**PSY1**

AN ECONOMICAL EVALUATION OF DIFFERENT PROCEDURES IN BARIATRIC SURGERY

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OBJECTIVES: The aim of this study was to estimate the social cost of the three main bariatric surgery techniques used for the treatment of morbid obesity: gastric banding (GB), gastric by-pass (GBP), and sleeve gastrectomy (SG).

METHODS: The study was designed as longitudinal multicenter survey. Adult patients in charge to 6 Hospital Centers in Italy have been enrolled at the time of the intervention and followed up to 1 year. Direct medical costs have been estimated using tariffs for laboratory tests, diagnostic exams, visits, and prices for drugs. Inpatient cost data have been collected at the Center level, as well as the costs of inpatient and outpatient care. Non medical costs included costs for travel and accommodation, domestic help and informal care. The loss of productivity has been estimated using the human capital approach. Costs are reported in Euro (€) and in 2013.

RESULTS: 301 patients have been enrolled and 1 year after the intervention a BMI reduction of 19%, 35% and 29% have been observed for GB, GBP and SG, respectively. The social cost of the intervention amounted to € 6,853 (± 1,328 for GB), € 3,582 (± 214 for GBP) and € 2,203 (± 385 for SG). For these 43% of direct non medical costs and 24% were indirect costs. CONCLUSIONS: As compared to GB and SG, GBP was most effective with higher costs of intervention and follow up.

**PSY20**

COST ANALYSIS OF IMPLEMENTING EXPANDED UMBILICAL CORD BLOOD GRAFT IN CANADA

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OBJECTIVES: The aim of this study was to estimate the social cost of the three matched-related donors.

METHODS: The aim of this study was to estimate the social cost of the three matched-related donors.

RESULTS: A total of 3906 (87%) type A and 597 (13%) type B patients comprised the 2011 documented prevalence of hemophilia in Mexico. Most (57%) of all patients received medical care at IMSS. Direct medical costs (79.3 USD millions) and indirect costs (370,398 USD) accounted for 99.5% and 0.5% of total costs (79.7 USD millions), respectively. Among direct medical costs, acquisition of coagulation factors represented the most important (92.9%), followed by hospital care (11.3%), and home care after hospitalization (9.7%). Average cost per patient was very similar: 18,152 and 14,662 USD for type A and B, respectively. CONCLUSIONS: Despite its low prevalence, hemophilia imposes a considerably high economic burden in Mexico’s health care system.

**PSY23**

MEDICAL AND ECONOMIC IMPACT OF INFANTILE HAEMANGIOMA IN FRANCE PREVIOUS TO PROPRAVANOL USE

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OBJECTIVES: Estimate the cost of treatment of IH previous to introduction of propranolol in the treatment of haemangioma; Infantile haemangioma is a common lesion affecting up to 10% of children. At least 30% of haemangiomas require treatment. METHODS: Observational multicentric retrospective study at five expert centres treating children with haemangioma. The first 10 patient records, from each centre, of patients having been diagnosed, between the age of one and five months, before the introduction of propranolol in France in 2007, with a haemangioma measuring > 2cm² were analysed. In 53 children that had already received corticosteroid treatment, were identified and selected. RESULTS: 53 children were included. Haemangioma was mixed (cutaneous and subcutaneous) in 69% of children, and was located on the head and neck in 87% of cases. Complications arose in 75% of children. 83.0% of the children underwent additional tests in view of diagnosis and treatment of haemangioma. Tests most often included an MRI-scan (56%), an ophthalmological examination (30.2%) or heart ultrasound examination (26.6%). A dermatologist followed the patients in 71.7% of cases. 98% of the children were admitted to hospital at least once for their haemangioma and 17.0% had laser treatment. The average cost of treatment (according to the health insurance fund) of children with haemangioma was high, reaching €4,007 per person. The highest expenditure item was hospitalisation at an average cost of €1,337 (equivalent to 83% of the total average cost). CONCLUSIONS: IH has a significant medical and financial impact, requiring relatively heavy medical treatment. Numerous medical consultations with various specialists, frequent additional tests, long-term medication and surgery and laser treatment), the impact being even more significant the more serious the haemangioma. Introduction of propranolol in the treatment of IH should reduce treatment costs appreciably, notably by reducing the length of the hospital stays.

