tis, 5 for psoriasis and 3 for Crohn’s disease. Available information for each condition is presented hereafter. In rheumatoid arthritis, absenteeism ranged from 25 to 56 days per year and absenteeism was estimated to 55 days. The mean cost of absenteeism in this condition ranged from €709 to €101.66. In ankylosing spondylitis, annual absenteeism ranged from 6 to 65 days, which represented €276 to €2,533 per patient. Presenteeism was estimated to 14 days loss with an associated annual cost of €1,027. In psoriasis, annual absenteeism ranged from 3 to 14 days and presenteeism from 16 to 35 days. The costs of work productivity loss (absen-

teeism + presenteeism) in psoriasis ranged from €1,675 to €6,300. In Crohn’s dis-

case, annual absenteeism was of 120 days per patient in median, which repre-

sented an annual cost of €12,210. Presenteeism amongst 120 days in 143 patients with IBD was found. Chronic immune-mediated inflammatory diseases have a high impact on work productivity loss due to both number of days at work lost and decreased perfor-

mance with substantial costs.

**PSY16**

**EFFECT OF THE ANTI-TUMOR NECROSIS FACTOR ADALIMUMAB ON WORK

**PRODUCTIVITY IN PATIENTS WITH CHRONIC IMMUNE-MEDIATED

**INFLAMMATORY DISEASES:** LITERATURE REVIEW

**IN THE FRENCH SETTING**

**OBJECTIVES:** To assess the improvement in work productivity associated with adalimumab therapy in chronic immune-mediated inflammatory diseases.

**METHODS:** A systematic and computerized search was performed in the literature published in English from 2000 to 2011 in PubMed. The search terms were: ‘crohn disease’, ‘spondylitis, ankylosing’, ‘psoriasis’, ‘rheumatoid arthritis’, ‘work productiv-

ity’, ‘productivity’, ‘absenteeism’, ‘sick leave’, ‘employment status’ and ‘adal-

imumab’. Questionnaires used to measure the work productivity were identified. Results: Nine clinical trials and one meta-analysis were analyzed: 5 in rheumatoid arthritis, 1 in ankylosing spondylitis, 3 in psoriasis and 1 in Crohn’s disease. Work Productivity and Activity Impairment (WPAI) ques-

tionnaire was used in 62% of studies. In rheumatoid arthritis, adalimumab was associated with a 8-to-21-working day per year decrease in absenteeism and an 8-to-10-day decrease in presenteeism. In ankylosing spondylitis, adalimumab was associated with a decrease of 8 working days per year in absenteeism and a 50 day decrease in presenteeism. In psoriasis, adalimumab was associated with a de-

crease of 27 days in presenteeism but no significant improvement of absenteeism was observed in this condition. In patients with moderate to severe Crohn’s dis-

case, adalimumab was associated with a 18 working day per year decrease in absenteeism and a 47-day decrease in presenteeism. In Crohn’s disease, adalimumab provided clinically significant im-

provements in work productivity that could be associated with savings of €7,625 in improved work productivity in Crohn’s disease.

**PSY17**

**ESTIMATING THE DIRECT COSTS OF PATIENTS TREATED WITH ELTROMBOPAG

**IN THE FRENCH SETTING**

**OBJECTIVES:** To assess the improvement in work productivity associated with adalimumab therapy in chronic immune-mediated inflammatory diseases.

**METHODS:** A systematic and computerized search was performed in the literature published in English from 2000 to 2011 in PubMed. The search terms were: ‘crohn disease’, ‘spondylitis, ankylosing’, ‘psoriasis’, ‘rheumatoid arthritis’, ‘work productiv-

ity’, ‘productivity’, ‘absenteeism’, ‘sick leave’, ‘employment status’ and ‘adal-

imumab’. Questionnaires used to measure the work productivity were identified. Results: Nine clinical trials and one meta-analysis were analyzed: 5 in rheumatoid arthritis, 1 in ankylosing spondylitis, 3 in psoriasis and 1 in Crohn’s disease. Work Productivity and Activity Impairment (WPAI) ques-

tionnaire was used in 62% of studies. In rheumatoid arthritis, adalimumab was associated with a 8-to-21-working day per year decrease in absenteeism and an 8-to-10-day decrease in presenteeism. In ankylosing spondylitis, adalimumab was associated with a decrease of 8 working days per year in absenteeism and a 50 day decrease in presenteeism. In psoriasis, adalimumab was associated with a de-

crease of 27 days in presenteeism but no significant improvement of absenteeism was observed in this condition. In patients with moderate to severe Crohn’s dis-

case, adalimumab was associated with a 18 working day per year decrease in absenteeism and a 47-day decrease in presenteeism. In Crohn’s disease, adalimumab provided clinically significant im-

provements in work productivity that could be associated with savings of €7,625 in improved work productivity in Crohn’s disease.

