primary care (range: 1%–9.4%) than in general hospitals (range: 5.8%–43.3%), and highest in specialist nephrology settings (range: 36.0%–97.6%). Also, prevalence rates increased with the CKD stage (T-2: 14–27%; T-3: 35.5%–91.1%; T-4: 36.0%–85.5%; T-5: 97.6%). The cost of managing anaemia per patient per year varied across studies from $1,616 (2006–2007 Great British Pounds; GBP) to $3,740 (2006 GBP) in the UK, to €5,618 (2006–2007 Euros) per patient per year in France. Preliminary data from a recent study, however, reported that overall cost of managing anaemia was highest in patients with CKD Stage 3 compared with other stages (T-3: €14,162,565 vs. €4,523,288, 2006–2007 GBP). Another study reported higher costs per patient per annum for individuals with lower haemoglobin (HG) levels (HG <12 g/dL: €2,418; HG <10 g/dL: €13,005; cost year not reported). Among patients with CKD, those with anaemia were more likely to be hospitalised (61% vs. 50% of those without anaemia). CONCLUSIONS: Anaemia is a highly prevalent condition in CKD across European countries, and the evidence available suggests it is associated with a substantial economic burden.

**PSY26**

**MODELLING THE PREDICTIVE VALUE OF PAIN INTENSITY ON COSTS AND RESOURCES UTILIZATION IN PATIENTS WITH PERIPHERAL NEUROPATHIC PAIN**

Félix C., Navarro A., Saldaña MT, Wilson M., Raine R.1

1. Pain Clinic, Hospital de la Princesa, Madrid, Spain, 2. Primary Care Health Centre Puerta del Ángel, Madrid, Spain, 3. Primary Care Health Centre Raices, Castillón, Asturias, Spain, 4. Pfizer Inc., Walton Oaks, UK, 5. Pfizer S.L.U., Alcobendas/Madrid, Spain

**OBJECTIVES:** Peripheral neuropathic pain (PFP) implies a significant economic burden that results in major health care and indirect costs. The aim of the present analysis was modelling the association and predictive value of pain intensity on costs and resources utilization (health care and non-health resources) in chronic PFP in routine clinical practice conditions in Spain.

**METHODS:** Secondary economic analysis based on data from a multicenter, observational and prospective cohort study in Spain. Patients with chronic PFP were enrolled at baseline and 12 weeks after starting a new treatment. Pain intensity was measured using the 0-100 mm Visual Analogue Scale (VAS) of the Short Form McGill Pain Questionnaire. Univariate and multivariable linear regression models were fitted to identify independent predictors of costs and health care and non-health care resources utilization.

**RESULTS:** A total of 1,703 patients were included in the current analysis. Pain intensity was an independent predictor of total costs ([Total costs(Euros)] = 35.6 x [VAS pain intensity] + 257.7, R2 = 0.06, p < 0.001) and indirect costs ([Direct costs(Euros)] = 10.8 x [VAS pain intensity] + 257.7, R2 = 0.06, p < 0.001) and indirect costs ([Indirect costs(Euros)] = 24.8 x [VAS pain intensity] – 43.4, R2 = 0.19, p < 0.001) related to chronic PFP in the univariate analysis. Pain intensity remained significantly associated with total costs, direct costs and indirect costs after adjustment by other covariates in the multivariable analysis (p < 0.001). The impact of pain intensity on health care and non-health care resources utilization, and costs related to chronic PFP. Management of patients with drugs associated with a higher reduction of pain intensity will have a greater impact on the economic burden of that condition.

**PSY27**

**RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH RITUXIMAB TREATMENT IN PATIENTS WITH PEPHMXIS AND PEPHMOID:**

Heelan K, Sheer N, Knowles S, Hassan S, Mittmann N, Suwannaphyong W, Szelenyi E, Toronto, ON, Canada

**OBJECTIVES:** Pemphigus and pemphigoid are a rare group of potentially fatal diseases, causing blistering on mucosal and epidermal surfaces. Long-term treatment with systemic corticosteroids and immunosuppressive agents such as intravenous immunoglobulin (IVIg) is usually required, and the limited use of rituximab (RTX) is increasingly being used for autoimmune bullous dermatoses (AIBD) and has shown to be effective, especially in pemphigus vulgaris (PV) and pemphigoid. Objectives: To estimate health and social care resource use in treating individuals with chronic pemphigus and pemphigoid, in Canada and the UK. Credible and validated estimates were generated through group discussion and refinement of initial results for patients with FKS.

