

horizon model with 6-months of treatments every 5-years (3% discount rates for cost and utilities), the projected incremental cost-effectiveness ratios (ICERs) for 3-5 flares + No Tophi and >6 flares + No Tophi were \$60,000K and \$2,000K, respectively. For the remaining gout states of RCG (3-5 flares + Tophi and >6 flares + Tophi), pegloticase strictly dominates the placebo, producing better outcomes at lower cost. Weighting these gout groups by their relative prevalence, the population mean ICER shows pegloticase as dominant versus placebo. Given the initial cost of therapy, the ICER varies depending on the timeframe: for 3, 5, and 10-years, the population ICERs are \$68,000, \$47,000, and \$5,000, respectively. **CONCLUSIONS:** Pegloticase is projected to be cost-effective compared to placebo treatment for treating patients with RCG. The ICERs compare favorably with many technologies in widespread use.

PMS36

COST MINIMIZATION ANALYSIS WITH RITUXIMAB IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS (RA) FROM THE MEXICAN PUBLIC PERSPECTIVE

Lechuga D, Alva M

Roche Mexico, Mexico City, Mexico

OBJECTIVES: To identify which is the alternative that minimizes costs in the treatment of Rheumatoid Arthritis with biological therapy in Mexico. **METHODS:** A cost minimization evaluation was done, comparing alternatives considered comparable in effectiveness in the management of RA in adult patients (Infliximab, Etanercept and Adalimumab, Rituximab, Tocilizumab) in a 9-year horizon. Since the frequency of retreatment with Rituximab hasn't been standardized, the assumption of the retreatment scheme of every 9 months as the average of the standards was taken in account. Costs are expressed in US dollars. **RESULTS:** The total cost for 9 years with Rituximab was the lowest (\$ 74,040), followed by Tocilizumab (\$ 75,328), Etanercept (\$ 76,034), Adalimumab (\$ 89,490) and Infliximab (\$ 91,543), generating savings with Rituximab of \$ 1,288, \$ 1,994, \$ 15,450 and \$ 17,503 respectively. Likewise, Rituximab was the alternative with the lowest number of applications (26), compared with Tocilizumab (117), Etanercept (468), infliximab (60) and Adalimumab (234). In the budget impact analysis, assuming that 100% of the patients are treated with Rituximab, the health facility could generate savings and therefore could gain access to biological therapy to more patients than if they were treated under a scheme without Rituximab. The results of the sensitivity analysis, taking as a variable number of applications of Rituximab year showed, with an 85.44% of probability, that rituximab is shown to be the least costly alternative compared with Infliximab; 74.09% compared with Adalimumab; 53.17% compared with Etanercept, and with 51.38%, Rituximab is also less expensive compared to Tocilizumab. **CONCLUSIONS:** Rituximab proved to be an alternative that minimizes costs, generating savings and allowing greater access to therapy for patients with RA, offering benefits to health institutions, not only improving the quality of care with an innovative therapy, but also allowing significant cost savings.

PMS37

PRODUCTIVITY LOSS OF ANKYLOSING SPONDYLITIS PATIENTS IN TURKEY DUE TO SICK LEAVE

Akkoc N¹, Hamuryudan V², Durguner B³, Direskeneli H⁴, Gul A⁵, Kabasakal Y⁶, Kiraz S⁷
¹Dokuz Eylul University Faculty of Medicine, Izmir, Turkey, ²Istanbul University Cerrahpasa Faculty of Medicine, Istanbul, Turkey, ³Pfizer Pharmaceuticals, Istanbul, Turkey, ⁴Marmara University Faculty of Medicine, Istanbul, Turkey, ⁵Istanbul University Faculty of Medicine, Istanbul, Turkey, ⁶Ege University Faculty of Medicine, Izmir, Turkey, ⁷Hacettepe University Faculty of Medicine, Ankara, Turkey

