CONCLUSIONS: for patients who did not and the difference is statistically significant. To demonstrate the effect of ankylosing spondylitis (AS) on sick leave caused by AS. Besides, 40.7% of these patients who reported sick leave needed annual productivity loss was calculated as 2,934.4 TL ($1,198) per patient due sick leave. The relationship between the sick leave and BASFI consecutively were evaluated for demographics, disease characteristics, treatment regimens, WLQ, HAQ, BASDAI, and BASFI. Productivity loss, was calculated based on US dollars.

PMS36 COST MINIMIZATION ANALYSIS WITH RITUXIMAB IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS (RA) FROM THE MEXICAN PUBLIC PERSPECTIVE Lechuga D, Alva M 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. Productivity loss was expressed in US dollars for 5 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, $1,394, $15,450 and $17,503 respectively. Likewise, Rituximab was the alternative with the lowest number of applications (26), compared with Etanercept (117), Etanercept (120), Infliximab (194) 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, 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 Akcoc N2, Hamuryudan V1, Durguner B3, Direskeneli H4, Gul A1, Kabasalak Y1, Kiraz S1 1Dokuz Eylul University Faculty of Medicine, Izmir, Turkey, 2Istanbul University Cerrahpaşa 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 30). The annual productivity loss was calculated as 2,934.4 TL (1984) per patient due sick leave caused by AS. Besides, 40.7% of these patients who were reported to 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 AS was 2,934.4 TL 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

PMS38 GOLIMUMAB DOSING AND REFILL COMPLIANCE PATTERNS IN RHEUMATOID ARTHRITIS Ellis D1, Haas S2, Tandon N1 1Penase Scientific Affairs, LLC, Horsham, PA, USA, 252 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 analysis of RA and psoriatic arthritis (PsA) patients treated with GLM 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 supply was defined as data. 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 any of the care services utilization after controlling for demographic and disease-related covariates. CONCLUSIONS: Only one in five Medicare recipients with RA were found to be adherent. Lower levels of adherence among individuals with RA could contribute to poor outcomes in these individuals overall. Policy makers should undertake intervention programs aimed at increasing medication adherence in this underprivileged population.