**RESULTS:** Comprehensive resource use data were collected for both countries. There was lower variance and higher confidence in both countries in round 2 compared to 1. Rounds 1 and 2 means (CV) for Canada were $6,723 (69%) $5,675 (50%) and for UK were $6,953 (96%) $6,023 (76%). The average level of self-declared confidence decreased with time for both countries. The study generated comprehensive resource use data for treating individuals with FKS in Canada and the UK. Credible and validated estimates were generated through group discussion and refinement of initial results for patients with FKS.

**PSY29**

**IMPACT OF BARIATRIC SURGERY ON OBESITY PATIENTS MANAGEMENT AND RELATED COSTS:** A FRENCH NATIONAL CLAIMS DATABASE ANALYSIS OVER THE PERIOD 2005 - 2015


**OBJECTIVES:** To gain an understanding of the impact of bariatric surgery on the current medical management of obese patients. METHODS: The EGB database is a 1.97 representative sample (around 600,000 individuals) of the national claims database compilation including all inpatient and outpatient medical care. Adult patients treated for the first time over the period 01/01/2007 to 31/12/2009 by bariatric surgery were identified through related procedures and obesity ICD-10 codes. A cohort of patients was constituted with a 2-year follow-up before and after the index procedure date (T). Reimbursed medical consumption over this 4-year period was recorded and presence of co-morbidities was identified through ICD-10 codes, reimbursement of specific drugs or procedures. RESULTS: A total of 5,287 patients met the inclusion criteria. Bariatric surgery was performed on a mean age of 38.9 years (±11.3 years), 83.4% female and 67.9% had a BMI in the range 40-50. The distribution of patients among bariatric procedure was gastric banding (63.6%), gastric by pass (19.7%), sleeve gastrectomy (16.6%) and biliopancreatic diversion (3.1%). The annual per capita reimbursed health expenses evolved from 2,633€ (+/-3.124€) in Year (T-2), to 3,557€ (+/3.380€) in Year (T-1), to 4,240€ (+/3.840€) in Year (T+1) (excluding procedure cost) to 3,755€ (+/-3.033€) in Year (T+2). In 39% of patients those costs decreased between T-2 and T+2 (+5%) and the only two variables significantly explaining this decrease were the reduction of consumption for anti-Diabetes and/or anti-hypertension drugs. Most of medical consumption was increased over the period pre and post procedure but started to decrease in Year T+2. CONCLUSIONS: The visits for preparing bariatric surgery were probably an opportunity for those patients to benefit from a general check-up which has generated extra short term medical consumption. Additional research could better capture the benefits of bariatric surgery on medical consumption.

**PSY30**

**COST-CONSEQUENCE ANALYSIS OF A TREATMENT STRATEGY INCLUDING PONATINIB COMPARED TO A TREATMENT STRATEGY INCLUDING ONLY THE 2ND GENERATION TYROSINE KINASE INHIBITORS (2G TKI) FOR TREATMENT OF CHRONIC MYELOID LEUKEMIA (CML) WITHOUT T315I MUTATION, IN RESISTANT PATIENTS WITH PHILADELPHIA CHROMOSOME-POSITIVE (PH+) LEUKEMIA, IN ITALY**

Cunati N., Furini G., Pane F., IARAD Farmaceutici (Europe) Srl, Lausanne, Switzerland, 2. Italian National Research Center on Aging, Ancona, Italy, 3. Università Federico II, Napoli, Italy

**OBJECTIVES:** To assess treatment cost and duration of major cytogenetic response (MCYR) using ponatinib in patients intolerant or resistant to 2G TKI, compared to treating with only 2G TKIs, in patients with Ph+ leukemia, in Italy. METHODS: A 3-year Markov model with 1-year cycles simulated patients with Ph+ leukemia to estimate outcomes in those eligible for ponatinib therapy, defined as 1) 2G TKI-resistant, 2) 2G TKI-intolerant if imatinib is not clinically appropriate, or 3) with T315I mutation. Eligible patients received treatment sequences including 2G TKIs and ponatinib in the ponatinib arm and 2G TKI only in the comparator arm. Patients without MCYR were switched to the next therapy line until TKI options were exhausted, then to best supportive care. MCYR rates for 2G TKI or ponatinib were estimated from clinical trial data and expert opinion. Patients were assumed intolerant to 2G TKIs until estimated treatment failure. Monthly treatment costs reflected approved EU dosing and list prices; cost of ponatinib was assumed equivalent to the most common and highest reimbursed second generation TKI (dasatinib or nilotinib, in resistant patients with Philadelphia Chromosome-positive (Ph+) leukemia, in Italy). RESULTS: We estimated 184,280, and 360 ponatinib-eligible patients in years 1,2, and 3, respectively. Treatment costs of patients with 2G TKIs yielded a 3-year cost of €58,51 million and a total of 2,536 months in MCYR, at an average cost of €23,068/MCYR cost. Using ponatinib in eligible patients could save €79,54 million and provided 5,649 months in MCYR, at an average cost of €14,079/MCYR cost. CONCLUSIONS: The treatment strategy includ-
ing ponatinib provided more than double (2.2-fold) the MCYR months at 36% higher costs compared to the 2G TKI strategy. The average cost/MCYR month with ponatinib was lower than the average cost/MCYR month with 2G TKIs. While there are limitations with the methodology and assumptions of the model, this analysis suggests treatment with ponatinib may provide good value for ponatinib-eligible Italian patients.

