Gained was

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8 weeks' treatment with capsaicin 8% patch or pregabalin, patients remained on

either responders (therapy or discontinued due to intolerable adverse events. Patients continuing on

achieved pain relief nor tolerated conventional first-/second-line treatments. After

objectives: Multiple regimens are used in the treatment of severe haemophilia A

the in the Netherlands. Most patients receive clotting factors intravenously 2-3 times

the Netherlands, 2University of Sheffield, Sheffield, UK, 3University of Sheffield, Sheffield, UK

the Netherlands.

Objective: The aim of this study was to investigate the cost-effectiveness of

the Netherlands. Some patients who were not shown to be responders by the

the results. The cost-effectiveness analysis was performed using a Markov

and effects, expressed in terms of the quality-adjusted life-year (QALY) gained,

of treating post-herpetic neuralgia (PHN), a chronic disease with severe burden

The objective of the analysis was to evaluate costs and outcomes of treating post-herpetic neuralgia (PHN), a chronic disease with severe burden for patients, in the Netherlands with lidocaine 5% medicated plaster compared to pregabalin and amitriptyline. METHODS: A Markov model was used to extrapolate outcomes of post-herpetic neuralgia (PHN) over a period of 10 years. The study included direct costs related to PHN. Indirect costs were not included as most patients with PHN are older and retired. Transition probabilities were based on the comparative and long-term clinical trials. Utilities were identified through a survey of 98 PHN patients. RESULTS: Over 10 years, the model showed that the total average costs and outcomes for pregabalin were £1.046 per QALY gained compared to £1.455 for amitriptyline. CONCLUSIONS: Compared with amitriptyline, pregabalin is cost-effective compared to pregabalin for patients who have failed one or more previous systemic treatments for PHN.

PSY57

8% patch is cost-effective compared to pregabalin for patients who have failed one or more previous systemic treatments for PHN.

PSY56

cost-effectiveness of capsicain 8% patch when compared to pregabalin and amitriptyline in patients with PHN. For pregabalin (488 mg/day) and amitriptyline (25 mg/day) the mean costs were 912 € and 346 €, respectively. Therefore, the lidocaine plaster compared to pregabalin and amitriptyline had an incremental cost-effectiveness ratio of 1,907 £/QALY and 8,246 £/QALY, respectively. Probability of the lidocaine plaster being cost-effective versus pregabalin and amitriptyline exceeded 95% when considering a threshold of 30,000 £ per QALY gained. Extensive scenario and one-way sensitivity analyses confirmed robustness of the results. CONCLUSIONS: The lidocaine 5% plaster is a highly cost-effective treatment for PHN in the Netherlands.

PSY55

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In 6-month time horizon, treatment with the lidocaine plaster yielded 0.4283 QALYs. For pregabalin and amitriptyline the total effect was 0.3390 QALYs. The mean costs per patient treated with lidocaine plaster (1.71 plasters/day) were 1,028 €. For pregabalin (488 mg/day) and amitriptyline (25 mg/day) the mean costs were 912 € and 346 €, respectively. Therefore, the lidocaine plaster compared to pregabalin and amitriptyline had an incremental cost-effectiveness ratio of 1,907 £/QALY and 8,246 £/QALY, respectively. Probability of the lidocaine plaster being cost-effective versus pregabalin and amitriptyline exceeded 95% when considering a threshold of 30,000 £ per QALY gained. Extensive scenario and one-way sensitivity analyses confirmed robustness of the results. CONCLUSIONS: The lidocaine 5% plaster is a highly cost-effective treatment for PHN in the Netherlands.

PSY59

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PSY58

cost-effectiveness of the lidocaine 5% medicated plaster versus pregabalin and amitriptyline for the treatment of post-herpetic neuralgia in the Netherlands

the Netherlands. Some patients who were not shown to be responders by the

8 weeks' treatment with capsaicin 8% patch or pregabalin, patients remained on

therapy or discontinued due to intolerable adverse events. Patients continuing on

the base-case scenario, the model was most sensitive to variations in time to capsaicin 8% patch treatment (retrospect case ICER, £7,951/QALY). Capsaicin 8% patch was dominant in six/seven scenario analyses. At a willingness-to-pay threshold of £20,000/QALY gained, the probability of cost-effectiveness for capsaicin 8% patch versus pregabalin was 97%.

CONCLUSIONS: Capsaicin 8% patch is cost-effective compared to pregabalin for patients who have failed one or more previous systemic treatments for PHN.

PSY57

The cost-effectiveness of expanding the NHS newborn bloodspot screening programme to include homocystinuria (HCU), maple syrup urine disease (MSUD), glutaric aciduria type 1 (GA1), isovaleric acidemia (IVA), and long-chain hydroxyacyl-CoA dehydrogenase deficiency (LCHADD) is modeled.胎心 1, Chilcott J, Pandor A, Paisley S

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OBJECTIVES: This systematic review measured the effectiveness of the expanded newborn screening programme. Estimations of the prevalence of the five conditions and the test characteristics of screening were taken from the literature. Survival and morbidity estimates for the screened and unscreened populations were estimated from published case series. Quality adjusted life years (QALYS) were estimated from the extended EQ-5D+ (Q) which includes a cognitive dimension to capture the impact of neurological impairment and development delay in the study population. The base case scenario was taken from the Newborn Screening Standards Expert Panel. inputs were obtained from the portal shop by IMSS and also from their unitary costs. To prove the robustness of the model with a cost per QALY gained of £10,657. The incremental cost-effectiveness acceptability curve shows that rituximab maintenance therapy is a cost-effective treatment option to pay of £12,000 per QALY gained.

CONCLUSIONS: According to the present model rituximab maintenance treatment of FL patients who respond to first line induction therapy compared with observation is a cost-effective strategy in Portugal.

The cost-effectiveness of expanding the NHS newborn bloodspot screening programme to include homocystinuria (HCU), maple syrup urine disease (MSUD), glutaric aciduria type 1 (GA1), isovaleric acidemia (IVA), and long-chain hydroxyacyl-CoA dehydrogenase deficiency (LCHADD) is modeled.胎心 1, Chilcott J, Pandor A, Paisley S

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