avoided ORT and CVE, from the public perspective in Brazil, with associated in-
creased costs.

PSY28

COST-EFFECTIVENESS OF HEMATOPOIETIC STEM CELL MOBILIZATION
STRATEGIES IN MULTIPLE MYELOMA AND LYMPHOMA PATIENTS IN CHEC-
KED REPUBLIC

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OBJECTIVES: Blood stem cell mobilization, which is important as a source of
hematopoietic stem cells for transplantation, is performed using granulocyte colony-
stimulating factor (G-CSF), but is ineffective in around 20% of so called poor mobi-
lizers. The cost of mobilization with G-CSF increases the percentage of successful
mobilizations. The drug has orphan drug status and is approved for lymphoma and
multiple myeloma patients. The objective was to compare the cost-effectiveness of
three mobilization strategies: mobilizer only, G-CSF plus plerixafor “on demand” and
even during a first mobilization attempt in all patients who show inadequate re-
sponse, ii) the standard use of plerixafor strictly within a standard re-mobilization
scheme following failure of the first mobilization (SSP), and iii) the standard (re-
mobilization scheme without plerixafor (SSP)). METHODS: Decision tree models
were built to compare clinical outcomes and direct costs from the payer perspec-
tive in all three strategies. They were populated with efficacy resource use data
from a first-of-a-kind patient registry of all patients with plerixafor administered
(n=93) in 6 Czech centres. RESULTS: The success rates and costs for FOD, SSP and
SSP were €31,995, €26,948, and €25,898 respectively. The direct cost per successfully treated average patient was EUR 6,046, EUR 6,776 and EUR 5,641, respectively. The cost of the first mobilization attempt with G-CSF was EUR 3,905 per patient. The cost of re-mobilization of a poor mobilizer with G-CSF only and EUR 13,354 if plerixafor was added. The total cost of plerixafor used on-demand in the sub-cohort of poor mobilisers was EUR 13,645. CONCLUSIONS: Plerixafor substantially increases chances of suc-
cess and its use is more cost-effective “on demand” during early mobilization than in subsequent re-mobilization.

PSY29

A COST-EFFECTIVENESS COMPARISON OF ICATIBANT AND C1-ESTERASE
INHIBITOR CONCENTRATE FOR THE SYMPTOMATIC TREATMENT OF ACUTE
ATTACKS OF TYPES I AND II HEREDITARY ANGIOEDEMA IN THE UK SETTING

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OBJECTIVES: To evaluate the cost-effectiveness of icatibant [Shire HGT] 30 mg
subcutaneous versus C1-esterase inhibitor concentrate (C1-INH) [CSL-Behring] 20
IU/kg intravenous for moderate to severe attacks of hereditary angioedema (HAE)
types I and II in the UK setting. METHODS: A probabilistic re-mobilization scheme
was developed over a time horizon of 96 h (the duration of a single acute attack). Com-
parisons were made for therapy administered at home and in hospital. Quality-
adjusted life years (QALYS) were estimated by combining the time to onset of symptomatic relief, weeks for the health states before and after the onset of symptomatic relief. Clinical evidence and other model parameters were identified by
systematic review. An indirect comparison using previously published methods
was conducted. Costs relating to drug acquisition, administration, repeat injec-
tions, monitoring and supportive care, hepatitis A and B vaccinations for C1-INH,
supportive care institutions in Mexico. OBJECTIVES: The challenge of conducting a
probabilistic cost-utility model was integrated into a prospective, pragmatic, multi-centre (n=19) randomised con-
trol trial (RTI) comparing C1-INH [standard care (SC)] vs icatibant (n) SC; the efficacy of comprising step-wise dose escalation of azathioprine, 166 patients. The perspec-
tive of the UK NHS, with 4-month time horizon, was used to be consistent with the
original RCT (the TARGET study). Individual patient-level data on resource use
(primary care, secondary care, drug-use, monitoring tests) and health status (EQ-
SD) were collected for all recruited patients. Quality adjusted life years (QALYs)
were calculated using UK-population EQ-5D tariffs. Unit costs were collected from
national sources (price year: 2010). GLM regression models estimated incremental
costs and QALYs. Uncertainty in the results was characterised through the use of
non-parametric bootstraps and cost-effectiveness acceptability curves with one-
way sensitivity analysis to explore methodological assumptions. RESULTS: FOx
with SC was €436 (95% CI: -€064, €119) less expensive but with fewer QALYs 0.00451 (95% CI: -0.01291, 0.00430) compared with only SC. Analysis indicated that clinicians did not follow azathioprine prescribing recommendations in the FOx
arm, resulting in no difference in the dosage of azathioprine between the two arms
at 4-months (p=0.25). Uncertainty in the results was driven by problems associated
with prescribing behaviour as well as low power due to small sample size.
CONCLUSIONS: The analysis found that FOx could be a cost-effective use of re-
sources but key uncertainties remain, driven by the challenge of conducting a
trial-based economic evaluation of a diagnostic FOx.

PSY30

COST-EFFECTIVENESS OF USTEKINUMAB IN THE MANAGEMENT OF
MODERATE-TO-SEVERE PLAQUE PSORIASIS IN MEXICO

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OBJECTIVES: To evaluate the cost-effectiveness of ustekinumab for the treatment of moderate-to-severe plaque psoriasis from the perspective of the public health care institutions in Mexico. METHODS: A Markov model was developed to simulate patients with moderate-to-severe plaque psoriasis. Biologic therapies compared were ustekinumab 45mg every 12 weeks, adalimumab 40mg every two weeks, etanercept 50mg twice a week and infliximab 5mg/kg every eight weeks. Measured by the Psoriasis Area and Severity Index (PASI), clinical response was derived from the latest published meta-analysis. PASI response was translated into QALYs and cost-utility ratios (ICER) compared with standard allopurinol 300 mg ranging
not change the conclusions.

For these patients, the incremental cost-per-QALY of ustekinumab vs etanercept was US$19,542, whereas the incremental cost-per-QALY of infliximab vs usteki-
numab was US$67,745. For patients with body weight below 60kg, infliximab is more effective and less costly than adalimumab and ustekinumab. While the incremen-
tal cost-per-QALY vs etanercept was US$5,202. CONCLUSIONS: Considering the
GDP per-capita of Mexico in 2010 (US$9,123), and taking into account the WHOMM fullon Macroeconomics and Health, in patients with body weight above 60kg
adalimumab is a cost-effective treatment strategy (≤3xGDP per-capita/QALY gained); while in patients with body weight below 60kg infliximab is a highly cost-effective strate-
gy (≤1xGDP per-capita/QALY gained). Probabilistic sensitivity analysis results did not change the conclusions.