transition probabilities for gabapentin were calculated from published literature listing the medication between two predefined patient states. RESULTS: Both gabapentin and gabapentin were more effective and less costly compared to the placebo treatment. The quality-adjusted life years (QALYs) for SCI patients with NeF in gabapentin, gabapentin and pregabalyn groups were 0.49, 0.533, and 0.543, respectively. The incremental cost-effectiveness ratio (ICER) for gabapentin vs. pregabalin was $104,108 (US$, 2012). The model suggests that a modest change (5% reduction) in indirect costs with pregabalyn treatment reduces the ICER to $31,096. One-way sensitivity analyses show that the most sensitive parameter was efficacy at alleviating NeF in gabapentin-refractory SCI patients, and utility scores for the four NeF-severity health states in SCI patients. The model also shows that changes in the direct and indirect costs associated with four the health states are inconsequential. CONCLUSIONS: Pregabalyn is cost-effective as a first-line treatment for SCI-associated NeF in the United States provided that there is a pregabalyn treatment-specific reduction in indirect costs.

OBJECTIVE: In Mexico, iron deficiency anemia (IDA) is frequent and varies according to age. Prevalence rates range from 23.7% in men aged 15-44 years: 15.6%, pregnant women 20.6%. Intravenous iron (IV) is a treatment option for IDA when patients are intolerant to oral iron or there is a need to replenish iron stores. The objective of this study was to estimate the relative direct health care costs of iron delivery for patients with iron deficiency anemia requiring iron dextran transfusions for iron deficiency anemia (IDA) in Mexican private hospitals. The assessment has been made from the third party payer perspective represented by health insurances, the pharmacy, IV dextran for cells (RBC) transfusions for patients with IDA in Mexican private hospitals. The assessment has been made from the third player payer perspective represented by health insurances across multiple regions (TA) four common health institutions (drug, surgery, and biology). METHODS: A cost-minimization analysis assuming similar efficacy and safety of the alternatives was conducted since the evidence of IV ID is limited in the selected TAs limiting our ability for indirect comparisons. Mean IV iron dose needed for the treatment IDA was 1000 mg per patient and IV iron time used per treatment is based on the Mexican SmPc for both products (FCM 15 minutes versus ID 6 hours). Mean cost of infusions was calculated based on daily hospitalization costs (bills) to national tariff (private health care institutions). RESULTS: Cost savings due to IV iron-induced reduction of RBC transfusion before hip and knee surgery are based on published evidence (Kotze et al). In all the TAs, the use of FCM compared to ID regarding infusion efficiency derived from reduced hospitalization time, 84% savings, and IV iron time used per treatment is based on the Mexican SmPc for both products (FCM 15 minutes versus ID 6 hours). Mean cost of infusions was calculated based on daily hospitalization costs (bills) to national tariff (private health care institutions). CONCLUSIONS: This study showed that the utilization of FCM could reduce costs to the health insurances at private hospitals due to improved administration efficiency and reduction in RBC transfusions.

PSY34 COST-MINIMIZATION ANALYSIS OF ANTI-TNF BILOGICS IN THE TREATMENT OF RHEUMATOID ARTHRITIS, ANKYLOYSPOIDYTIS AND PSORIATIC ARTHRITIS UNDER THE BRAZILIAN PUBLIC HEALTH CARE SYSTEM (SUS) PERSPECTIVE Scaccabarozzi L1, Janssen, São Paulo, Brazil

OBJECTIVE: To compare the cost treatment of anti-TNF biologics simulated simultaneously for the treatment of rheumatoid arthritis (RA), ankylosing spondylitis (AS) and psoriatic arthritis (PsA) under the Brazilian public health care system (SUS) perspective. METHODS: In Brazil, four anti-TNF biologics are approved for the treatment of RA, AS and PsA: adalimumab (ADA), etanercept (ETA), infliximab (IFX), and golimumab (GOL). Published literature shows no difference in safety and efficacy among them; therefore, a cost-minimization analysis was conducted to determine the impact of this parameter on results. RESULTS: GOL has the lowest cost of treatment across the biologics in all indications, at $17,703 per patient per year. GOL treatment remains unchanged across indications or years of treatment, as loading dose is not required. For RA treatment, IFX has the second lowest cost of treatment at $18,312/patient/year. For AS and PsA treatments, due to higher dosing of IFX, the average cost per patient is R$4,418, similar to the cost with ADA and ETA. Using DSA, cost of treatment with IFX for AS and PsA can reach up to R$10,522, assuming a patient weight of 100 kg. CONCLUSIONS: With the lowest cost of treatment, GOL is already available in SUS RA treatment, and represents an important treatment option for patients with AS and PsA as well, with potential to reduce the cost of treatment by 27.5%.

PSY35 BORTEZOBI-MBD-BASED REGIMENS USED AS INDUCTION IN NEWLY DIAGNOSED MULTIPLE MYELOMA (NDMM) PATIENTS ELIGIBLE FOR STEM CELL TRANSPLANTATION (SCT) THE COST-UTILITY ANALYSIS Muczka J1, Walczuk J1, Trojanowicz R2, Skrzekowska I2
1Arcana Institute, Krakow, Poland, 2Janssen-Cilag Polska, Warszawa, Poland

OBJECTIVE: To perform cost-utility analysis (QUA) of bortezomib in combination with dexamethasone (VOD) or thalidomide and dexamethasone (VTD) used as induction treatments in ndMM patients eligible for SCT in Poland. METHODS: The Markov model was developed in Microsoft Excel and programmed in Visual Basic for Applications. The lifetime horizon and National Health Fund (NHF) perspective were similar to the one with ASA and ETA. Using DSA, cost of treatment with IFX for AS and PsA can reach up to R$10,522, assuming a patient weight of 100 kg. CONCLUSIONS: With the lowest cost of treatment, GOL is already available in SUS RA treatment, and represents an important treatment option for patients with AS and PsA as well, with potential to reduce the cost of treatment by 27.5%.