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

PSY28
COST-EFFECTIVENESS OF HEMATOPOIETIC STEM CELL MOBILIZATION
STRATEGIES IN MULTIPLE MYELOMA AND LYMPHOMA PATIENTS IN CHEC-
H REPUBLIC
Vitova V1, Tichopad A2, Strzalkova M2, Kucerova Z2, Lysek D1, Kostalek Z2
1Prague, Czech Republic, 2ScanhAventis, Prague, Czech Republic, 3Fn Pfitz, Pizer, Czech Republic, 4N Brno, Brno, Czech Republic
OBJECTIVES: Blood stem cell mobilization, which is important as a source of he-
matopoietic stem cells for transplantation, is performed using granulocyte colony-
stimulating factor (G-CSF), but is ineffective in around 20% of so-called poor mobi-
zees. G-CSF with plerixafor 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: (1) using G-CSF alone; (2) using G-CSF with plerixafor “on demand” before and after one 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 (SSNP).
METHODS: Decision tree models were built to compare clinical outcomes and direct costs from the payer perspective 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 SSNP were 89%, 94% and 52.8, 94.7% and EUR 4,377, 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 mobilizers 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
TITLE: THE CHALLENGE OF CONDUCTING A PROSPECTIVE ECONOMIC
EVALUATION OF A PHARMACOGENETIC TEST
ATTACKS OF TYPES I AND II HEREDITARY ANGIOEDEMA IN THE UK SETTING
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
Helbert M1, Pang L2, Alvarez-Reyes M1, Pearson L1, Wolowacz S3, Diwakar L1
1ManchesterAcademicHealthCentre,Manchester,UK,2ShireHumanGenetic Therapies, Basingstoke, UK, 3Shire Human Genetic Therapies, Basingstoke, Hampshire, UK, "RTI Health Solutions, Didsbury, Greater Manchester, UK, 2University of Birmingham, and Department of Immunology, Heartlands Hospital, Birmingham, West Midlands, UK
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 cost-utility model 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 symptom relief with utility weights for the health states before and after a symptomatic attack. 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; systematic review. An indirect comparison using previously published methods were performed to assess the impact of variations on all model inputs and sub-
group analyses (patients intolerant to allopurinol, or patients having mild-moder-
eate renal impairment). Analysis was carried out from the National Health System perspective.
RESULTS: The addition of febuxostat in any therapeutic strategy (both as first- or second line treatment) is an efficient option, with incremental cost-
effectiveness ratios (ICER) compared with standard allopurinol 300 mg ranging from 3,800 € to 6,600 €. The cost-effectiveness results show that the two-step two-
drug treatment strategies provide additional QALY benefit over the single-step single-drug treatment strategies. CONCLUSIONS: Results suggest that febuxostat is a cost-effective treatment in Spain for the management of hyperuricemia in patients with gout, showing ICERs far below the commonly cited efficiency threshold in Spain (30,000€/QALY).

PSY30
COST-EFFECTIVENESS OF USTEKINUMAB IN THE MANAGEMENT OF
MODERATE-TO-SEVERE PLAQUE PSORIASIS IN MEXICO
Valencia-Mendoza A1, Hernández-Garduño A2, Puig A2
1Janssen de Mexico, Mexico, DF, D.F., Mexico, 2Janssen de Mexico, Mexico, D.F., Mexico
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 system 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 a mapping exercise of the DLQI with the EQ-5D. The model considered expenditure on drugs, monitoring visits, adverse events and inpatient stays. Costs were calculated using UK-population EQ-5D tariffs. Unit costs were collected from national sources (price year: 2010). GIM 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: PGx with SC was €543 (95% CI: −0.0164, €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 PGx 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 PGx 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 PGx.

PSY31
EFFECTIVENESS OF USTEKINUMAB IN THE MANAGEMENT OF
MODERATE-TO-SEVERE PLAQUE PSORIASIS IN MEXICO
Valencia-Mendoza A1, Hernandez-Garduño A2, Puig A2
1Janssen de Mexico, Mexico, DF, D.F., Mexico, 2Janssen de Mexico, Mexico, D.F., Mexico
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 system 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 a mapping exercise of the DLQI with the EQ-5D. The model considered expenditure on drugs, monitoring visits, adverse events and inpatient stays. Costs were calculated using UK-population EQ-5D tariffs. Unit costs were collected from national sources (price year: 2010). GIM 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: PGx with SC was €543 (95% CI: −0.0164, €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 PGx 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 PGx 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 PGx.

PSY32
EFFECTIVENESS OF USTEKINUMAB IN THE MANAGEMENT OF
MODERATE-TO-SEVERE PLAQUE PSORIASIS IN MEXICO
Valencia-Mendoza A1, Hernandez-Garduño A2, Puig A2
1Janssen de Mexico, Mexico, DF, D.F., Mexico, 2Janssen de Mexico, Mexico, D.F., Mexico
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 system 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 a mapping exercise of the DLQI with the EQ-5D. The model considered expenditure on drugs, monitoring visits, adverse events and inpatient stays. Costs were calculated using UK-population EQ-5D tariffs. Unit costs were collected from national sources (price year: 2010). GIM 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: PGx with SC was €543 (95% CI: −0.0164, €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 PGx 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 PGx 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 PGx.