OBJECTIVES: To demonstrate the effect of ankylosing spondylitis (AS) on sick leave and estimate the productivity loss due to the absenteeism. **METHODS:** Patients diagnosed with AS who attended to tertiary-care outpatient rheumatology clinics consecutively were evaluated for demographics, disease characteristics, treatment regimens, WLQ, HAQ, BASDAI, and BASFI. Productivity loss, was calculated based on the interim analysis results of this ongoing observational study. Data on total days of sick leave in the last three months was used for the estimation of one-year absenteeism. Additionally, the relationship between the sick leave and BASFI scores was evaluated. **RESULTS:** Results from a total of 402 AS patients were analyzed. Among 220 patients (180 male (82 %); mean age 36.4 years; mean disease duration 7.7 years) in paid employment, 56.4 % had sick leave over a period of 3 months and the mean duration of sick leave they reported on average was 8 days (95% CI: 5.2-10.8). This duration was extrapolated to a total of 32 days per year. Based on the national statistics, the average daily productivity loss for Turkey is 91.7 TL (calculated by dividing the average monthly productivity loss by 20). The annual productivity loss was calculated as 2934.4 TL (1198 €) per patient due sick leave caused by AS. Besides, 40.7% of these patients who reported sick leave needed to get support from their relatives or friends for their daily routine activities. The mean BASFI score was 27.88 for patients who reported sick leave, while it was 22.3 for patients who did not and the difference is statistically significant. **CONCLUSIONS:** Annual productivity loss due to sick leave caused by AS is 1198 € per patient and there is a statistically significant difference between the BASFI scores of those patients who had sick leave and those who did not.

MUSCULAR-SKELETAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

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GOLIMUMAB DOSING AND REFILL COMPLIANCE PATTERNS IN RHEUMATOID ARTHRITIS

Ellis L¹, Haas S², Tandon N¹

¹Janssen Scientific Affairs, LLC, Horsham, PA, USA, ²S2 Statistical Solutions, Inc., Cincinnati, OH, USA

OBJECTIVES: This study reports dosing and refill compliance patterns observed in golimumab (GLM) -treated rheumatoid arthritis (RA) patients. **METHODS:** A retrospective study was conducted of adult RA patients with ≥ 2 GLM prescriptions between April 24, 2009 and December 31, 2010; ≥ 1 RA diagnosis during the study period; continuous activity in the Source@LX database (≥ 6 months pre; ≥ 6 months post index prescription) and a 28-31 day GLM supply. Refill compliance was defined as occurring ± 1 week of the expected 28-31 day (d) interval. The percent of compliant GLM refill intervals and the percent of patients with refill compliance at the 6th GLM dose were assessed. Descriptive statistics were used to characterize the study population. **RESULTS:** A total of 1103 RA patients and 6432 GLM refill intervals were observed. The sample was 82% female; mean age of 53 years with 63% bio-experienced. A 50 mg GLM dose was found in 98% of all fills. Mean \pm SD refill interval was 35.7 \pm 22.0 d; median was 31 d. Refill intervals were 35.4 \pm 21.3 d in bio-experienced patients and 36.3 \pm 23.0 d in bio-naïve patients; median was 31 d in both subgroups. Refill compliance was observed in 80% of all intervals. Refill compliance at the 6th GLM dose was achieved by 84% of patients overall. **CONCLUSIONS:** In this retrospective analysis of an administrative claims database, 98% of GLM doses were 50 mg with approximately once monthly refill intervals. Refill compliance was observed in 80% of all GLM refills and in greater than 80% of RA patients at the sixth GLM dose. Median refill interval and refill compliance appeared similar in bio-experienced and bio-naïve subgroups. Further study of these trends using additional data sources are desired to substantiate these preliminary findings.

