S) to another biological therapy, 1305 (45.82%) remained on initial biologic therapy (non-switched (NS)) and 1306 (45.86%) discontinued their treatment with the first year of initial therapeutic biology. The mean age(SD) was 46.9(13.3) years with a higher percentage of males in the non-switched group than switched and discontinued groups (54% vs. 51.1% and 52.5%, respectively). One year post start of biological therapy, total health care cost per patient (S: US$447 (1300), NS: US$266 (1000)) were higher among patients who remained on initial biologic therapy (NS) than switched and discontinued groups (49% vs. 51.1% and 52.5%, respectively). The general cost associated with each biological therapy was compared to the price paid by each patient in the first year of all biological therapy. The mean overall cost(S) was $29,529 (24,328), NS: $US22,822 (15,913), all cause hospitalization cost per patient (S: US$713 (12,528), NS: $US911 (4663)) and all cause emergency room cost per patient (S: $US447 (1300), NS: $US266 (1000)) were higher among patients who switched to another biologic therapy compared to those who remained on their initial biological therapy. CONCLUSIONS: Although few patients switched from their initial biological therapy within first year of initiating treatment, higher direct health care costs were observed in those patient group compared to those who remained on their initial therapy. These results suggest an unmet need among patients that switch biologic therapies in psoriasis.