Years Gained - LY: and cost-utility analysis (Quality- Adjusted Life years – QALYs) were performed over 10 years according to a Markov model with four health states – "progression free survival (PFS) in first and second lines", "progression" and "death" - and monthly cycles. Health state transition probabilities were obtained from two randomized controlled clinical trials: PRIMA (Saleeby et al., 2011, DOI 10.1098/rstb.2010.0126) (van Cervenak M. et al., 2010). Health state utilities were obtained from literature (Pettinger R. et al. 2008). Resource consumption was estimated by a Portuguese expert's panel. Costs were calculated considering the Portuguese Health System perspective through official data (unit costs: € in 2014). Costs and consequences were discounted at 5% per annum. Deterministic and probabilistic (Monte Carlo simulation) sensitivity analyses were performed for several assumptions namely time horizon, PFS supportive care and progression costs; adverse events costs; health states utilities values and costs and benefits annual discount. RESULTS: For a 10 years' time horizon, the cost per QALY and QALY gained was €1,063 and €10,674 respectively. Sensitivity analyses confirmed the base case finding. Threshold analysis showed that QALYs per QALY gained was below €7,155 per QALY gained, respectively. Probabilistic sensitivity analysis confirmed 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 cost-effective in 98% of the simulations. 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.

PSY57
THE COST-EFFECTIVENESS OF EXPANDING THE NHS NEWBORN BLOODSPOT SCREENING PROGRAMME TO INCLUDE HOMOCYSTINURIA (HCY), MAPLE SYRUP URINE DISEASE (MSUD), GLUCARIC ACIDURIA TYPE 1 (GA1), ISOLERIC ACIDAEMIA (IVA), AND LONG-CHAIN HYDROXYACYL-CoA DEHYDROGENASE DEFICIENCY (LCHADD)

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OBJECTIVES: Newborn bloodspot tests currently screens all babies in England for five rare conditions. The objective of this study was to assess the cost-effectiveness of expanding the screening programme to include five new rare conditions all inborn errors of the metabolism; HCY, MSUD, GA1, IVA, and LCHADD. METHODS: We performed a decision tree model to estimate the incremental cost-effectiveness of expanding the expanded newborn screening programme. Estimates 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 (G) which includes a cognitive dimension in order to capture the impact of neurological impairment and developmental delay on healthy related quality of life. We assumed known sequelae of each condition. We estimated the marginal cost of the expanded screening programme, management costs of the conditions, and costs associated with the sequelae of the conditions were estimated from the pilot study of the expanded screening, case reports from the pilot, expert elicitation, published guidelines and estimates from the literature. Costs and QALYs were multiplied by survival and morbidity estimates to give lifetime estimates for the screened and unscreened populations. A probabilistic sensitivity analysis (PSA) was conducted and the results from the PSA were used to determine the confidence in the model output.
RESULTS: The marginal cost of expanding the programme was €20,630 and €10,630 and QALYs gained, respectively. Probabilistic sensitivity analysis confirmed 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 cost-effective in 98% of the simulations. CONCLUSIONS: Based on our model, expansion of newborn screening for severe haemophilia A patients with lifetime prophylaxis is cost-effective compared to OD treatment.

PSY58
THE COST-EFFECTIVENESS OF THE LIDOCAINE 5% MEDICATED PLASTER VERSUS PREGABALIN AND AMITRIPTYLINE FOR THE TREATMENT OF POST-HERPETIC NEURALGIA IN THE NETHERLANDS

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OBJECTIVES: 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 lidoceaine 5% medicated plaster compared to pregabalin and amitriptyline. METHODS: A Markov model was used to extrapolate outcomes obtained from the clinical trial up to 5 years. Costs and QALYs were obtained from a two-step Delphi study with pain specialists, cost data were obtained from the official price tariffs/lists. Extensive sensitivity and scenario analyses were performed to explore robustness of the results. RESULTS: In 6-month time horizon, treatment with the lidoceaine plaster yielded 0.4283 QALYs. For pregabalin and amitriptyline the total effect was 0.3390 QALYs. The mean costs per patient treated with lidoceaine plaster (1.71 plasters/day) was 1,082 €. For pregabalin (488 mg/day) and amitriptyline (25 mg/day) the mean costs were 912 € and 346 €, respectively. Therefore, the lidoceaine plaster compared to pregabalin and amitriptyline had an incremental cost-effectiveness ratio of 1,907 €/QALY and 8,246 €/QALY, respectively. Probability of the lidoceaine 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 lidoceaine 5% plaster is a highly cost-effective treatment for PHN in the Netherlands.

PSY59
THE COST-EFFECTIVENESS OF AMFIPRAMINE (DIETHYLPROPION) FOR THE OBESITY TREATMENT IN MEXICO

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OBJECTIVES: The main objective was to perform a pharmacoeconomic analysis to find out the cost-effectiveness of diethylpropion (DEP) with diet and exercise (DEP + diet + exercise) compared against placebo (P), DEP, and diet and exercise (D + E) to determine differences in weight loss from the institutional point of view in Mexico. METHODS: Effectiveness data from a mexican clinical trial (Morin, 2007) was used to populate a decision tree model to estimate the cost-effectiveness of DEP+D +E and its comparator D+E. The target population were the nine men and women over 18 years with BMI > 30 kg/m². The main outcome of the analysis was the reduction of the Body Mass Index (BMI); benefit was expressed as the percentage of patients who reduced more than 10% of their initial weight. Only direct medical costs were considered. Statistical methodologies for adverse events; these were obtained from the portal shop by IMSS and also from their unitary costs. To prove the