fairly substantial. The postoperative cost over 48 hours is slightly higher for abdominal surgeries compared to THA or TKA.

PSY25
ECONOMIC EVALUATION OF PROPHYLACTIC TREATMENT VS ON DEMAND FOR MODERATE HEMOPHILIA A IN COLOMBIA
Ordoñez Molina RD, Duque JC, Gutiérrez-Ardila MV
1Hemogroup Hematology Medical Center, Medellín, Colombia, 2Fiser S.A.S., Bogotá, Colombia

OBJECTIVES: Hemophilia A is a genetic disease in which there is a deficiency in the level of activity of the clotting factor VIII, the moderate form is defined as a blood clotting factor level from 0.01 to 0.05 IU/ml. The aim of this analysis is to estimate the cost-effectiveness of prophylactic treatment of moderate hemophilia A compared to on demand treatment in Colombia. METHODS: A decision tree model was developed using a life expectancy horizon and a societal perspective; annual discount rate of 3% was used. Prophylaxis and on demand effectiveness were determined using the literature. Prophylactic treatment and on demand treatment had a recombinant factor VIII (25 IU/kg 3 times per week) was compared to on demand treatment 40 IU/kg BID for 3.5 days for each bleeding episode). The base case was simulated based on a patient of 8 years old and weight of 31kg without inhibitors. Effectiveness and probabilities of adverse events were taken from the literature. Costs (direct and indirect) were taken from local tariffs manuals (SOAT and SISMED). Effectiveness measures were number of cases avoided of bleeding, hemarthrosis and arthropathies. All data were validated with a clinical expert. Univariate sensitivity analysis was done. Costs are presented in 2013 USD (exchange rate US$1 = $1927 COP).

RESULTS: Over the time horizon, prophylactic treatment avoids 277 episodes of bleeding and 23 of joint damage. Total expected costs with prophylactic treatment were US$7.4M compared to on demand treatment US$12.5M. prophylactic treatment avoids 275 episodes of bleeding and 23 of joint damage. Total expected costs with prophylactic treatment were US$7.4M compared to on demand treatment US$12.5M. prophylactic treatment avoids 275 episodes of bleeding and 23 of joint damage. Total expected costs with prophylactic treatment were US$7.4M compared to on demand treatment US$12.5M. prophylactic treatment avoids 275 episodes of bleeding and 23 of joint damage. Total expected costs with prophylactic treatment were US$7.4M compared to on demand treatment US$12.5M. prophylactic treatment avoids 275 episodes of bleeding and 23 of joint damage. Total expected costs with prophylactic treatment were US$7.4M compared to on demand treatment US$12.5M.

CONCLUSIONS: From the sensitivity analysis, prophylactic treatment of moderate hemophilia A, with recombinant factor VIII would be a highly cost-effectiveness intervention with strong health benefits in number of cases of bleeding and joint damage avoided.

PSY26
COST-EFFECTIVENESS ANALYSIS OF PROPHYLAXIS VS ON-DEMAND SUPPLY OF FACTOR IX IN PATIENTS DIAGNOSED WITH MODERATE HEMOPHILIA B IN COLOMBIA
Ordoñez Molina RD, Duque JC, Gutiérrez-Ardila MV
1Hemogroup Hematology Medical Center, Medellín, Colombia, 2Fiser S.A.S., Bogotá, Colombia

OBJECTIVES: Hemophilia B is a genetic disease characterized by a defect in coagulation factor IX, needed for this function. Moderate hemophilia is defined as a blood clotting factor level from 0.01 to 0.05 IU/ml. Some people from this group have no or minimal bleeding similar to people with severe hemophilia, most of them, has one bleeding episode monthly. This analysis is aimed to estimate the cost-effectiveness of prophylactic treatment of moderate hemophilia B, compared to on demand treatment in Colombia. METHODS: A decision tree model was developed using a time horizon of life expectancy. A societal perspective was adopted, and an annual discount rate of 3% was applied to costs and effectiveness measures. Prophylactic treatment with recombinant factor IX (25 IU/kg 3 times per week) was compared to on demand treatment 40 IU/kg BID for 4.5 days for each bleeding episode. Two variants of base case was applied for a patient of 10 years, weight of 17 kg without inhibitors. Effectiveness and probabilities of adverse events were taken from the literature. Costs (direct and indirect) were taken from local tariffs manuals (SOAT and SISMED). Costs are presented in 2013 USD (US$1 = $1927 COP). Effectiveness measures were number of cases avoided of bleeding and joint damage. Total expected costs with prophylactic treatment were US$7.4M compared to on demand treatment US$8.2M, generating savings of US$870,778. Sensitivity analysis showed the robustness of the results (99.3% dominant).

