OBJECTIVES: A tailored accelerated physiotherapy (AP) program following Rituximab (R) has been shown to be effective in restoring hip function and range of motion in young male patients; however, no evidence has been provided on its cost-effectiveness. The aim of this UK trial-based economic evaluation was to assess the cost-effectiveness of AP versus a standard rehabilitation programme (SRP) in RA patients. Trial participants were randomized to AP or SRP. The experimental arm followed an 8-week programme with no hip precautions, full-weight bearing from day one, tailored exercises and an additional physiotherapy session. The control group received the standard 8-week course of rehabilitation. At 6, 16, and 52 weeks, patients reported their primary and secondary health care contacts, use of equipment, and private health contacts. These data were valued using 2012/2013 national average unit costs. The 3-level EuroQol EQ-5D-3L questionnaire was completed by patients at baseline, 6, 16 and 52 weeks and used to calculate Quality Adjusted Life Years (QALYs) to 12 months. RESULTS: 80 young males (median age: 55.8 years) were randomized to AP (n=40) or SRP (n=40). Preliminary results showed mean QALYs in AP were 0.12 higher than SRP (0.06) and 0.12 higher in the SRP arm (mean (95% CI) difference $237 - $108). There were more visits to secondary care and primary care practitioners in the SRP arm. Mean (SE) QALYs were 0.84 (0.02) with AP and 0.72 (0.03) with SRP (mean (95% CI) difference 0.12 (0.07)). The probability that AP is cost-effective at a maximum willingness to pay of $200,000 per QALY is 99%. CONCLUSIONS: From the perspective of the health care provider, a tailored accelerated physiotherapy programme for younger male patients undergoing R appears cost-effective when compared to a standard rehabilitation programme.

PM553
RITUXIMAB AS FIRST CHOICE FOR PATIENTS WITH REFRACTORY RHEUMATOID ARTHRITIS: COST-EFFECTIVENESS ANALYSIS IN IRAãN BASED ON A SYSTEMATIC REVIEW AND META-ANALYSIS
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OBJECTIVES: The aim of this study is evaluation of the effectiveness and cost-effectiveness of rituximab as first line treatment in the refractory rheumatoid arthritis in comparison to continuing conventional DMARDs, from a perspective of health service governors. METHODS: A systematic review was implemented through searching PubMed, Scopus and Cochrane Library. Quality assessment was performed by Jadad questionnaire. After meta-analysis was implemented through searching PubMed, Scopus and Cochrane Library.

PM555
MABTHERA® (RITUXIMAB) FOR THE TREATMENT OF SEVERE GRANULOMATOSIS WITH POLYANGIITIS (GPA) AND MICROSCOPIC POLYANGIITIS (MPA) – A COST-UTILITY MODEL FOR THE UNITED KINGDOM
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OBJECTIVES: To evaluate the cost-effectiveness of MabThera in patients with severe GPA and MPA in the United Kingdom (UK). BACKGROUND: In March 2014 NICE issued positive guidance for the use of MabThera in patients with severe GPA and MPA [TA308]. METHODS: An economic model was developed to reflect the health care costs and the current treatment options in the UK and the current evidence. The cost-effectiveness analysis employs a Markov model with four health states: complete remission, non-remission, uncontrolled disease and death. Patients were assumed to start in the controlled disease health state, transitioning based on their response to treatment. Relapsing patients who have exhausted all available treatment options they are assumed to enter the uncontrolled disease health state where they remain until death. The efficacy and cost data for the model were obtained from the RAVE study (Stone et al 2010) which demonstrated that MabThera was non-inferior to cyclophosphamide (CYC). In a subgroup of patients who had received prior therapy, MabThera was superior to CYC. Benefits were expressed as QALYs. Costs were calculated from a National Health Service perspective. The analysis calculated incremental costs and benefits associated with the addition of MabThera to the treatment paradigm which was assumed to consist of CYC and azathioprine. For patients intolerant to CYC, MabThera was assumed to substitute for CYC. The RAVE trial reports health related quality of life using SF-36. The SF-36 scores were converted to EQ-5D in a post-hoc analysis using a published model [Ara and Brazier 2008]. RESULTS: Base case results estimated incremental costs of approximately £3,700 and incremental QALYs of 0.306. The incremental cost-effectiveness ratio (ICER) was £210,100 per QALY gained. CONCLUSIONS: The results of this analysis suggest that MabThera is a cost-effective treatment for severe GPA and MPA.

PM556
PRODUCTIVITY LOSS DUE TO RHEUMATOID ARTHRITIS (RA), CROHN’S DISEASE (CD) AND PSORIASIS (PS) IN POLAND
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OBJECTIVES: To assess the indirect costs of RA, CD and Ps in an employed population in Poland. METHODS: Data on presenteeism and absenteeism related with analyzed diagnoses were collected in a cross-sectional study from patients of ambulatory sites respectively. The total reduction of direct medical costs of MYR2,279,519 (USD442,685), MYR478,257 (USD149,455), MYR22,784 (USD7,120) and MYR61,883 (USD18,944) was reported from the SRP arm. The probability of strontium being cost-effective compared to alendronate and hence should be recommended in the public sector in Malaysia.

PM554
COST-UTILITY ANALYSIS OF CERTOLIZUMAB PEGOL PLUS METHOTREXATE FOR THE TREATMENT OF MODERATE-TO-SEVERE ACTIVE RHEUMATOID ARTHRITIS IN GREECE
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OBJECTIVES: To evaluate the cost-effectiveness of certolizumab pegol (CZP) as an add-on therapy to methotrexate (MTX) versus etanercept, adalimumab or golimumab in patients with moderate-to-severe active rheumatoid arthritis (RA) who did not respond adequately to conventional synthetic disease-modifying anti- rheumatic drugs (cDMARDs) including MTX in Greece. METHODS: A Markov model with a cycle length of 6 months was used to assess cost and health outcomes of CZP versus other TNF-a inhibitors recommended in Greece over a patient’s lifetime. On the discontinuation of first-line treatment with CZP or comparator, patients were switched to a second anti-TNF agent, and after failing that, they remained on a third biological agent with another mode of action. A sequential use of cDMARDs was assigned after the last biologic therapy. Clinical data and utility values were extracted from published literature. The analysis was conducted from a third-party payer perspective. RESULTS: Mean QALYs were estimated to 0.81 and 0.75 for CZP and comparator respectively. CZP was considered as cost-effective in the treatment of patients with refractory rheumatoid arthritis in Greece.