obesity directly, but a corresponding decrease in resources used to treat co-morbidities.

PSY26 COST BENEFIT ANALYSIS OF A WORKSITE WEIGHT MANAGEMENT PROGRAM Idris A1, Fernandez ID1, Fiscella KA2, Noyes K2 1University of Rochester, Rochester, NY, USA, 2University of Rochester School of Medicine and Dentistry, Rochester, NY, USA OBJECTIVES: Obesity has reached epidemic proportions and has many cost implications. Being overweight and obese is associated with higher rates of many chronic health conditions, which in turn leads to increases in medical spending and productivity losses. Many worksites have implemented weight management programs for employees to offset the cost burden of disease. This study modeled the potential cost savings for an employer from a 2-year worksite weight management program over ten year time horizon. METHODS: We used data from a group randomized control trial of a worksite weight management program and published health economic data. Using a Markov model and analytic modeling technique, we conducted a cost benefit analysis of weight management program versus usual practice. Program costs, health care utilization and prevalence of overweight and obesity in the study population were used to assess program impact. Sensitivity analyses were conducted to find a threshold at which the intervention would have a positive net benefit. RESULTS: The program showed a 1.44% decrease in the overweight/obesity in one year. When modeled over 10 years, this program incurred an excess cost of $206 per person compared to usual practice. The threshold at which this program would have a positive net benefit is when there is a 5.8% decrease in the overweight/obese population annually. CONCLUSIONS: Worksite weight management programs may yield cost savings with modest reduction in the percentage of overweight or obese employees. This evidence may encourage employers to implement and support weight management programs that have empirically demonstrated higher rates of weight loss in employees. More research is needed to understand why some individuals are more successful at weight reduction and to evaluate long-term effectiveness of weight management at worksites.

PSY27 COST-CONSEQUENCE ANALYSIS COMPARING ROMIPLOSTM TO RITUXIMAB IN THE TREATMENT OF ADULT PRIMARY IMMUNE THROMBOCYTOPENIA (ITP) IN FRANCE Cluche L1, Leferfe F2, Chalikavit M4, Perrin A1, Stern L, Bischof M, Cohen S5 1Hôpital de la Conception, Marseille, France, 2Hôpital Necker, Paris, France, 3Analysite International, New York, NY, USA, 4AMCEN (Europe) GmbH, Zug, Switzerland, 5Amgen S.A.S., Neuilly-sur-Seine, ILE, FRANCE OBJECTIVES: Romiplostim stimulates platelet production through the thrombopoietin receptor and is recommended for second- and third-line treatment of chronic ITP in adults. Traditional treatment options in this setting have included unapproved use of the immunosuppressant rituximab. This analysis assessed the cost per responder of romiplostim compared to rituximab in adult ITP patients in France. METHODS: A decision analytic model was developed to estimate the six-month cost per patient responding to treatment. A systematic literature review was performed to obtain response rates (achieving a platelet count ≥50x10^9/L) for each treatment. Romiplostim patients received weekly administrations; rituximab patients received two intravenous infusions. Resource utilization was based on French and international treatment guidelines, and clinical expert opinion. Unit costs were derived from published literature and French reimbursement lists, and included the costs of routine physician visits, treatment administration and emergency care. Non-responders incurred the cost of rescue therapy (IVig and prednisone), hospitalization/physician visits with weight-related events (REs). RESULTS: Although the comparability of existing literature for romiplostim and rituximab was limited, several fulfilled the literature review selection criteria. Response rates were 63% and 62.5%, as per the romiplostim pivotal trial and a meta-analysis on rituximab, respectively. Mean cost per patient for romiplostim and rituximab was €17,486 and €17,086 respectively. Dividing mean cost by response rates, cost per response was €27,337 for romiplostim and €25,178 for rituximab. The main cost-offsets were due to reduced rescue therapy and REs, with romiplostim resulting in a 25% reduction in cost per platelet re- response. Across sensitivity analyses, romiplostim consistently produced a lower cost per response. CONCLUSIONS: In adult ITP patients, romiplostim yields a lower cost per response over 6 months compared to rituximab, indicating romiplostim represents an efficient use of resources for the French health care system.

PSY28 COST-EFFECTIVENESS ANALYSIS COMPARING EPIDURAL, PATIENT-CONTROLLED IV MORPHINE, AND CONTINUOUS WOUND INFILTRATION FOR POSTOPERATIVE PAIN MANAGEMENT AFTER ABDOMINAL SURGERY Burke M1, Tilleul P2, Nutten P2, Assou M2, Beaucour M2 1York E: Obstetrics and Gynaecology, York, UK, 2Saint Antoine Hospital, Paris, France OBJECTIVES: Continuous wound infiltration (CWI), intravenous controlled analgesia (IV-PCA) and epidural analgesia (EDA) are analgesic techniques commonly used for pain relief after open abdominal surgery. The aim of this study was to evaluate the cost-impact and cost-effectiveness of these analgesic techniques. METHODS: A decision tree model was developed in which patients entered after successful colorectal surgery and received post-operative analgesia. The pathways consist of a number of particular events including patient eligibility given their agreement to benefit from the technique, rate of intra-operative technical failure, successful pain relief and potential adverse events. Data was retrieved from clinical trials and from an observational prospective cohort of 85 patients. Efficacy criteria were based on pain at mobilisation. Healthcare resource use and costs were evaluated from medical records measurements and published data. The incremental cost-effectiveness ratio (ICER) was expressed as the ratio between total cost of procedures and differential efficacy. Probabilistic sensitivity analysis (PSA) was performed around the willingness to pay per controlled patient. RESULTS: When taking into account all the healthcare resources consumed, the CWI (€11,024) is economically dominant compared to IV-PCA (€4,779). EDA is more costly, but also more effective than CWI, with an estimated ICER of €27,446 for each additional controlled patient. PSA analysis showed that CWI remains cost-saving in 71.3% of cases. CONCLUSIONS: Device-related costs of using CWI for pain management after abdominal laparotomy are partly counterbalanced by a reduction in healthcare resource consumption. It is also important to consider that a proportion of patients do not have the capacity to benefit from epidural techniques and some may also refuse the technique. This economic evaluation may be useful to clinicians to design algorithms for pain management after major abdominal surgery.

