PND43
cost-effectiveness of subcutaneous interferon beta-1a in portugal based on the findings of cochane collaboration review of first-line treatments for relapse-remitting multiple sclerosis.

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OBJECTIVES: To evaluate the cost-effectiveness of interferon beta-1a subcutaneous (SC) when compared with interferon beta-1a intramuscular (IM) in Portugal, based on findings published by the Cochrane review of first-line treatments for relapse-remitting multiple sclerosis.

METHODS: An Excel-based model estimated the number of relapses and costs incurred by a cohort of 3,000 patients treated with two types of interferon beta-1a. The model evaluated the consequences of each treatment based on the findings of a Cochrane meta-analysis (Filippini 2013)

RESULTS: The analysis was performed from a Portuguese NHS perspective, including only direct costs. Costs of relapse were obtained from a local publication (Matias C, 2009)

The time horizon of the analysis was 2 years. The mean number of relapses avoided was 1.15 per patient and 4.4 per year for the overall study population.

The average cost-effectiveness of 44 mcg scIFN-1a was estimated to be €107,861 per relapse avoided for the EDSS > 3.5–5.0 cohort. The average cost-effectiveness for the overall study population was estimated to be €181,208 per relapse avoided. Sensitivity analyses showed that results were robust to changes in key input parameters such as DMD costs, the number of relapses in untreated patients, the relative risk reduction in clinical relapse rates, the rate of adherence, and the average cost per relapse avoided.

CONCLUSIONS: Based on model results, the average cost-effectiveness of 44 mcg scIFN-1a was favorable for both the overall study population and the EDSS > 3.5–5.0 cohort.

PND46
cost-utility analysis of sacral anterior root stimulation (sars) compared to medical treatment in complete spinal cord injured patients with a neurological bladder.

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OBJECTIVES: To estimate the cost-utility of sacral anterior root stimulation (SARS), using the Finetech-Brindley device compared to medical treatment (anticholinergics + catheterization) in complete spinal cord injured patients with a neurological bladder.

METHODS: A probabilistic Markov model was evaluated with a 10-year time horizon, one year cycles and a 2.5% discount rate. Three irreversable treatments were defined: 1) treatment without urinary complication, 2) surgery for urinary complication (spincterotomy, urinary derivation), 3) death. Reversible states (urinary calculus, fistula) were modeled using a published Markov model (Oberle 2014). SF-6D utility weights were based on 2013 French prospective payment system (PMSI) classification.

RESULTS: In the primary analysis, the cost-utility ratio was 10,647\$/QALY gained. At a 30,000\$ ceiling, 93% of patients would be QALY gained, whereas 62% of patients would be cost-effective given a 30,000\$ ceiling.

CONCLUSIONS: Our model shows that SARS using Finetech-Brindley device offers the most important benefit and should be considered cost-effective at a 30,000\$ ceiling ratio. Despite a high uncertainty, EVPI and partial EVPI may indicate that further research would not be profitable to inform decision making.