reversal from NMB, 30% use of neostigmine), and 2) sugammadex used in all cases. We estimated costs associated with NMB and their different occupancy. Calculations were made for a typical Russian hospital providing 5000 surgeries per year, 160 of them performed with rocuronium-induced NMB. The model inputs included current practice patterns derived from the survey of experts, data on the recontruction surgery, and costs of residual NMB cases taken from published sources. Costs were estimated on the basis of data on governmental tenders and reimbursement rates for services in the compulsory medical insurance system.

RESULTS: Introduction of sugammadex can decrease numbers of residual NMB cases by 93.6% and save 70 hours in operation room due to shorter period till extubation in comparison with base case scenario. The overall spending related to general anesthesia increased by EURO 20,510. In case of rational hospital management savings were operable to be used for providing extra surgeries that will generate an additional revenue of EURO 14,395 – 48,041 for a hospital, depending on the type of surgery provided in a saved time. CONCLUSIONS: The reduction of recovery time with sugammadex is one of the key factors in cost saving, in daily clinical practice, with theoretical costs with conventional doses. To analysis the reduction of costs after creating BT outpatient clinic.

RESU:

RESULTS: Cost minimization analysis based on an observational, cross-sectional study. Patients were followed for 6 months in a tertiary hospital. The follow-up of patients in a specialized outpatient clinic leads to a better patient management and a cost reduction in patients with rheumatic diseases in clinical practice compared with theoretical costs. Secondary Variables: Cost reduction in Euros after implantation of a specialized outpatient clinic of BT. Dose reduction protocol: After 6 months with label dose activity is assessed, if DAS28>2.6 or BASEDAI>4, we reduce the standard dose and we assess again every 6 month. We formed a descriptive analysis of the sample.

RESULTS: Cost minimization analysis to evaluate annual costs were carried out. RESULTS: A total of 478 patients were treated with BT in our service in 2012. Most of them were Reumatoid arthritis(265,55.4%). Theoretical annual cost in 2012, it would be of 5,647,969.35 Euros (11,791.17 Euros patient-year). However, during 2012 32 patients reduced doses of their biological therapy in clinical practice. This represented a saving of 146,128.67 Euros in 2012. From December 2012 until June 2013 in our outpatient clinic of BT, 76 patients were monitored. The reduction of recovery time and the biological drug dose was reduced. This dose modification resulted in a reduction of the total cost of 159, 004 Euros in 6 months associated with adequate disease control.

CONCLUSIONS: It is possible to reduce doses and associated costs of BT.

The follow-up of patients in a specialized outpatient clinic leads to a better patient management and a cost reduction

PMS28 ASSESSMENT OF THE COST OF BIOLOGICAL THERAPY IN RHEUMATOID DISEASES: ECONOMIC IMPACT OF DOSAGE MODIFICATION IN CLINICAL PRACTICE


HNU CARLOS HAYA. UNIVERSITY OF MALAGA. IBIMA, Malaga, Spain

OBJECTIVES: To evaluate the real annual cost of biological therapies (BT) in rheumatoid arthritis (RA) in 2012 and to compare these costs with theoretical costs, percentage of patients who received biologics and cost per patient were estimated from published sources.

RESULTS: During the previous year, 32 patients were treated with BT in our service in 2012. Most of them were Reumatoid arthritis(265,55.4%). Theoretical annual cost in 2012, it would be of 5,647,969.35 Euros (11,791.17 Euros patient-year). However, during 2012 32 patients reduced doses of their biological therapy in clinical practice. This represented a saving of 146,128.67 Euros in 2012. From December 2012 until June 2013 in our outpatient clinic of BT, 76 patients were monitored. The reduction of recovery time and the biological drug dose was reduced. This dose modification resulted in a reduction of the total cost of 159, 004 Euros in 6 months associated with adequate disease control.

CONCLUSIONS: It is possible to reduce doses and associated costs of BT.

The follow-up of patients in a specialized outpatient clinic leads to a better patient management and a cost reduction

PMS29 BURDEN OF INFUSION-RELATED COSTS AND STAFF TIME FOR RHEUMATOID ARTHRITIS IN THE HOSPITAL SETTING

Ogden K., Cillier M., Quock T., Cappel A.

ICON plc, San Francisco, CA, USA, 1AbbVie Inc., North Chicago, IL, USA, 2AbbVie, North Chicago, IL, USA

OBJECTIVES: Rheumatoid arthritis (RA) is a chronic autoimmune disease affecting 0.6% of the population in the US. Current RA infusion therapy incurs substantial cost and time to the hospital and patient. The purpose of this study was to model the infusion and related staff costs within a hospital center to better understand the economic impact of time and loading infusion therapy. METHODS: We developed an Excel model to estimate the annual time and cost burden associated with RA infusion services in a hypothetical hospital center. We assumed patients received three infusions per year, tocilizumab, or rituximab monotherapy. Model package inserts informed the number of annual maintenance infusions (13 infusions for abatacept [30 minutes each] and tocilizumab [60 minutes each]; 4 infusions for rituximab [195 minutes each]) per patient. The model projected annual direct costs and total value of staff time for infusion drug administration, infusion-related services, facility-related services, laboratory tests, and patient/caregiver costs. Costs were derived from the literature and adjusted to 2012 USD. 29.5% allocated overhead was included. Cost estimates were obtained from the literature and survey data, converted to annual wages using BLS data, and adjusted to 2012 USD.

RESULTS: The baseline model estimated total direct costs and drug and service-related costs due to be $24,645 for abatacept, $7,840 for rituximab, and $31,339 for tocilizumab. Roughly 54%, 62% and 58% of these annual costs are associated with hospital labor, respectively. Patient/caregiver costs, comprising of lost wages and indirect medical costs, were estimated to be $78,348 for abatacept, $1,793 for rituximab and $8,155 for tocilizumab.

Our findings show that direct and infusion-related contribute to a substantial economic and time burden to both the hospital and patient. These findings can help decision makers assess the relative benefits and cost implications of administering infusion drugs to RA patients.