Methotrexate (MTX) was cheapest in moderate or severe RA patients who failed with ACR or HAQ as the common effectiveness measure vs. the EULAR criteria on meta-analysis of RCTs and involved full incremental analysis between comparison CEA was reviewed from a societal and payers perspective for various patient subgroups. Cost-effectiveness was always more favorable in the group of patients with active rheumatoid arthritis and intolerance and/or futility of further therapy with basic anti-inflammatory drugs. METHODS: A pharmacoeconomic model was created basing on the data of ADACTA clinical trial, which included monotherapy with tocilizumab and adalimumab in the target population of patients (two groups, 100 patients each). Direct future costs of drug therapy and cost effectiveness of competing medical technologies were determined. Methods of efficiency were the reduction of DAS28 disease activity (evaluated by comparing quartiles of level), shift to a lower level of low disease activity according to DAS28 index; share of patients that responded to the therapy according to ACR20/ACR50/CR70 criteria on week 24. RESULTS: Costs of drug therapy per patient were 582,611.52 RUB for tocilizumab, and 493,680.00 RUB for adalimumab. The reduction of disease activity according to DAS28 index was also more favorable in case of tocilizumab (1,131,284.50 and 2,493,333.33). Therefore, cost-effectiveness was always more favorable in the group of patients with active rheumatoid arthritis and intolerance and/or futility of further therapy with basic anti-inflammatory drugs was 3 times more cost-effectiveness compared to adalimumab (the ratio may change depending on the efficiency value).

PMS65
BUDGET IMPACT ANALYSIS OF APREMILAST IN PATIENTS WITH PSORIATIC ARTHRITIS IN THE ITALIAN SETTING
Capri S1, Barbieri M2, Oskar B1
1School of Economics and Management Cattaneo – LIUC University, Castellanza, Italy, 2Centre for Health Policy Studies, University of York, UK.
OBJECTIVES: This analysis was designed to estimate the budget impact following the introduction of apremilast in the treatment of active psoriatic arthritis (PsA) for adult patients who are failed to respond to or are intolerant to disease-modifying anti-inflammatory drugs (DMARDs) in Italy.
METHODS: A budget impact model was adapted to the Italian context using local epidemiological and cost data. The model was used to assess the financial impact of the introduction of apremilast in the marketplace for Italian National Health Service (NHS). The analysis was conducted over a 3-year time horizon considering year 2016 as baseline. We used real data of market consumption (IMS 2014 data), reflecting the budget holder’s perspective, and a 2015 real-world study concerning the healthcare resource consumption related to each treatment considered (apremilast, etanercept, infliximab, adalimumab, or ustekinumab). Market penetration of apremilast was based on manufacturer’s assumptions. Unit costs were taken from Italian standard sources. Frequency of screening was the same as in the real-world study. Sensitivity analyses were performed to test model robustness.
RESULTS: A total of ~16,000 patients were considered as the model population’s at the first year, with an assumed 4%-6% annual growth rate. The introduction of apremilast in the marketplace saw a market share of 15%-20% for the first year, second, and third year, respectively; would lead to cost savings varying from a minimum of €4,500,000 to a maximum of €2,160,000 for the 3 years. In particular, drug savings account for 9% of total savings, and accounting savings for 5%.
CONCLUSIONS: This analysis suggests that the use of apremilast for the treatment of active PsA may represent a cost-saving option for the Italian NHS over the first 3 years of utilization.

PMS66
BIOLICAL AGENTS FOR PATIENTS WITH RHEUMATOID ARTHRITIS WHO HAD FAILED TREATMENT WITH METHOTREXATE IN THE SPANISH CLINICAL SETTING: A COST-EFFECTIVENESS ANALYSIS
Sánchez R1, Restovic G2, Planellas L2
1Alicia, Madrid, Spain, 2IMS Health, Barcelona, Spain
OBJECTIVES: The study aimed to assess the cost-effectiveness of abatacept, adalimumab, etanercept, infliximab and golimumab in combination with methotrexate (MTX) in patients with Rheumatoid Arthritis (RA) who fail treatment with MTX in the Spanish clinical setting. A Markov model was developed in MS Excel software based on a meta-analysis and an economic evaluation performed by the Canadian Agency for Drugs and Technologies in Health. The model included 7 health states: therapy initiation, clinical response according to ACR 20/40/50/70/90 criteria, clinical response according to ACR 20; no response; severe adverse events; change therapy, and death. The cost ($ in 2013) and effectiveness (life years (LY) in ACR) for each treatment is summarised in Table 1. Key assumptions were estimated using the ex-factory price discounting the corresponding deduction according to Royal Decrees. Univariate and probabilistic sensitivity analyses were performed.
RESULTS: The Incremental Cost-Effectiveness Ratio of adalimumab, etanercept, infliximab, and golimumab was €14,740, €33,297, and €41,704, respectively. Results of both sensitivity analyses showed the robustness of the model. CONCLUSIONS: The present analysis found adalimumab in combination with MTX to be the most cost-effective biological drug for patients with RA who failed treatment with MTX alone in terms of LY in ACR 50 response.