**PSY18**

**CLINICAL OUTCOMES, RESOURCE UTILIZATION AND TREATMENT COST OF MYELODYSTROPHIC SYNDROMES AND ACUTE MYELOIDE LEUKEMIA IN A REAL

**WORLD SETTING:** SINGLE-CENTER EXPERIENCE

**OBJECTIVES:** To assess the cost-effectiveness of prophylaxis vs on-demand ther-

apy with Anti Inhibitor Complex Concentrate (AICC).

**METHODS:** A phase III clinical trial (RAISE) compared the response

from the health care system perspective, costs considered were those associated with test strips, physician visits, pharma-


cist time and patient training. From the societal perspective, the additional costs

associated with the acquisition of the monitoring machine, and time dedicated to

monitoring were considered. **RESULTS:** Annual costs per patient of 372.53 CAD$ and 397.27 CAD$ were associated with standard monitoring and PSM respectively under the health care system perspective. Annual costs per patient were estimated at 1,166.08 CAD$ for standard monitoring while annual PSM costs were estimated at 533.19 CAD$ under the societal perspective. Both OAT methods were shown to be clinically equivalent, however a significant improvement of QoL was found in PSM.

**RESULTS:** From the health care system perspective, PSM is slightly more expensive than standard monitoring of OAT (+24,74 CAD$), but from the societal perspective PSM is associated with significant savings compared to standard moni-

toring of OAT (-582.89 CAD$). Also, PSM is associated with improves patient’s QoL and ensuring the same monitoring quality as standard monitoring of OAT.

**PSY19**

**A COST-CONSEQUENCE ANALYSIS OF PATIENT SELF-MANAGEMENT VERSUS

**PHYSICIAN-MANAGED MONITORING OF LONG-TERM ORAL

**ANTICOAGULATION THERAPY IN CANADA**

**OBJECTIVES:** Oral anticoagulation therapy (OAT) with a vitamin K antagonist (VKA) requires frequent monitoring of blood clotting, which involves great amounts of costs. Newer technologies offer patients the possibility to perform home monitoring of OAT. The objective of this study was to assess the economic impact of patient self-management (PSM) of OAT compared with standard clinic monitoring in a Canadian context. **METHODS:** A cost-consequence analysis was performed, according to the perspective of the Province of Quebec health care system and the societal perspective. A time horizon of one year of OAT monitoring was chosen. Clinical data was obtained from a randomized Montreal Heart Institute clinical trial by Verret et al., which compared clinical efficacy and quality of life (QoL) of PSM versus standard monitoring. From the health care system perspective, costs considered were those associated with test strips, physician visits, pharma-


cist time and patient training. From the societal perspective, the additional costs

associated with the acquisition of the monitoring machine, and time dedicated to

monitoring were considered. **RESULTS:** Annual costs per patient of 372.53 CAD$ and 397.27 CAD$ were associated with standard monitoring and PSM respectively under the health care system perspective. Annual costs per patient were estimated at 1,166.08 CAD$ for standard monitoring while annual PSM costs were estimated at 533.19 CAD$ under the societal perspective. Both OAT methods were shown to be clinically equivalent, however a significant improvement of QoL was found in PSM.

**RESULTS:** From the health care system perspective, PSM is slightly more expensive than standard monitoring of OAT (+24,74 CAD$), but from the societal perspective PSM is associated with significant savings compared to standard moni-

toring of OAT (-582.89 CAD$). Also, PSM is associated with improves patient’s QoL and ensuring the same monitoring quality as standard monitoring of OAT.

**PSY20**

**COST-EFFECTIVENESS OF PROPHYLAXIS WITH AN ANTI-INHIBITOR COMPLEX

**CONCENTRATE IN PATIENTS WITH HEMOPHILIA AND INHIBITORS:** RESULTS FROM PRO-FEIBA STUDY

**OBJECTIVES:** To assess the cost-effectiveness of prophylaxis vs on-demand ther-

apy with Anti Inhibitor Complex Concentrate (AICC).

**METHODS:** Hemophilia A patients >2 years with inhibitors and using bypassing therapy to treat bleeding were included in a prospective, randomized, crossover study comparing 6 months of AICC prophylaxis therapy with PSM of 6 months with on-demand therapy. The prophyl-

actic and on-demand periods were separated by a 3-month washout. Cost evalua-

tion was based on direct (clotting factors, hospitalization, outpatient care, physi-

cian visits) and other pharmaceutical and indirect costs (school/week missed because of bleeding events), adapting the perspective of the third party payer. Costs are expressed in USD of 2011. We calculated the incremental cost per bleeding avoided and the cost-effectiveness acceptability-curve. **RESULTS:** Twenty-six patients were enrolled. The per-patient six-months cost during prophylaxis period was $3,393 USD compared with $2,717 USD for PSM. The incremental cost-effectiveness ratio in the prophylaxis vs on demand period was $34,852 per bleeding event avoided. The acceptability curve showed there would be a 93% likelihood that prophylaxis therapy would be considered cost-effective at willingness-

eto-pay threshold of US$ 50,000 per bleeding event avoided. In Subjects with a