PMS39

LONG TERM MEDICATION ADHERENCE OF ADALIMUMAB AND ETANERCEPT AMONG RHEUMATOID ARTHRITIS PATIENTS IN KAISER PERMANENTE SOUTHERN CALIFORNIA

Chu LH, Kawatakar AA

Kaiser Permanente Southern California, Pasadena, CA, USA

OBJECTIVES: The study objectives were to compare long term medication adherence among first time adalimumab and etanercept users over a three-year follow up period, and to identify factors that were associated with high medication adherence. **METHODS:** A total of 1672 adult (≥ 18 years) rheumatoid arthritis (RA) patients who were first time adalimumab (N=382) or etanercept (N=1290) users between January 1, 2003 and December 31, 2007 in the Kaiser Permanente Southern California (KPSC) Health Plan were included. Subjects were required to have at least two RA diagnosis records and disease-modifying anti-rheumatic drugs (DMARDs) use within one year after the first diagnosis. Continuous enrollment one year prior, and three years after the initiation (index date) of adalimumab and etanercept treatment was required. First time users were defined as subjects who did not use adalimumab or etanercept in the 12-month period prior to index date. Medication adherence was measured through proportion days covered (PDC). Association of long term high adherence with age, gender, race, insurance type, comorbidity and history of oral DMARDs were estimated using Poisson regression with robust standard errors. **RESULTS:** The mean age, gender and race distribution were 52.5 years old, 80.4% female, and 34.0% non-whites in adalimumab group; 53.3 years old, 77.9% female, and 36.2% non-whites in etanercept group. The adherence rate in one-year, two-year and three-year follow up in adalimumab group was 0.63, 0.52 and 0.46, and in etanercept group was 0.69, 0.59 and 0.53. The incidence rate ratio (IRR) of adalimumab was 0.78 (95% CI: 0.68 -0.90), 0.73 (95% CI: 0.61-0.88), and 0.70 (95% CI: 0.56-0.87) in one-year, two-year and three-year follow up respectively. Age and history of oral DMARDs were significantly associated with adherence. **CONCLUSIONS:** This study highlighted a relatively lower long term adherence rate in adalimumab users as compared to etanercept users in adult RA patients within KPSC.

PMS40

MEDICATION ADHERENCE AMONG PATIENTS WITH RHEUMATOID ARTHRITIS

Datar M, Khanna R, Pace PF, Mahabaleshwar R, Basak RS, Banahan BF

University of Mississippi, University, MS, USA

OBJECTIVES: The main objective of this study was to assess the medication adherence among individuals with rheumatoid arthritis (RA) enrolled in a state Medicaid fee-for-service (FFS) program. Factors influencing medication adherence were identified. Lastly, the role of adherence in influencing the utilization of acute care services (hospitalization/emergency room visit) was ascertained. **METHODS:** The target population included nonelderly adult recipients (21-64 years) who were continuously enrolled in the Mississippi Medicaid FFS program from January 1, 2006 to December 31, 2007. Recipients who had a medical services claim with a primary or secondary diagnosis of RA in calendar year 2006 were identified. Medication adherence (measured as proportion of days covered (PDC)) was determined using calendar year 2007 data. Recipients with adherence (PDC) $\geq 80\%$ were classified as adherent. Logistic regression analyses were used to determine factors predicting medication adherence and the effect of adherence on acute care services utilization. **RESULTS:** Roughly 20% of recipients with RA were adherent. Older age (odds ratio (OR) = 1.031; $p < 0.005$), white race (OR = 1.684; $p < 0.005$), and lower Charlson comorbidity index (CCI) score (OR = 0.785; $p < 0.005$) were significant predictors of adherence. Adherence did not have a significant association with acute care services utilization after controlling for demographic and disease-related covariates. **CONCLUSIONS:** Only one in five Medicaid recipients with RA were found to be adherent. Lower levels of adherence among individuals with RA could contribute to poor outcomes in these individuals over time. Policy makers should undertake intervention programs aimed at increasing medication adherence in this underprivileged population.