**PSY24**

COST OF INTRAVERSENT PATIENT-CONTROLLED ANALGESIA (IV PCA) EQUIPMENT AND OPioid MEDICATION FOR ORTHOPEDIC AND ABDOMINAL SURGERIES IN UNITED STATES HOSPITALS

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OBJECTIVES: IV PCA equipment and opioid costs analyses on specific procedures are lacking. This study estimates the IV PCA hospital cost for the first 48 postoperative hours for 3 inpatient surgeries: METHODS: Descriptive analyses using the Premier database (2010–2012) > 500 US hospitals were conducted on cost of IV PCA after total knee or hip arthroplasty (TKA or THA) or open abdominal surgeries. Weighted average cost of each component was aggregated for total costs. Direct acquisition and indirect cost (labor, pharmacy, etc.) were included.

RESULTS: Of 11,805,513 patients, 272,443 (2.3%), 139,275 (1.2%) and 195,062 (1.7%) patients had TKA, THA and abdominal surgeries respectively. Of these patients 100% of TKA and abdominal surgery and 23% THA patients had specific IV PCA charges. Morphine (57%) and hydromorphone (44%) were the most frequently used PCA drugs, with the mean cost per 30 cc syringe of $16 (10 mg) and $21 (8 mg) respectively. Number of PCA patients for $10, $20 and $30 per hour were 854, 4,227 and 3,370 for GBP and 2,036 for GB respectively. A total of 14,233 patients met inclusion criteria for the GB, 29,283 (98.4%) patients were identified in the PA group and 463 (1.6%) in the no PA group. For all-causes in the PA group, statistical differences were found in the mean number of patients $10 per hour (162), $20 per hour (161) and $30 per hour (162) compared to the no PA group ($10 per hour (151), $20 per hour (151) and $30 per hour (151)). CONCLUSIONS: Prescription of IV PCA in the treatment of IH should reduce treatment costs appreciably, notably by reducing the length of the hospital stays.

**PSY25**

PRIOR AUTHORIZATION IN THE TREATMENT OF PATIENTS WITH FIBROMYALGIA OR PAINFUL DIABETIC PERIPHERAL NEUROPATHY

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OBJECTIVES: Examine health care utilization/costs among fibromyalgia (FM) or painful diabetic peripheral neuropathy (PDPN) patients.

METHODS: Patients diagnosed (via claims-based algorithm) with FM or PDPN were included. Index date was the date of first FM- or PDPN-related pharmacy claim observed within intake period (07/01/2007- 12/31/2011). Separately for FM/pDPN, health care utilization and cost outcomes were assessed. Using four-to-one (PA to no PA) propensity score matching (PSM), patients enrolled in pharmacy plans with PA benefit design (PA group) were matched to patients enrolled in pharmacy plans without PA (no PA group). We used a difference in differences (DiD) analysis and two independent groups t-tests to compare differences in mean cost between cohorts from pre-index to post-index periods. A difference in differences (DiD) analysis and two independent groups t-test to compare differences in mean cost between cohorts from pre-index to post-index periods.

RESULTS: 28,676 patients met inclusion criteria in the FM cohort. 29,283 (98.4%) patients were identified in the PA group and 463 (1.6%) in the no PA group. For all-causes in the FM cohort, statistical differences were found in the mean number of patients $10 per hour (162), $20 per hour (161) and $30 per hour (162) compared to the no PA group ($10 per hour (151), $20 per hour (151) and $30 per hour (151)).

CONCLUSIONS: For patients with FM and separately for patients with PDPN, we compared pre-index and post-index differences and differences in costs between PA and no PA. The results of our investigation indicate that implementation of a PA may not reduce cost.