**PSY3**

**EVALUATION OF THE COST-EFFECTIVENESS OF THE CAPSACIN PATCH QUALITENZATM FOR THE TREATMENT OF PERIPHERAL NEUROPATHIC PAIN IN THE UNITED KINGDOM**

**OBJECTIVES:** To estimate the cost-effectiveness of using the capsaicin patch QUALITENZATM for the treatment of moderate and severe peripheral neuropathic pain (PnP) when compared with the current standard treatment of ataxium with neostigmine + glycopyrrolate (of which the cost is £330). METHODS: A decision tree comparing the cost-effectiveness of sugammadex strategies was developed using inputs from a prospective, observational study. In the base-case ICER was £2,292 per quality-adjusted life-year (QALY). This varied by time horizon. Probabilistic sensitivity analysis suggested that over a lifetime horizon, a treatment strategy placing capsaicin patch therapy before pregabalin had a 99.9% probability of being cost effective at a willingness-to-pay threshold of £50,000. CONCLUSIONS: The capsaicin patch used before pregabalin was a highly cost-effective treatment in the management of peripheral neuropathic pain.

**PSY32**

**COST EFFECTIVENESS OF INDUCTION ANESTHETIC AGENTS**

**OBJECTIVES:** To evaluate the cost-effectiveness of Thiopentone and Propofol for over night induction anesthesia in a tertiary care hospital. METHODS: A prospective observational study in which the patients were selected for general anaesthesia were administered EQ-5D-SSQ (short questionnaire) after each hour and 24 hours of administering Induction of anaesthesia. An existing tool called SF-36 was applied to assess the socioeconomic status along with the demographic details. RESULTS: The average of EQSDLS scores for Propofol was 14.2 and for Thiopentone 16.0. The cost of the Propofol brand used in hospital was 250INR and 360INR. Thiopentone , only one brand was available costing 62 INR. The Propofol was the most commonly used induction anesthetic for Propofol was 14.2 and for Thiopentone 16.0. The cost of the Propofol brand used costing 62 INR. METHODS: A decision tree was developed in TreeAge Pro 2009. The model evaluated the outcomes in the CEA were life-years gained (LYG) and life-years gained to a willingness-to-pay threshold of £50,000. Our cost-effectiveness analysis shows that a HZ vaccination policy for adults aged 50 years in Germany could provide public health and economic effects in the German health care system.

**PSY33**

**COST-EFFECTIVENESS ANALYSIS OF A VACCINATION PROGRAMME FOR THE PREVENTION OF HERPES ZOSTER AND POST-HERPETIC NEURALGIA IN ADULTS AGED 50 AND OVER IN GERMANY**

**OBJECTIVES:** To evaluate thiopentone or propofol for over night induction anesthesia as for quality of life among patients who underwent induction anesthesia. Outcomes. Regarding the acceptability threshold in Poland cysteamine therapy can be considered a cost-effective technology compared with CaST in patients who begin treatment before the age of two.

**PSY34**

**COST-EFFECTIVENESS OF SUGAMMDEX FOR ROUTINE REVERSAL OF NEUROMUSCULAR BLOCKADE, WITH EXTUBATION AT A TOF RATIO OF 0.9, IN ANAESTHETISED PATIENTS UNDERGOING ELECTIVE SURGERY IN ENGLAND AND WALES**

**OBJECTIVES:** To assess the cost-effectiveness of sugammadex compared with neostigmine + glycopyrrolate as a reversal agent for moderate and deep rocuronium or vecuronium-induced neuromuscular blockade (NMB) in the elective setting in England and Wales, when extubation occurs at a train-of-four (TOF) ratio of 0.9. METHODS: A decision tree comparing the cost-effectiveness of sugamma-

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