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RESULTS: Life year (QALY). One-way sensitivity analyses, where key parameters were supportive care (no systemic therapy) were expressed as euros/quality-adjusted life year (QALY). Thirteen studies focused on the societal economic burden of both impairments. Indirect costs were highest amongst all cost categories due to productivity loss. Only two identified articles reported data for Germany. Out of these, one European study transferred survey data from abroad to the German system and another article reported costs for specific interventions. Conclusions: The present study evaluates the cost-effectiveness of this treatment compared to care as usual, in an audiological centre. Methods: An economic evaluation was carried out alongside a non-randomised controlled clinical trial to assess the cost-effectiveness of biological therapies from a societal perspective, using a 1-year time horizon. The incremental cost-effectiveness ratio (ICER) was calculated by dividing the difference in costs by the difference in Quality Adjusted Life Years (QALYs) based on the HUI Mark III. Non-parametric bootstrapping and sensitivity analyses were used to assess the uncertainty in costs and effects. Sensitivity analysis included a complete case analysis and analysis on data were missing values on the HUI Mark III imputed based on a mixed regression model from the clinical effectiveness analysis. Results: Compared to patients receiving usual care, patients who received specialist care gained on average 0.015 QALYs (ICER = 0.008-0.005). The incremental costs from a societal perspective are €286 (ICER = 828-3427). The incremental cost per QALY from a societal perspective amounted to €19,688. The probability that SC is cost-effective from a societal perspective is 57% for a willingness to pay for a QALY of €35,000.

Conclusions: Specialised tinnitus rehabilitation clinics should be developed from a societal perspective, considering the incremental costs and effects are considerable, sensitivity analysis indicated that cost-effectiveness results were robust.

PSS14 COST-EFFECTIVENESS OF BIOLOGIC THERAPIES FOR THE TREATMENT OF MODERATE TO SEVERE PSORIASIS IN GERMANY

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Objectives: To assess the incremental costs and effects of biological treatments for the German Social Health Insurance (SHI) perspective. Methods: A simple decision model was constructed to assess the cost-effectiveness of biological therapies compared to supportive care for the treatment of moderate-to-severe psoriasis over a one-year time horizon. Clinical effectiveness was based on the relative probabilities of achieving PASI 75 and PASI 90 response obtained via a network meta-analysis. Weight-based dosing was assumed for infliximab. Costs were assessed in terms of 2012 euros, and included drug administration, administration, laboratory tests, clinic visits, and hospitalisation costs. Cost-effectiveness from payer perspective was assessed as the cost-per-PASI 75 response and cost-per-PASI 90 response compared to supportive care (no systemic therapy) over a one-year time horizon. One-way sensitivity analyses, where key parameters were changed to alternative plausible values, explored uncertainty in the results. Results: In the base case, adalimumab was found to be the most cost-effective compared to supportive care (ICER = 52,583), followed by ustekinumab 90 mg (ICER = 52,846), ustekinumab 45 mg (ICER = 54,997), infliximab (ICER = 56,141), etanercept 50 mg BiW (ICER = 67,611), and etanercept 25 mg BiW (ICER = 78,194). The ICER for ustekinumab 90 mg, ustekinumab 45 mg, and infliximab compared to adalimumab were €57,052, €510,445, and €86,794, respectively. Adalimumab remained the most cost-effective over the vast majority of the one-way sensitivity analyses. Conclusions: The analysis demonstrated that adalimumab is the most cost-effective biologic for the treatment of patients affected by moderate to severe psoriasis.