CONCLUSIONS: Prophylactic treatment of moderate hemophilia B, with recombinant factor IX would be a cost-saving intervention from the social perspective.

PSY27
A COST-EFFECTIVENESS STUDY OF INTRAVERSEOUS IMMUNOGLOBULIN IN CHILDHOOD IDIOPATHIC THROMBOCYTOPENIA PURPURA PATIENTS WITH LIFE-THEATING BLEEDING
Sriamsiri R1, Dilokthornsakul P2, Chaiyakunapruk N3, Pratoomsoot C4
1Hemogroup Hematology Medical Center, Medellín, Colombia, 2Fiser S.A.S., Bogotá, Colombia

OBJECTIVES: Intravenous immunoglobulin (IVIG) as the first-line treatment for childhood idiopathic thrombocytopenia purpura (ITP) with life threatening bleeding; ITP patients may not be able to access IVIG due to the limited health benefit packages especially those in developing countries. This research examines an empirical policy question whether IVIG was used as first-line treatment is worth the money spent. Thus, the objective of this study is to perform the cost-effectiveness analysis of adding IVIG to standard treatment, and compare the effectiveness and cost-effectiveness between the two approaches for treatment of life threatening bleeding.

METHODS: A cost- effectiveness analysis using an hybrid model consisting of a decision tree with Markov models was conducted under societal perspective. The effectiveness and utility parameters were determined by systematic review and cost parameters were determined using retrospective electronic hospital database analysis. The discount rate of 3% was applied for both costs and outcomes. One-way and probabilistic sensitivity analyses were also performed. The analysis was conducted over a 5-year period with a monthly cycle. Transition probabilities for placebo and IVIG were obtained from a RCT. The effectiveness parameters were determined by the literature and probabilities of adverse events were taken from the literature. Costs (direct and indirect) were taken from local tariffs manuals (SOAT and SISMED).

RESULTS: The incremental cost-effectiveness ratio (ICER) was $2,063 per quality-adjusted life year gained ($QALY) for the addition of IVIG versus standard treatment alone. Mortality parameter was the most influential parameter on ICER. According to willingness-to-pay of Thailand, of approximately $3,861 per QALY gained, the probability of IVIG being cost-effective was 28%.

CONCLUSIONS: The addition of IVIG to standard treatment in the treatment of childhood ITP with life threatening bleeding is a cost-effective intervention in Thailand. This evidence supported the decision-makers to include IVIG (300 mg/kg) as part of standard care for childhood ITP with life threatening bleeding.

PSY28
A SYSTEMATIC LITERATURE REVIEW OF ECONOMIC EVALUATIONS RELATED TO PATIENTS WITH RELAPSED OR RELAPSED AND REFRACTORY MULTIPLE MYELOMA
Sriramee M1, Xu Y1, Panjati S1, Nhanachai T1
1Evidera, London, UK, 2Evidera, Lexington, MA, USA, 3Onyx Pharmaceuticals, Inc., An Aigen Subsidiary, South San Francisco, CA, USA

OBJECTIVES: Published evidence on the economic benefits in number of cases of bleeding and joint damage avoided. Total expected costs with prophylactic treatment were US$7.4M compared to on demand treatment US$12.5M.

CONCLUSIONS: From the sensitivity analysis, prophylactic treatment of moderate hemophilia A, with recombinant factor VIII would be a highly cost-effectiveness intervention with strong health benefits in number of cases of bleeding and joint damage avoided.

