weight. The main objective is to conduct a pharmacoeconomic analysis to find out the cost effectiveness of Diethylthiophosphoryl diet with diet and exercise (DEP + DaI), compared against Diet and Exercise (DaI) in Mexico. METHODS: The point of view of the study was the provider of IMSM health services. The target population were men and women over 18 years old with BMI ≥30 kg/m². Outcome measures were the reduction of weight in kg and Quality Adjusted Life Years (QALYs). The direct costs in the treatment of obesity were assessed, treatment of adverse events and complications (Type 2 Diabetes Mellitus and cardiovascular disease). We used a Dynamic, Stochastic, Probabilistic Discrete Event Simulation (DSED) and a univariate and probabilistic sensitivity analysis was performed. All the quantities expressed in Mexican pesos (MX$).

RESULTS: DEP + DaI presented a lower cost and improved the utility and effectiveness when compared DaI. Incremental cost was $18,361 MX$ in males and $16,285 MX$ in women. Incremental effectiveness and utility was 4.19 kg and 0.10 QALYs in men and 3.77 kg and 0.08 QALYs in women. ICER pointed the absolute dominance for DEP + DaI. Estimated savings per 100 patients in the IMSM can be $1,697,027 MX$ if complemented by a 100% health change habits using DEP + DaI. CONCLUSIONS: The combination of DEP + DaI provides a cost effective improvement to the treatment of patients with a risk profile for obesity.

PSY22

ANALYSING THE BENEFITS AND COST SAVING OF ORAL VERSUS IV FLUDARABINE FOR MANAGEMENT OF B-CELL CHRONIC LYMPHOCYTIC LEUKAEMIA (CLL)

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OBJECTIVES: Fludarabine (F) is a mainstay treatment for CLL. Despite the availability of an oral formulation with equivalent efficacy and improved patient acceptability, many centres use an IV generic formulation assuming it is cheaper. A cost minimisation analysis was undertaken on the two formulations. METHODS: The cost minimisation analysis compares IV F and combination therapy with oral/rivaroxaban (FC). It included: European acquisition costs validated to generic prices; body surface area 1.75m²; mg/m² dosages oral F 40, IV F 25, oral C 150, IV C 250; dosage days/cycle F 5 / FC 3 for 6 cycles/patient. Published adverse events rates were equivalent except for IV administration complications (8% default) and diarrhoea (oral F 34.6% vs IV F 11.3% – Grade 1/2 and 3.8% vs 0% – Grade 3/4) – 2% managed in hospital. Equipment and clinical resource costs were defaulted to published rates and authors’ centres. A sensitivity analysis assessing minimum and maximum potential costs was applied. RESULTS: Acquisition costs per treatment course were higher for oral F (IV $5,334 vs $3,613 FC; 3,613 vs 1668 vs 6849). However IV costs increased with adverse events (oral IV complications mean 60 vs 60; diarrhea 1% vs 8) and hospital resource costs (oral IV F $18 vs €4,200, FC $18 vs $2,520). Direct oral IV treatment costs per patient were F = $5,353 vs $5,553 (range $5,334-6,553 and $5,513-6,557), PF = $3,232 vs €3,454 (range $3,214-3,233 and $3,414-4,478). Modelling oral adoption in 100 patients - 80% IV F / 20% IV FC, a 50% and 90% switch respectively resulted in $9,149 mean cost savings, releasing funding and resources for improved care and patient throughput. CONCLUSIONS: Oral Fludarabine is an effective and less costly IV F, but cost minimisation modelling demonstrated reduced direct costs with oral Fludarabine, while also being preferred by patients.

PSY23

ECONOMIC EVALUATION OF ERYTHROPOIESIS STIMULATING AGENTS IN CRITICALLY ILL TRAUMA PATIENTS

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OBJECTIVES: Recent randomized trials (RCT) have suggested erythropoietasis stimulating agents (ESA) reduce mortality in critically ill trauma patients; however ESA are costly. We sought to determine cost-effectiveness of ESA in this patient population. METHODS: A decision analytic model was constructed to compare the use of ESA to standard care in trauma patients admitted to an intensive care setting. Base case costs and benefits at one year were estimated using mortality estimates from available RCTs. One way and probabilistic sensitivity analyses were conducted for comparison of the base case scenario with 10 and 25 year horizons in Markov model results. RESULTS: ESA use was associated with a cost per QALY gained of $74,500 to $81,748 compared with standard care at one year. One-way sensitivity analyses revealed results were sensitive to changes in mortality risk, risk of thrombosis, relative risk of mortality, relative risk of thrombosis, and quality of life estimates. Cost effectiveness acceptability curves generated from probabilistic sensitivity analysis indicated that the probability ESA would be considered attractive ranged from 35% to 80% over the range of WTP of $60 to $120,000. Consideration of longer time horizons reduced the cost per QALY gained to $9,338 ± $5,957. CONCLUSIONS: While the cost per QALY gained with ESA use falls into the range of currently accepted healthcare technologies funded in Canada, significant uncertainty remains, particularly long term survival benefit with ESA use. Further research into the efficacy and safety of ESA use in critically ill trauma patients is required prior to widespread use.

PSY24

COST-UTILITY ANALYSIS OF DIFFERENT ERYTHROPOIETINS IN ANEMIC PATIENTS ON DIALYSIS IN RUSSIA

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OBJECTIVES: To examine cost-utility of different erythropoietins (epoetin alfa and epoetin beta) in Russian anemic patients on dialysis. METHODS: Health survey of patients in dialysis departments of 23 regions. About 1400 questionnaires were distributed in May - June 2010. Health-related quality of life was assessed with self completed Short Form-12 and Russian version of EQ5D. Baseline characteristics were: age, gender, BMI, hemoglobin. Inclusion criteria were age older than 18 years, terminal stage of chronic renal failure and treatment with dialysis more than 4 months. All patients have been divided on four subgroups depending on the name of received erythropoietin. Groups were not differ according to the level of hemoglobin. Average HRQL, assessed with VAS, was not different significantly between 4 groups: 0.62 for Eralfon, 0.59 for Recormon, 0.585 for Eprex, 0.56 for Epocri

PSY26

IMPACT OF HYPNATREMIA ON PATIENT OUTCOMES AND HEALTHCARE RESOURCE UTILIZATION IN HOSPITALIZED PATIENTS

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OBJECTIVES: Hyponatremia (HN) is the leading electrolyte abnormality among hospitalized patients. In the absence of symptoms, HN is often overlooked as a complication that warrants aggressive intervention. Though HN is common, little is known about the influence of HN on patient outcomes and healthcare resource utilization. This study assessed the impact of HN on inpatient total and intensive care unit (ICU) cost, total and ICU length of stay (LOS), likelihood of ICU admission, and 30-, 90-, and 180-day readmission. METHODS: Premier’s Perspective® database was used to construct a sample of hospitalization discharges for 2006 and 2007. The sample was divided between January 1, 2007 and June 30, 2009. Patients were identified using primary or secondary diagnosis of HN (n=558,815) and were matched to a non-HN control group (n=558,815) using exact matching of age, gender, provider region, and 3M™ APR-DRG assignment. Matching was further refined using propensity scores based on additional patient and hospital characteristics and patient co-morbidities. Cost was analyzed using a multivariate general linear regression model that related out-of-pocket (OOP) healthcare costs with productivity is not well understood. RESULTS: Significant predictors of increased total and overall work impairment and activity impairment expressed as impairment percentages, were measured by the Work Productivity and Activity Impairment questionnaire. Further research is needed to determine longer-term impact of OOP healthcare costs on work productivity.