PSY25
ECONOMIC EVALUATION OF PROPHYLACTIC TREATMENT VS ON DEMAND FOR MODERATE HEMOPHILIA B IN COLOMBIA

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OBJECTIVES: Hemophilia B is a genetic disease characterized by a defect in coagulation factor IX, needed for this function. Moderate hemophilia is defined as a bleeding clotting factor level from 0.01 to 0.05 IU/ml. The aim of this analysis is to estimate the cost-effectiveness of prophylactic treatment of moderate hemophilia B compared to on demand treatment in Colombia. METHODS: A decision tree model was developed using a life expectancy horizon and a societal perspective. Costs and probabilities of adverse events were taken from a literature. Costs (direct and indirect) were taken from local tariffs manuals (SOAT and SIMED). Effectiveness measures were number of cases avoided of bleeding, hemarthrosis and arthropathies. All data were validated with a clinical expert. Univariate sensitivity analysis was done. Costs are presented in 2013 USD (exchange rate US$1 = 1,927 COP).

RESULTS: Over the time horizon, prophylactic treatment avoids 277 episodes of bleeding and 23 of joint damage. Total expected costs with prophylactic treatment were US$ 1,056 compared to on demand treatment US$ 927. Sensitivity analysis showed the robustness of the results (approximately US$ 0.15/avoided bleeding and 8.3% of joint damage). Total expected costs with prophylactic treatment were US$ 1,056 compared to on demand treatment US$ 927. Sensitivity analysis showed the robustness of the results (approximately US$ 0.15/avoided bleeding and 8.3% of joint damage).

CONCLUSIONS: Prophylactic treatment of moderate hemophilia B, compared to on demand treatment in Colombia, is cost-effective.

PSY26
COST-EFFECTIVENESS ANALYSIS OF PROPHYLAXIS VS ON-DEMAND SUPPLY OF FACTOR IX IN PATIENTS DIAGNOSED WITH MODERATE HEMOPHILIA B IN COLOMBIA

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OBJECTIVES: Hemophilia A is a genetic disease in which there is a deficiency in the level of activity of the clotting factor VIII, the moderate form is defined as a blood clotting factor level from 0.01 to 0.05 IU/ml. The aim of this analysis is to estimate the cost-effectiveness of prophylactic treatment of moderate hemophilia A compared to demand treatment in Colombia. METHODS: A decision tree model was developed using a life expectancy horizon and a societal perspective; annual discount rate of 3% was applied to costs and effectiveness measures. Prophylactic treatment was recombinant factor VIII (25 IU/kg 3 times per week) for a patient of 8 years old and weight of 31 kg without inhibitors. The incremental cost-effectiveness ratios (ICER) for prophylactic treatment were US$ 1,056/avoided bleeding and 23 of joint damage. Total expected costs with prophylactic treatment were US$ 7.4M compared to on demand treatment (40 IU/kg BID for 3.5 days for each bleeding episode). The base case was simulated based on a patient of 8 years old and weight of 31 kg without inhibitors. Univariate sensitivity analysis was done. Costs (direct and indirect) were taken from local tariffs manuals (SOAT and SIMED). Effectiveness measures were number of cases avoided of bleeding, hemarthrosis and arthropathies. All data were validated with a clinical expert. Univariate sensitivity analysis was done. Costs are presented in 2013 USD (exchange rate US$1 = 1,927 COP).

RESULTS: Over the time horizon, prophylactic treatment avoids 277 episodes of bleeding and 23 of joint damage. Total expected costs with prophylactic treatment were US$ 1,056 compared to on demand treatment US$ 927. Sensitivity analysis showed the robustness of the results (approximately US$ 0.15/avoided bleeding and 8.3% of joint damage). Total expected costs with prophylactic treatment were US$ 1,056 compared to on demand treatment US$ 927. Sensitivity analysis showed the robustness of the results (approximately US$ 0.15/avoided bleeding and 8.3% of joint damage).

CONCLUSIONS: Prophylactic treatment of moderate hemophilia A, compared to on demand treatment in Colombia, is cost-effective.

PSY27
A COST-EFFECTIVENESS STUDY OF INTRAVENTRICULAR IMMUNOGLOBULIN IN CHILDHOOD IDIOPATHIC THROMBOCYTOPENIA PURPURA PATIENTS WITH LIFE-THREATENING BLEEDING

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OBJECTIVES: Intravenous immunoglobulin (IVIG) use as first-line treatment for childhood idiopathic thrombocytopenia purpura (ITP) with life threatening bleeding, ITP patients may not be able to access IVIG due to the limitation of health benefit packages especially those in developing countries. There remains an important policy question whether IVIG used as first-line treatment is worth the money spent. Thus, the objective of this study is to estimate the cost-effectiveness of prophylactic treatment of moderate hemophilia A compared to demand treatment in Colombia. METHODS: A decision tree model was developed using a life expectancy horizon and a societal perspective. Costs and probabilities of adverse events were taken from a literature. Costs (direct and indirect) were taken from local tariffs manuals (SOAT and SIMED). Effectiveness measures were number of cases avoided of bleeding, hemarthrosis and arthropathies. All data were validated with a clinical expert. Univariate sensitivity analysis was done. Costs are presented in 2013 USD (exchange rate US$1 = 1,927 COP).

RESULTS: Over the time horizon, prophylactic treatment avoids 277 episodes of bleeding and 23 of joint damage. Total expected costs with prophylactic treatment were US$ 1,056 compared to on demand treatment US$ 927. Sensitivity analysis showed the robustness of the results (approximately US$ 0.15/avoided bleeding and 8.3% of joint damage). Total expected costs with prophylactic treatment were US$ 1,056 compared to on demand treatment US$ 927. Sensitivity analysis showed the robustness of the results (approximately US$ 0.15/avoided bleeding and 8.3% of joint damage).

CONCLUSIONS: Prophylactic treatment of moderate hemophilia A, compared to on demand treatment in Colombia, is cost-effective.