impairment (OWI) indexes. Additional questionnaires on patients' characteristics and disease activity level, assessed on standardized scales: DAS28, PASI, CDAI, were added. Present economic activity (%) of workers, presenteeism (time lost due to inefficient work), absenteeism (time of temporal absence caused by disease) and OWI ratios were calculated for each diagnostic group separately.

RESULTS: Of the three diagnostic groups, patients with RA had the lowest number of active DM of CD patients and 57% of Ps patients worked for pay. Furthermore, productivity loss measured with OWI was highest in RA group: 43% of work time was lost. It was slightly lower in CD and Ps groups, OWI amounted to 36% and 35% respectively. RA group had the highest absenteeism rate (18%) and also high presenteeism rate (27%), Ps group had the lowest absenteeism rate (9%) and the highest presenteeism rate (28%), CD group ranked between them with 16% absenteeism rate and 24% presenteeism rate. RA, CD and Ps all cause productivity loss, each in a different manner. M2W study is a unique national data source for indirect cost analysis for RA, CD and psoriatic.

PMS28 THE ECONOMIC BURDEN ON THE SOCIAL SECURITY SYSTEM PENSIONS FOR MUSCULOSKELETAL DISORDERS IN ITALY

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OBJECTIVES: The aim of the study is to estimate the pension costs (social security system in Italy is financed by public expenditure) induced by patients with musculoskeletal disorders (MD) and specifically for rheumatoid arthritis (RA), anklyosing spondylitis (AS) and psoriatic arthritis (PsA) in Italy, between 2009 and 2012.

METHODS: We used the database of National Institute of Statistics (ISTAT) and absenteism data from national literature review (Censis, Anmar, SIR, 2008; Leardini 2002; Salaffi 2005).

In a different manner. M2W study is a unique national data source for indirect cost analysis for RA, CD and psoriatic.

PMS29 COST OF DRUG THERAPY FOR ANKLYOSING SPONDYLITIS IN THE BRAZILIAN PUBLIC HEALTH SYSTEM

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OBJECTIVES: The cost of the drug therapy for ankylosing spondylitis in the State of Minas Gerais, Brazil. METHODS: We analysed the database of National Institute of Social Security (INPS) for three types of social security benefits: disability benefits, incapacity pensions and ordinary incapacity pensions for patients with anklyosing spondylitis (AS) and psoriatic arthritis (PsA) in Italy, between 2009 and 2012.

CONCLUSIONS: The most important indirect costs in Italy in 2012 was represented by disability benefits (68% of the total cost), followed by incapacity pensions (32% of the total cost).

PMS30 A PROSPECTIVE OBSERVATIONAL STUDY FOR EVALUATING THE COSTS AND CLINICAL EFFECTS OF PATIENTS WITH CHRONIC LOW BACK PAIN

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OBJECTIVES: To investigate both clinical effects and costs of interventions under general medical practice for patients with chronic low back pain (CLBP) in Korea. METHODS: A multicenter prospective observational study was performed.

PMS31 ECONOMIC EVALUATION OF SEQUENCING STRATEGIES IN THE TREATMENT OF PSORIATIC ARTHRITIS IN THE UNITED STATES

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OBJECTIVES: In the treatment of psoriatic arthritis (PsA), switching between alternative treatments (AT) may improve clinical outcomes. A cost-effectiveness model was developed to assess the impact of placing apremilast, a new oral treatment, prior to biologics in PsA patients who had failed traditional DMARD therapy, from a U.S. payer perspective and from the societal perspective.

METHODS: A decision analytic Markov model was developed which compared two treatment sequences in the base-case: apremilast followed by adalimumab followed by etanercept vs. adalimumab followed by etanercept followed by apremilast. PsA patients were stratified in to two groups: naive to biologics or current on a biologic. The incremental cost-effectiveness ratio for apremilast was price at a discount to biologics. Utilities were estimated from HAQ and PASI response under a previously published regression equation. RESULTS: The apremilast arm provided an additional 2.53 years with a PsARC response and an additional 0.78 QALYs for $28,794. Costs and QALYs were reduced by 0.34 years and time spent in BSC was reduced by 2.85 years. Under base-case assumptions, placing apremilast before biologics was found to be the dominant strategy (costs reduced by $28,794). Sensitivity analyses indicated that several parameters (e.g. cost of BSC and baseline utility) influence the ICER. Similar results were obtained with different biologic drugs in the sequence. CONCLUSIONS: Placing apremilast before biologics is a cost-saving strategy in the treatment of PsA.

PMS32 ESTIMATING THE COST-EFFECTIVENESS OF CELECOXIB FOR OSTEARTHRITIS IN CHINA

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OBJECTIVES: To estimate the cost-effectiveness of celecoxib for osteoarthritis treatment in elderly Chinese patients. METHODS: The National Institute for Health and Clinical Excellence (NICE) developed a health economic model that was adapted to update the relative risks of adverse events using data from the CONDOR trial. This study localized the model to treat patients and costs in China. Comparators included celecoxib and diclofenac + PPI. The relative risks for adverse events were taken from the CONDOR trial. The base case patient was 55 years old. Treatment cycles were set to 3 months and the model ran for 180 cycles. Effectiveness was measured in quality-adjusted life years (QALYs). Costs and QALYs were discounted annually at 4.5%. Costs were reported in 2013 USD (1 USD = 6.07 RMB). RESULTS: For celecoxib vs. diclofenac + PPI, using adverse event relative risks from the CONDOR trial, celecoxib has a cost of $3,707 and 8.805 QALYs while diclofenac + PPI has a cost of $3,757 and 8.813 QALYs. The incremental costs and QALYs of celecoxib vs. diclofenac + PPI are -$40.45 and -0.009 QALYs respectively. The incremental cost-effectiveness ratio for diclofenac + PPI vs. celecoxib is $5,873. Drug costs account for 28% of the incremental costs in the celecoxib and diclofenac + PPI arms, respectively. CONCLUSIONS: Celecoxib is a less costly alternative than diclofenac + PPI. The difference in QALYs between celecoxib and diclofenac + PPI is extremely small and through sensitivity analysis may not be significant.

PMS33 COST-EFFECTIVENESS OF RA BIOTECHNOLOGIES IN THE TWO YEARS FOLLOWING INITIATION USING A VALIDATED CLAIMS-BASED ALGORITHM IN A UNITED STATES COMMERCIALLY INSURED POPULATION

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OBJECTIVES: To estimate the 2-year cost per year in resource of biologics for Rheumatoid Arthritis (RA) among US commercially insured adults. METHODS: Adults (ages 18-63) newly initiating a biologic for RA (etanercept, abatacept, adalimumab, certolizumab, golimumab, and infiximab) were identified in the