modifying anti-rheumatic drugs (DMARDs) or to both DMARDs and anti-TNFs received the RA RTX regimen (1gx2). The clinical outcome measure was moderate/good EULAR response at 24 weeks. Responding patients were eligible to re-treatment with RTX upon disease exacerbation after a minimum of 48 weeks. Costs of RTX treatment (drug acquisition & administration) were compared to average costs of the spared anti-TNFs (infliximab, etanercept or adalimumab) that would have been provided otherwise to each patient until RTX re-treatment or end of follow-up (FU). Prices are based on Israeli tariff before VAT. RESULTS: A total of 108 patients were enrolled. Sixty-seven DMARDs failures (62%), 41 DMARDs and anti-TNF failures (38%). At time of analysis (January 2008), 89 patients completed a minimum of 24 weeks follow-up (FU). Three dropped out in less than 24 weeks. Median FU: 75 weeks. 35/89 patients (39%) received re-treatment with RTX at a median of 63 weeks. A total of 37/89 patients (42%) were (at time of analysis) still on FU with no other treatment (median FU: 93wks). Average cost in Israel of anti-TNF treatment: NIS1955 (~€250/week Cost of RTX (2g): NIS34,448 (~€9,840): The total saving per patient (up to data cutoff) results in NIS85,258 (~€24,360). Overall cost saving during this period for 92 patients was NIS7,844 million (~€2,241,120). This sum is still an under-estimation since 42% of the patients still require no further treatment, and continue to spare anti-TNF therapy. CONCLUSIONS: From the payer perspective, RTX treatment is a significant cost-saving alternative for patients with RA in the Israeli public health care setting.

COSTS AVOIDED BY DIAGNOSING FIBROMYALGIA IN SPANISH PATIENTS

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OBJECTIVES: To estimate the cost savings in outpatient medical resource use associated with diagnosing fibromyalgia during the four years after fibromyalgia diagnosis. METHODS: A questionnaire was created based on the medical resources use from 2260 patients diagnosed with FM between January 1998 and March 2003 in the General Practice Research Database (FF-GPRD) in United-Kingdom. Local experts were asked to compare their own clinical practice to UK prescriptions and resource use, over a period of four years before diagnosis to four plus years after diagnosis using one year cross-sections. Poisson loglinear regression models, published for the UK, allowed to estimate the medical resources consumed if no diagnosis had been established. The impact of diagnosis was evaluated for each of these medical resources. Costs were calculated by multiplying resource use with corresponding Spanish unit costs (€; 2008; both public health care payer perspective and societal perspective including patient co-payments). RESULTS: This study confirms previously published results obtained for the UK and France: whereas costs gradually increase before diagnosis, a stagnation in costs increase occurs in the year after diagnosis, subsequently followed by a moderate decrease afterwards. The savings made as a result of fibromyalgia diagnosis add up to €421 per patient and per year from the health care system perspective and €323 from a societal point of view. Diagnostic tests, referrals to specialists, GP visits and drugs represent respectively 42%, 29%, 15% and 14% of these savings, CONCLUSIONS: Compared to a diagnosed fibromyalgia patient, a not diagnosed patient in Spain represents an incremental cost of €421 from the health care payer perspective.

COSTS AVOIDED BY DIAGNOSING FIBROMYALGIA IN FRENCH PATIENTS

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OBJECTIVES: To estimate the costs savings in outpatient medical resource use associated with diagnosing fibromyalgia during the four years after fibromyalgia diagnosis, METHODS: A French expert panel, involving 33 general practitioners (GPs) and 27 rheumatologists, was questioned in 2007 by means of a questionnaire describing the UK prescriptions registered in the General Practice Research Database between January 1998 and March 2003 (2260 fibromyalgia patients). Participating experts were asked to describe their clinical practice compared to the UK prescriptions in terms of diagnostic tests, drugs, consultations

Abstracts