de ß-thalassemia and treatment pharmacological. The evaluation farmacoeconomic 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 coste-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 sustrato. Una vez realizado el análisis costo-efectividad, la suspensión de sustrato 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 coste-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 coste-efectividad, que permitan apoyar a tomar de 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 ASEGURAMIENTO EN COLOMBIA

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**OBJECTIVES:** To evaluate the cost-effectiveness of Kogenate for the treatment of hemophilia A severe in Colombia. 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 multicriteria acceptability analysis (SMAA) to compare adalimumab, etanercept, infliximab and ustekinumab on two benefit and two risk criteria. Efficacy was evaluated by means of Ponceau Area Index, score 90 and 75% response and PASI75, respectively) and their safety was assessed by any adverse event (AAE) and serious adverse event (SAE). MTC/SMAA analysis was performed for two scenarios: one with missing outcome preference and the other with ordinal preference information established (SAA > PFLASO > PFAIS > SAA).

**RESULTS:** Results show the need to replace current regimens both in the created scenarios. Infliximab 5 mg/kg had the highest probability of being the 1st-place in MTC/SMAA 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 IV) (74% to 62%) and placebo in the 6th-place (97% - 94%).

**CONCLUSION:** From all available evidence on treatment with BA for psoriasis, the designed method was enabled to place 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 45 mg, adalimumab 80→ 40 mg, etanercept 50 mg IV 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 BIOTHERAPY THERAPIES IN CHRONIC PLAQUE PSORIASIS

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**OBJECTIVES:** To evaluate the cost-effectiveness of switching between biotherapies in psoriasis patients.

**METHODS:** A retrospective cohort study was performed selecting 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 percent per member year costs. RESULTS: Of the 2848 patients who met the study criteria, 8.32% (n=237) switched(S) to another biotherapy, 1305 (45.82%) remained on initial biotheraphy (non-switched (NS)) and 1306 (45.86%) discontinued their treatment within the first year of initiating biotheraphy. 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 (59.4% vs. 51.1% and 52.5%, respectively). One year post start of biotheraphy, total health care cost per patient (S: US$188,529(24,328), NS: US$92,872(15,913)), all cause hospitalization cost per patient (S: US$1713(12,528), NS: US$911(4663)) and all cause emergency room cost per patient (S: US$1713(12,528), NS: US$911(4663)) were lower among patients who switched than among patients who remained on their initial biotheraphy. CONCLUSIONS: Although few patients switched from their initial biotheraphy within first year of initiating treatment, higher direct health care costs were observed in the treatment group compared to those who remained on their initial therapy. These results suggest an unmet need among patients that switch biotherapies in psoriasis.

**PSY16**

ORPHAN DRUG ACCESS: RISK/REWARD ANALYSIS OF LOCAL CLINICAL DEVELOPMENT IN CHILE