line characteristics: Age, Sex, and BMI. We used existing literature and public datasets to estimate the parameters of the model. For the BMI trajectory, we utilized existing literature on pooled databases of the individuals’ BMI over time. For the probability of death, we constructed life tables by estimating the 5-year probability of death using a logistic regression model using data from the National Health Institute Survey linked with National Death Index (NHIS-NDI) between 1997 and 2005. For costs and QALYs, we use Medical Expenditure Panel Survey Panels 6-10 to estimate hedonic linear regressions in each period. Costs and QALYs were discounted at 3%. RESULTS: The baseline ICER was $45/quality-adjusted year (QALY) for a 45-year-old versus a placebo-projected age of death for baseline BMI of 25, 35, or 45 was 83, 80, and 77, respectively. The projected difference in discounted lifetime health costs between this non-obese (BMI = 25) person and someone BMI ≥ 45 is about $26,000. If the loss in QALYs were $100 per year, as projected, a loss in life is projected to be about $100 per year. CONCLUSIONS: Obesity is associated with higher medical costs, lower quality of life, and reduced life expectancy. The societal cost of delivering effective weight loss interventions to obese Americans should be considered in the context of these lifetime outcomes.

PSY17 A PHARMACOECONOMIC EVALUATION OF ROMIPLOSTIM (NPLATE®) FOR THE TREATMENT OF CHRONIC IMMUNE THROMBOCYTOPENIA (ITP) IN MEXICO Arcoho R1, Northridge R2, Rivera Hurtado R3, García Chávez R4
1Amgen, Inc., Barcelona, Spain, 2Outcomes Insights, Inc., Westlake Village, CA, USA, 3Amgen Mexico, Mexico City, Mexico, 4Mexican Institute for Social Security (IMSS), Mexico City, Mexico
OBJECTIVES: ITP is characterized by reduced platelet counts and increased risk of bleeding. Romiplostim, a first-in-class thrombopoietin mimetic, safely increases and sustains platelet counts in most adult patients with chronic ITP for as long as needed, while reducing the need for concurrent and emergency medications. We evaluated treatment costs per overall platelet response with romiplostim + concurrent treatment vs. placebo + concurrent treatment in chronic adult ITP, from a Public Mexican Healthcare perspective. METHODS: Overall response, defined as ≥ 4-fold increase in platelet (≥50k/µL) from weeks 2 to 25, was derived from two randomized parallel trials with splenectomized and non-splenectomized patients over period of 24 weeks. All patients were allowed to enter on concurrent ITP medication (danazol, corticosteroids, azathioprine) and receive rescue medication (eg, intravenous immunoglobulin). Treatment costs included intravenous immunoglobulin and medication of bleeding-related events during one year period. Unitary costs were obtained from the 2010 Official Price List of the Public Health System in Mexico ($MX$). Mean treatment cost per response was calculated for splenectomized and non-splenectomized patients. RESULTS: Cost per response was $4884.60 (95%CI $2698.92-$7059.81) for placebo + concurrent treatment vs. $3012.50 (95%CI $1229.89-$4795.21) for romiplostim + concurrent treatment vs. placebo + concurrent treatment in chronic adult ITP, from a Public Mexican Healthcare perspective. CONCLUSIONS: Based on these data, romiplostim demonstrates an important and cost-efficient option for both non-splenectomized and non-splenectomized patients with chronic immune thrombocytopenia.