PSY29
A COST-EFFECTIVENESS ANALYSIS OF MATERNAL GENOTYPING TO GUIDE TREATMENT FOR POSTPARTUM PAIN AND AVOID INFANT ADVERSE EFFECTS
Moretti MP1, Ungar WP2, Berger HF1, Koren G1, Itso S1
1Hospital for Sick Children, Toronto, ON, Canada, 2St. Michael’s Hospital, Toronto, ON, Canada

OBJECTIVES: Pharmacogenomic testing can be used to identify ultrarapid metabolizers of codeine who are at risk of experiencing serious adverse events in infants.

METHODS: We searched MEDLINE, EMBASE, The Cochrane Library and EconLit databases for English-language economic evaluations of pharmacogenomics for codeine use compared to standard care per infant adverse event. We conducted an economic analysis focusing on the incremental cost-effectiveness of genotyping to guide codeine use compared to standard care per infant adverse event.

RESULTS: Our review suggests that none of the commonly used drugs for R or RRMM – is inconsistent. Our review suggests that none of the commonly used drugs for R or RRMM are cost-effective.

CONCLUSIONS: The results were sensitive to a number of key variables in one way analysis, namely, cost of genetic testing and the probability of UM in the population. The results were sensitive to the probability of codeine use in the population and the costs of a hospital admission. The results were sensitive to the probability of codeine use in the population and the costs of a hospital admission. The results were sensitive to the probability of codeine use in the population and the costs of a hospital admission. The results were sensitive to the probability of codeine use in the population and the costs of a hospital admission.

PSY30
MANAGEMENT OF SPINAL CORD INJURY-ASSOCIATED NEUROPATHIC PAIN WITH PREGABALIN IS COST-EFFECTIVE OVER GABAPENTIN
Paye NV, Hay JW
1Department of Southern California, Los Angeles, CA, USA

OBJECTIVES: Neuropathic pain (NeP) affects more than 75% of the spinal cord injury population of which some are refractory to treatment. The objective of the study was to determine the incremental costs of genotyping in averting neonatal adverse events during maternal pharmacotherapy.

METHODS: We searched MEDLINE, EMBASE, The Cochrane Library and EconLit databases for English-language economic evaluations of pharmacogenomics for codeine use compared to standard care per infant adverse event. We conducted an economic analysis focusing on the incremental cost-effectiveness of genotyping to guide codeine use compared to standard care per infant adverse event. We conducted an economic analysis focusing on the incremental cost-effectiveness of genotyping to guide codeine use compared to standard care per infant adverse event.

RESULTS: The base case was a prenatal patient whose metabolizer status was determined. For the purpose of this study, the only adverse event considered was the probability of UM in the population. The results were not sensitive to the number of key variables in one way analysis, namely, cost of genetic testing and the probability of UM in the population. The results were sensitive to the probability of codeine use in the population and the costs of a hospital admission.

CONCLUSIONS: Although genotyping to guide pharmacotherapy was cost-saving, the cost to avoid an infant adverse event may represent good value for money. It is not yet known whether implementation would be feasible, however, more research will have implications for new mothers and their health care providers worldwide.

PSY31
A COMPARATIVE SYSTEMATIC REVIEW OF EVIDENCE RELATED TO THE USE OF FSH OR FSH+HCG IN THE TREATMENT OF INFERTILITY
Patel NV, Hay JW
1Hospital for Sick Children, Toronto, ON, Canada, 2St. Michael’s Hospital, Toronto, ON, Canada

OBJECTIVES: A systematic review of evidence related to the use of FSH or FSH+HCG in the treatment of infertility.

METHODS: A systematic review of evidence related to the use of FSH or FSH+HCG in the treatment of infertility.

RESULTS: A systematic review of evidence related to the use of FSH or FSH+HCG in the treatment of infertility.

CONCLUSIONS: A systematic review of evidence related to the use of FSH or FSH+HCG in the treatment of infertility.

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