QALYs (1.5423) in comparison with adalimumab (1.5048), infliximab (1.4299) and tocilizumab (1.4498). Etanercept appeared as the least expensive alternative at both ACR = 20 ($60,410.32) and ACR = 70 ($716,17.84). The highest costs were obtained with infliximab, ACR = 20 ($139,291.80) and ACR = 70 ($612,236.06). Cost-effectiveness analyses exhibited etanercept as the dominant strategy. Acceptability curves showed that at the willingness-to-pay of US$8,000/QALY, the probability that etanercept costs were less than $34-405 USD range per one additional response. For the alternative compared with pregabalin at therapeutic doses published in studies of other comparators over placebo were extracted from a systematic review of published randomized controlled studies for achieving a reduction of 30% in the Brief Pain Inventory average pain severity score or a “much improved” or “very much improved” rate in the Patient Global Impression of Improvement (PGI). Resource use associated with fibromyalgia management was estimated from published studies and costs were estimated from the Mexican Public Healthcare Fayer perspective at 2010 USD prices. RESULTS: In the base case duloxetine 60 mg/day versus the two indications of pregabalin were compared considering the price per million for the 14 and 28 tablets of 75 mg presentations of pregabalin. In this case, duloxetine is a dominant strategy versus pregabalin in 3 out of 4 scenarios and highly cost-effective when compared duloxetine 150mg/day versus pregabalin 300mg/day. Further analysis (considering presentation 14/28 tablets of 150 mg of pregabalin), shows that duloxetine is a highly cost-effective alternative with cost-effectiveness ratios of $34-405 USD range per one additional response. CONCLUSIONS: Duloxetine is the most cost-effective alternative compared with pregabalin at therapeutic doses published in studies of comparable design in patients with FM.

PM51 REVIEW OF THE STUDIES ON ECONOMIC EVALUATION OF TREATMENT FOR POSTMENOPAUSAL OSTEOPOROSIS

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OBJECTIVES: The use of economic evaluation studies has been increasingly common, especially in the field of osteoporosis, in which there is a wide variation in effectiveness and costs of therapeutic strategies. Aiming to identify relevant studies, there was a complete review of the economic evaluations, conducted in Brazil and abroad, focusing on the treatment of postmenopausal osteoporosis (PMO) support decision-making on health policies in Brazil and Latin America. METHODS: There was a search on PubMed and the national scientific journals until February 2011. We used the keywords (osteoporosis) and (postmenopausal or post-menopausal) and [cost effectiveness or cost benefit or cost utility or Economic Evaluation]. RESULTS: In all, 147 titles and abstracts were found. After careful selection, 29 articles remained for analysis. We found great variability in the methods of studies related to the specific issues of each country (demographic and epidemiological factors), associated with the perspective adopted, the prices, the valuation of health states by willingness to pay (utility) and acceptance of factors inherent to each country. Most studies that compared treatment strategies with no treatment at all, found a reasonable incremental cost-effectiveness ratio (ICER), according to the willingness to pay of each country. The interventions have become more cost-effective with increasing age, decreasing bone mineral density and the presence of previous fractures. In general, bisphosphonates were the strategies that were evaluated the most and they showed better results in ICER’s. Teriparatide was not cost-effective. Studies evaluating hormone replacement therapy found good ICER, but call attention to the increased risk of breast cancer. Vitamin supplementation, strontium ranelate, raloxifene, and denosumab were evaluated and showed variable results depending on the perspective, of the country and the assumptions. CONCLUSIONS: It was not possible to extrapolate any of the results to the populations of Brazil or countries of Latin America, limiting its use to decision makers in different locations.