A1 COST-EFFECTIVENESS OF BORTZOEMIB PLUS MELPHALAN AND PREDNISONE VERSUS LENALIDOMIDE PLUS MELPHALAN AND PREDNISONE WITH CONTINUOUS LENALIDOMIDE MAINTENANCE TREATMENT FOR THE INITIAL TREATMENT OF MULTIPLE MYELOMA (MM) IN MEXICO Wang ST1, Huang H2, Ba-mancini A3, Shi H2, Chen K1, Korevaars C1, Dwahan R3, Nakana A4, van de Velde H5, Duh MS1
1Anadum Group, Inc., Boston, MA, USA, 2Millennium Pharmaceuticals, Inc, Cambridge, MA, USA, 3Johnson & Johnson Pharmaceutical Services, LLC, Karlin, NJ, USA, 4Tassens-Clingy Priy Ltd, Sauderton, High Wycombe, UK, 5Johnson & Johnson ORD, Beers, Belgium
OBJECTIVES: This study aimed to assess incremental cost-effectiveness of VMP vs. MPR-R for treatment of MM. The model included seven health states: responses (multiple), treatment, progression, and death. The second-line treatment transition probabilities were estimated from patient-level data (VISTA) for VMP and MM and from published data (MM-015) for MPR-R. Costs included drug, medical, adverse event, second-line treatment, and resource utilization in 2010 US-dollar value. State-specific utilities were derived from patient-level EQ-5D using US-specific weights. Effectiveness was expressed in LYs and QALYs. Costs and effectiveness were discounted at 3%. ICER was calculated for VMP vs MPR-R over 20-year horizon (lifetime). In the base case, the MPR-R vs MF hazard ratio (HR) for FFS was 0.949 and that for OS was 1, as the survival benefit with MPR-R vs MF was not observed in MM-015. One-way sensitivity analyses were conducted for key parameters to assess the general robustness of the model. RESULTS: Base case results for VMP vs. MPR-R showed: $119,102 vs $248,358 for direct medical costs; 4.187 years vs 3.934 years for LYs; cost of $103,945 (VMP) vs $126,109 (MPR-R) with reduced costs and better outcomes compared with MPR-R; VMP costs approximately 50% less than MPR-R and seems to provide slightly more QALYs (0.567) on average. Sensitivity analyses supported the robustness of model findings and identified the MPR-R vs MF HR for OS as a key driver; only when this HR was 0.72 did MPR-R become cost-effective with VMP at $100,000 per QALY. CONCLUSIONS: VMP had lower costs and better health outcomes compared to MPR-R. Maintenance showed little additional benefit.

A2 ECONOMIC EVALUATION OF SEQUENTIAL ANALGESIC TREATMENT IN THE MANAGEMENT OF MODERATE ANKLE SPRAIN IN MEXICAN ADULTS Arreola Ornelas H1, Rosado-Buzzo H2, Saumtally J1, García Mollinedo M2, Muñoz Ortega R3, Mould Quevedo J4, Galindo-Suarez R4
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OBJECTIVES: Ankle sprain causes walking limitation, pain and consequently, economic losses. The purpose of this study was to estimate the cost-effectiveness from a societal perspective of sequential use of parecoxib/celecoxib for pain management associated with ankle sprain in adults. METHODS: A Markov model was performed to estimate health and economic consequences during a time horizon of 45 days (3 cycles). Effectiveness measures were: percentage of patients reporting pain reduction, percentage of patients reporting ≥50% pain reduction from baseline, proportion of length of stay (LOS) and reduction in the number of treatment retreatments due to adverse events. Transition probabilities were obtained from a meta-analysis employing international published literature. Doses of comparators were: diclofenac (75mg bid) followed by diclofenac (100mg bid); parecoxib (40mg bid) followed by celecoxib (100mg bid) and ketorolac (10mg tid) and followed by ketorolac po (10mg tid) as the reference. Parenteral and oral forms were administered for two and five days, respectively. Source use was obtained from Social Security Mexican Institute databases (n=1,395 records). Direct costs were extracted from institutional sources and indirect costs from a validated survey applied to patients. Costs included: hospitalization, drugs, medical procedures, imaging, adverse events management, disability benefits, productivity losses, and out-of-pocket expenses. Probabilistic sensitivity analyses were performed employing bootstrapping techniques. Acceptability curves were constructed. RESULTS: Parecoxib/celecoxib, ketorolac and diclofenac costs per patient were US$480.77 (95%CI US$425.65-US$455.88), US$526.08 (US$509.97-US$542.20) and US$815.43 (US$790.18-US$840.68), respectively (p<0.05). Parecoxib/celecoxib exhibits the lowest LOS (0.69 days [0.67-0.71]) and number of treatment discontinuations (16.4% [14.6-18.3%]). Acceptability curves showed that parecoxib/celecoxib will be cost-effective with 90% of confidence at a willingness to pay closer to US$0. CONCLUSIONS: Parecoxib/celecoxib is the less costly treatment to manage pain associated with moderate ankle sprain in Mexico; as well it represents a cost-effective alternative in LOS reduction and treatment discontinuation regarding competing alternatives.

A3 COST-EFFECTIVENESS ANALYSIS OF TREATMENT WITH AMIFAPRINE (DIETHYLPROPION) IN OBESITY IN MEXICO Kamirez Ramirez M1, Soto Molina H1, Rizzoli-Cordoba A2, Delgado-Cinebra R1, Pazaitinas Castellanos M1
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OBJECTIVES: The treatment guidelines of obesity at the Mexican Institute for Social Security (IMSS) consider the pharmacological treatment together with the change in health habits a proper option in cases of obese patients (BMI ≥ 30 kg/m²). With the withdrawal of Sibutramine of the mexican market, Diethylpropion (Amifaprine) emerged as a good candidate to fill the void of a second-line treatment regarding com-