PSY29 ECONOMIC EVALUATION OF CAPSAICIN PATCH 8% IN THE TREATMENT OF NEUROPATHIC PAIN IN AUSTRIA Bregenzer F1, Walter E2, Schöflabauer V3 1Institute for Pharmacoeconomic Research, Vienna, Austria OBJECTIVES: About 5% of the population (400,000 in Austria) suffer from neuropathic pain. Fifty percent of them denominate their pain as "very strong". Neuropathic pain patients consult on average 5 different doctors before the main diagnosis is made. This analysis was to evaluate the cost-effectiveness of treatment of neuropathic pain with topical Capsaicin Patch 8% versus current standard of care (pregabalin) in Austria. METHODS: The analysis was performed using a Decision Tree Model combined with a Markov model adapted for Austria. The model was calibrated with validation data, which then served as a sensitivity analysis, as the efficacy of capsicain patch 8% is underestimated due to a large placebo effect. Efficacy assessment was based on the outcome measure QALY. Costs were captured for the year 2011. Resource use was determined by literature research and expert opinion and accurately reflects the Austrian treatment path. The study time horizon was 5 years. The analysis was performed from the perspective of social health insurance. The analysis was conducted according to Austrian Guidelines for Health Economic Evaluations. RESULTS: The results are shown for a time horizon of 5 years. The cost per patient (30% pain reduction) for capsaicin patch 8% amount to €4989 for a time horizon of 5 years and to €4745 for Pregabalin. Treatment with capsaicin patch 8% leads to 3.011 QALYs, treatment with Pregabalin to 2.964 QALYs. The cost per QALY is €1627 (capsaicin patch 8%) versus €1611 (Pregabalin) with an ICER of 4898.

CONCLUSIONS: In Austria, the treatment of neuropathic pain with Capsaicin Patch 8% is a cost-effective alternative compared to Pregabalin from the perspective of the social health insurance.

PSY30 COST EFFECTIVENESS OF TRAMADOL VERSUS DICLOPHENAC IN PATIENT MANAGEMENT AFTER CESAREAN DELIVERY Faschioni F1, Farahi S1, Mereghi Gigli S2 1Teknon University of Medical Sciences, Teknon, Iran OBJECTIVES: Postoperative pain is one of the main adverse outcomes causing distress to patients after cesarean delivery. Meanwhile the main analgesics drugs are opioids. Opioids are centrally anti nociceptive drugs (NSAIDs) but have side effects such as nausea, vomiting, sedation were reported with opioids. METHODS: This study was undertaken based on our clinical trial that evaluated postoperative pain in a double-blinded, randomized, single-dose comparison of Tramadol IM injection (Group T) and Diclofenac suppository, 100 mg (Group D) given alone- single dose in 100 patients who had elective cesarean. delivery. All patients were assessed at 0, 6, 12 and 24 hours post operation for pain degree by Visual Analogic Score: VAS 1-10), nausea and vomiting. Our outcomes were the reduction in pain. For the cost estimates of therapeutic schemes, we computed the direct costs of the analgesics (unitary cost) and disposable material (needles, syringes, padcol). Cost-Effectiveness Ratio was calculated. RESULTS: The efficacy of Tramadol and Diclofenac were not different significantly (P=0.06). Nausea and vomiting were minimal with all treatments. Total costs in 1 group were $52.38 and in D group were $61.90. Cost-Effectiveness Ratio of Tramadol to Diclofenac was 2.76. CONCLUSIONS: Cost-Effectiveness Ratio showed that the cost of Tramadol in this study was 2.76 times more than Diclofenac with the same efficacy, thus the analgesic effect of Diclofenac is more cost-effective than Tramadol.

PSY31 COST-EFFECTIVENESS OF TAPENTADOL PROLONGED-RELEASE (PR) COMPARED TO OXOCODONE CONTROLLED RELEASE (CR) IN PATIENTS WITH CHRONIC SEVERE NON-CANCER PAIN IN IRELAND Obradovic M1, Runenberg R2, Hertel N2, Liedgens H1 1Institute for Pharmaeconomic Research, Vienna, Austria, 2IMS Health GmbH Und Co. Ohg, Nürnberg, Germany, 3IMS Health, London, UK OBJECTIVES: To assess the cost effectiveness of tapentadol PR compared with oxycodone CR for the treatment of patients with chronic severe non-cancer pain in Ireland. METHODS: A Markov model was developed to assess the costs and side effects of benefits of tapentadol PR and oxycodone CR treatment over a 1 year time horizon from the Health Service Executive perspective (GMS and D/P/LTI Scheme). Patients tolerating the treatment or having mild adverse events remained on tapentadol or oxycodone. Patients who were lacking efficacy or had poor tolerability switched to either transdermal fentanyl or morphine. 3rd line therapy was defined as absorbing state. Data regarding efficacy, tolerability and utility values (EQ-SD) were de-