No differences in improvements in HRQoL were observed with etoposumab during EMBLEM™, potentially due to short-term treatment, small sample sizes, and active SOC therapy. Sustained improvements were observed in the EMBLEM™ OLE, consistent with those in the ALLALIVITE RCTs.

**PSY53**

**COMORBIDITIES, HEALTH-RELATED QUALITY OF LIFE AND PRODUCTIVITY LOSS ASSOCIATED WITH OBESITY**

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OBJECTIVES: Obesity is associated with many health-related risk factors and is a significant economic burden on society. The objectives of this study were to examine the prevalence of patient-reported comorbidities, productivity loss and health-related quality of life (HRQoL) across different BMI ranges.

METHODS: Overweight or obese patients from the 2012 U.S. National Health and Wellness Survey, a nationally representative population survey, were enrolled in November 2012. All patients completed a comprehensive health assessment with validated questionnaires. BMI was classified according to WHO classifications. Total direct medical costs were assessed for across both groups. Wilcoxon rank-sum and chi-squared tests were applied to compare groups and significance was set at *p* < 0.05.

RESULTS: In multivariate regression analysis, DB base charges at transplant were $155,906 (adjusted R2 0.314). BMI > 40 and BMI 35 – 39.9 was associated with an additional $13,362 (p < 0.0001) compared to BMI ≤ 24. BMI 30 – 35.9 was associated with an additional $3,675 (p = 0.018) at transplant. Base reimbursements at transplant were $36,315 (adjusted R2 0.229). Elevated BMI was not associated at any additional reimbursements, however BMI 18.5 – 24.9 had additional reimbursements of $660 (p < 0.001). For LD, base charges were $112,290 (adjusted R2 0.313) and BMI 30 – 35.9 was associated with an additional $3,675 (p = 0.018) at transplant. Base reimbursements were $38,363 (adjusted R2 0.239). Elevated BMI was not a significant independent factor in the additional reimbursements. INCREASE: Increased BMI is a significant factor in the amount of health resources utilized for kidney transplantation. While elevated BMI results in significant greater costs to hospitals, no additional reimbursement from Medicare was observed. These findings may play a factor in negative selection against candidates with higher BMI at the time of transplantation.

**PSY54**

**BURDEN OF DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS TREATED WITH CYCLOSPORIN A (CS) AND OTHER THERAPEUTICS**

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OBJECTIVES: Comorbidities for systemic lupus erythematosus (SLE) include corticosteroids (CS), immunosuppressants (IM), antimalarials (AM) and biologics. SLE treatments, in particular CS, are associated with adverse effects which impact tolerability and treatment burden. This study sought to assess the usage of CS in SLE, and the burden associated with this treatment class.

METHODS: Data were collected from rheumatologists in the US (n = 37) and France (n = 11) and Germany (n =16). Data collection took place between May and June 2016. 57%/84%/89% of patients in the US/France/Germany were receiving CS treatment, mainly due to side-effects and fear of long-term use. Patients in the US/France/Germany were receiving CS treatment, mainly due to side-effects and fear of long-term use. Patients in the US/France/Germany were receiving CS treatment, mainly due to side-effects and fear of long-term use. Patients in the US/France/Germany were receiving CS treatment, mainly due to side-effects and fear of long-term use.

RESULTS: Compared to non-CS patients (EQ-5D 0.78 vs 0.87; F-WPAI 34.41 vs 39.56; ACIT-F 34.81 vs 39.56), patients receiving CS treatment reported worse HRQoL and productivity compared to non-CS patients. Significant economic burdens were observed for patients receiving CS therapy. CS were perceived to be equal/superior to AM, IM and biologics in the treatment of SLE.

**PSY55**

**INITIATION OF PRESCRIPTION OF BIOLOGICS FOR PATIENTS WITH Psoriasis: Profile of Patients and Prescribing Providers**

1LY2, Liao M2, Arcona S2

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OBJECTIVES: Psoriasis (PsO) is a chronic, recurrent, immune-mediated disease often treated with biologic therapies. However, understanding of prescription initiation of biologics for psoriasis is limited. The current study evaluates patient and provider characteristics associated with initiation of first biologic therapy within 12 months of diagnosis.

METHODS: A retrospective database analysis was performed using Humedica electronic medical record data for adult patients with at least one diagnosis of PsO and no prior history of PsO or PsO-related therapy within 12 months prior to index date. Eligible patients were classified based on initial prescription as (1) oral only or (2) biologics (including oral and biologics as combination treatment). Patients’ demographic characteristics, comorbidities, disease status, prescriber specialty, and prescriber preference of biologics were compared across both groups. Wilcoxon rank-sum and chi-squared tests were applied to variables of ordinal and nominal measure, respectively. Logistic regression was conducted to determine the variables associated with likelihood of initiation of a biologic treatment.

RESULTS: A total of 2,373 patients met inclusion criteria. Of these patients, 1,166 (49%) were classified as obese, 856 (36%) were diagnosed with psoriatic arthritic (PsA) and 261 (11%) were diagnosed with rheumatoid arthritis (RA). Male patients (OR = 1.47) and patients with comorbid PsA (OR = 1.51) were significantly more likely to be prescribed biologic regimens than patients aged 18–44 years. Differences in prescribing patterns by race, BMI, comorbid RA, and provider specialty were statistically insignificant. CONCLUSIONS: Male gender and comorbid PsA were associated with increased likelihood of initiation of a biologic-based treatment for newly diagnosed PsO patients. Older age (≥65 years) was associated with a decreased likelihood of initial treatment with a biologic-containing regimen.

**PSY58**

**ORPHAN DRUG POLICIES: LOOKING BACKWARD, THINKING FORWARD**

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OBJECTIVES: Clyde University Claude Bernard Lyon 1, Lyon, France

OBJECTIVES: Infantile haemangioma (IH) appears in the first few days of life, and develops over time. Certain types of IH cause significant functional impairment and restrict activities of daily living. More than half of patients have one or more types of IH (two years) hospital stay for IH previous to and subsequent to introduction of propranolol as haemangioma treatment.

METHODS: Analysis of the PMSI database covering payments for propranolol treatment in France in five hospitals treating IH, considered that the average cost of treatment (according to the health insurance fund of children) with haemangioma reached €4,07.00 on average. The highest expenditure item was hospitalisation at an average cost of €5,337.00 (equal to 83% of the total average cost). A reduction in the length of hospital stays, subsequent to proranolol use, of almost 50% as demonstrated by the PMSI, should have a significant effect on treatment costs.