OBJECTIVES: To assess clinical efficacy and cost-effectiveness of human recombinant insulin-like growth factor (IGF)-1 for the treatment of tertiary hospital in Shanghai. Omegaven® efficacy estimates from a random effects meta-analysis across elective surgery and SIRS patients, by combining outcomes recorded in 79 elective surgery and SIRS patients, respectively. Published studies were applied and cost differences in treatment costs. RESULTS: Low-mitogen-induced interferon-α production (<12 pg/ml) was detected in 25% [18%; 33%] of neonates with severe intrauterine infections, its association with significantly higher incidence of pneumonia (p=0.001), necrotizing enterocolitis (p=0.001) and urinary tract infections (p=0.026) was shown. Tapering of interferon-α administration for severe early-onset neonatal infections decreases direct costs per patient by 20% (direct costs per patient €6,802 and €8,549 for interferon-α and control groups, respectively). Interferon-α administration for intrauterine infections leads to substantial cost savings (up to €69,247 per patient). CONCLUSIONS: Immuno-surveillance with interferon-α: a cost-effective intervention improves the clinical course and outcome in case of severe intrauterine infections.

PIH23
A DISCRETE EVENT SIMULATION MODEL USED FOR PHARMACOECONOMIC EVALUATION OF OMEGAVEN® IN THE CHINESE SETTING
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OBJECTIVES: Several published studies have demonstrated that the supplementation of Omegaven® has better clinical outcomes in Systemic Inflammatory Response Syndrome (SIRS) or elective major surgery patients treated in Intensive Care Units (ICUs), with shorter average lengths of stay in hospital and reduced infection rate, as compared to standard oral nutritional support (TPN) regimens. The objective of the simulation study was to evaluate the CE of the supplementation of Omegaven® vs standard TPN in the Chinese setting. METHODS: A discrete event simulation (DES) model was constructed to compare the nutritional strategies in SIRS patients, respectively. Ulipristal acetate was compared to 1) pre-surgical observation, and 2) immediate hysterectomy. The objective of the simulation is to model the health outcomes and economic impact of interventions for the treatment of uterine fibroids in a tertiary hospital in Shanghai. Omegaven® efficacy estimates from a random effects meta-analysis on Chinese and international clinical trials, and Chinese clinical cost data collected in the same hospital, comprising ICU and general ward costs, and the cost for TPN. RESULTS: Omegaven® showed being effective in reducing infection rate and total hospital length of stay (~2.8 and ~2.5 days) in both surgical and SIRS patients. In the SIRS group, the treatment could avoid 5.7 deaths every 100 patients. Reduced hospitalizations costs completely offset treatment cost, with a saving associated with Omegaven® of about 8,000 and 6,800 RMB in surgical and SIRS patients. Reduced hospitalizations costs completely offset treatment cost, with a saving associated with Omegaven® of about 8,000 and 6,800 RMB in surgical and SIRS patients. CONCLUSIONS: The supplementation of Omegaven® can be considered dominant versus standard TPN, as the results of DES show that Ulipristal acetate improves the clinical course and outcome in case of severe intrauterine infections.

PIH24
ECONOMIC EVALUATION OF ULIPRISTAL ACETATE TABLETS FOR THE TREATMENT OF PATIENTS WITH MODERATE AND SEVERE SYMPTOMS OF UTERINE FIBROIDS
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OBJECTIVES: Ulipristal acetate - a selective progesterone receptor modifier - was proved to be effective for 3 month pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. The aim of this analysis was to assess the cost-effectiveness of ulipristal acetate 5 mg as an add-on therapy to standard pre-surgical treatment in Hungary. METHODS: A Markov state-transition economic model was developed over 10 year time horizon. Ulipristal acetate was compared to 1) pre-surgical observation, and 2) immediate hysterectomy. The objective of the simulation is to model the health outcomes and economic impact of interventions for the treatment of uterine fibroids in a tertiary hospital in Shanghai. Omegaven® efficacy estimates from a random effects meta-analysis on Chinese and international clinical trials, and Chinese clinical cost data collected in the same hospital, comprising ICU and general ward costs, and the cost for TPN. RESULTS: Omegaven® showed being effective in reducing infection rate and total hospital length of stay (~2.8 and ~2.5 days) in both surgical and SIRS patients. In the SIRS group, the treatment could avoid 5.7 deaths every 100 patients. Reduced hospitalizations costs completely offset treatment cost, with a saving associated with Omegaven® of about 8,000 and 6,800 RMB in surgical and SIRS patients, respectively. CONCLUSIONS: The supplementation of Omegaven® can be considered dominant versus standard TPN, as the results of DES show that Ulipristal acetate improves the clinical course and outcome in case of severe intrauterine infections.

EI3, Budapest, Hungary, 569,48 if treated with Adalimumab compared to standard therapy, with a saving associated with Adalimumab compared to standard therapy of €569.48 if treated with Adalimumab. Adalimumab treatment would allow ~9.4% (642 million) reduction of the total social cost assuming 17% of market penetration for patients eligible for biologic use. Sensitivity analysis shows that annual saving in social costs can vary from 8.1 to 11.9%, assuming an average market share of 17% of Adalimumab. CONCLUSIONS: Adalimumab has a significant impact in reducing social costs for all the diseases considered in this study. These aspects, often neglected in decision makers’ assessments, should instead be included in the overall evaluation of benefits, of innovative technologies as biologic drugs.

PIH27
SOCIAL IMPACT OF ADALIMUMAB IN THE ITALIAN PERSPECTIVE
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OBJECTIVES: The assessment of indirect costs represents an extremely important issue when managing chronic diseases. Patients’ lost productivity is often over-looked by decision makers, although it is fundamental for the complete estimation of the true economic impact of disease. The objective of this study is to estimate the social costs (in 2012) of Adalimumab compared to standard therapy for the treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn’s disease and psoriasis, in the Italian population. METHODS: Five different economic models have been developed to estimate the cost utility of Adalimumab vs standard care for each of the four main diseases (the economic models were developed by external consultants). Both Italian National Health System (direct costs) and social (direct costs + loss of productivity) perspectives were adopted. For each pathology models have calculated the loss of productivity per pt/year with standard therapy and with Adalimumab. A sensitivity analysis, based on the variability of model parameters, was performed in order to assess the robustness of the results. RESULTS: In the base case scenario, the average annual social cost (weighted for prevalence of eligible patients for biologic treatment of each pathology) per patient amounted to €1,274,25 if treated with standard care, compared with €569.48 if treated with Adalimumab. Adalimumab treatment would allow ~9.4% (642 million) reduction of the total social cost assuming 17% of market penetration for patients eligible for biologic use. Sensitivity analysis shows that annual saving in social costs can vary from 8.1 to 11.9%, assuming an average market share of 17% of Adalimumab. CONCLUSIONS: Adalimumab has a significant impact in reducing social costs for all the diseases considered in this study. These aspects, often neglected in decision makers’ assessments, should instead be included in the overall evaluation of benefits, of innovative technologies as biologic drugs.

PIH28
ANALYSIS OF NEONATAL AND PEDIATRIC PARENTERAL NUTRITION IN BELGIUM
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OBJECTIVES: The aim of this study was to evaluate total Belgian PN costs for patients eligible for total parenteral nutrition treatment in hospital when adrnistere are produced in-hospital, either in a pharmacy or in the ward. METHODS: A cost-model was used to assess the following: nutrient costs; labor costs (personnel costs to prescribe and prepare); disposables costs (supplies used);