OBJECTIVES: To assess the influence of different treatment schemes of post-stroke spasticity on costs related to OA in Russia. METHODS: Analytical model of post-stroke spasticity costs was created in Microsoft Excel 2013. Cost data were retrieved from a publicly available database. Disease-Related Group (DRG) costs were assigned in accordance with the patient’s diagnosis and treatment. Lower extremity intervention costs were derived from the Medicare resource-based relative value units. Costs of medical devices and medications were obtained from public tenders and official reports. Comparators were: tofacitinib (5mg twice/day) and placebo. RESULTS: A total of 4,053 PA patients were included in the database with incremental total direct cost of $13,282,615. This resulted in an average incremental direct cost of $1,277 per PA patient. Direct costs were mostly influenced by medication costs ($11,991,479, 90.28%), while lab tests ($576,403, 4.34%), F/U therapy ($348,741, 2.63%), surgery ($150,471, 1.13%), ward usage ($130,978, 0.99%) and medical devices/materials ($84,543, 0.64%) made up the balance. Within medication costs, biological and tablet disease-modifying anti-rheumatic drugs accounted for 45% and 22% of all medication costs, respectively. CONCLUSIONS: Our findings highlight the significant economic burden PA places on Taiwan’s economy. The direct costs of PA in Taiwan are driven by medication costs and lab tests. Efficient management of PA can reduce the economic impact of the disease.

PMS35

DESCRIPTION OF RHEUMATOID ARTHRITIS TREATMENT IN CHILE FOR PATIENTS WHO HAVE FAILED TO CONVENTIONAL SYNTHETIC DMARDs

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OBJECTIVES: This study aimed to examine the patterns of care and the treatment burden of patients with RA who have failed to conventional synthetic DMARDs. METHODS: Consecutive RA patients from rheumatology clinics in a tertiary hospital in Chile were included. Baseline characteristics, demographics, DMARDs, and treatments in the last 30 days were recorded. Patients were classified as having a severe disease activity (DAS28-ESR > 3.2) or a mild-to-moderate disease (DAS28-ESR < 3). RESULTS: A total of 153 RA patients were included, 67% of whom were women. The median age was 64 years (IQR 52-74). The median duration of RA was 6 years (IQR 2-15). At baseline, 48% of patients were receiving methotrexate. The median DAS28-ESR was 5.6 (IQR 4.9-6.5). In the last 30 days, 65% of patients were on a biological drug, 34% on a conventional synthetic DMARD, and 5% on a non-pharmacological treatment. CONCLUSIONS: The burden of severe RA cases receiving a biological drug is significant.