HPV-associated diseases, medical technologies used in CC, CIN 1, CIN2, CIN3, ASCUS, the freezing of their urine and the price for these services were determined. **RESULTS:** Vaccination cost for cohort of girls (122,799) resulted in 23.2 million USD. The cost of prevented damage is estimated 16.5 million. Additional cost - 6.7 million. Years of life saved - 11712. The coefficient of “cost-effectiveness” of using Cervarix vaccine was calculated for 598 USD for one year of life saved. The cost of prevented damage was estimated at 28.5 million based on the number of prevented cases of CC, CIN 1, CIN2, CIN3, ASCUS and the cost of each case of illness, disability, and death. **CONCLUSIONS:** The cost of potential total damage as a result of Cervarix preventec vaccine may reach 38.5 million USD. When comparing the annual preventative damage to the annual cost of vaccination for 12 year old girls in Kazakhstan, the cost of prevention was estimated to be 1.7 times more than the cost of one vaccine cohort.

**MUSCULAR-SKELETAL DISORDERS – Clinical Outcomes Studies**

**PSM1**

**TREATING PSORIATIC ARTHRITIS WITH BIOLOGICAL DISEASE MODIFYING ANTI-RHEUMATIC DRUGS: SYSTEMATIC REVIEW AND META-ANALYSIS TO EVALUATE EFFICACY AND SAFETY**

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**OBJECTIVES:** To evaluate the safety and of biological disease modifying anti-rheumatic drugs (DMARDs) adalimumab, etanercept, golimumab and infliximab in the treatment of psoriatic arthritis (PA) in adults. **METHODS:** We conducted a systematic review of controlled clinical trials to access the efficacy and safety of these agents in patients with active PsA which have or have not been treated with biological DMARDs before. The databases MEDLINE, EMBASE, LILACS and Central Cochrane where searched until February 2013 to identify articles that reported data on clinical improvement measurements and adverse events. Metanalysis were performed using Review Manager® 5.1 and the Random Effect Model. **RESULTS:** Seven RCTs comparing biological DMARDs with placebo where included; two comparing either adalimumab, etanercept and infliximab to placebo, and one comparing golimumab to placebo. After 12 weeks of treatment, adalimumab and etanercept were more effective than placebo with respect to 20% improvement in baseline in the American College of Rheumatology response criteria (ACR 20); Risk Ratio 3.42 ([2.08, 5.77]; I² 95%, P = 0.0001). However, after results of 54 weeks of treatment showed no significant difference except for the drug Ranco INF 0.98 ([0.83, 1.16]; I² 71%, P = 0.5). Golimumab patients also achieved ACR20 in a greater rate than placebo; RR 5.71 ([3.53, 9.25]; P = 0.0001). Adverse events where similar between the biological and placebo groups, nevertheless the placebo group showed a slightly higher rate of adverse events than adalimumab: RR 0.68 ([0.50, 0.92]; P = 0.007). **CONCLUSIONS:** Results show clinical impact with the use of biological DMARDs in the treatment of PA. Still, there is a lack of evidence to support the spread the use of these medicines especially in synthetic DMARD naive patients.

**PSM2**

**ESTIMATING THE BUDGET IMPACT IN BRAZILIAN PUBLIC HEALTH CARE SYSTEM OF TOCILIZUMAB REIMBURSEMENT AS A RAHEMATOID ARTHRITIS FIRST-LINE BIOLOGICAL THERAPY**

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**OBJECTIVES:** Rheumatoid arthritis (RA) is a systemic autoimmune disease which affects the joints and connective tissues. In Brazilian public health care system (SUS), tocilizumab, infliximab, etanercept, adalimumab, golimumab, certolizumab (anti-TNF), abatacept and tocilizumab are available as biological treatment. However, only anti-TNF therapies are indicated by the National Health Care System (SUS) infliximab, etanercept, adalimumab, golimumab, certolizumab (anti-TNF), abatacept (T-lymphocyte activation inhibitor) and tocilizumab (IL-6 inhibitor) according to the Brazilian health care policy.

We conducted a systematic review and a sensitivity analysis to address a potential impact on the SUS Brazilian public health care system (SUS) budget. **RESULTS:** A total of 7 RCTs were found. One study compared tocilizumab and placebo, and six studies compared tocilizumab and anti-TNF therapies. The meta-analysis showed that tocilizumab has a greater efficiency in clinical outcomes and cost-effectiveness than anti-TNF therapies. **CONCLUSIONS:** Tocilizumab is a known effective and cost-saving drug for this indication, the present study aims to evaluate the budget impact of its inclusion in public RA biologics first-line setting. **METHODS:** A model was developed in order to assess the budget impact of tocilizumab reimbursement as a first-line biological therapy under SUS perspective from 2014-2018. Only expenditures with biologics were accounted according to posology presented in Brazilian Ministry of Health RA Guideline considering a mean 67kg-weighted patient. Prices were obtained from public disclosures. Forecasts were made pursuant to government sources (BGE, DataSUS) and market research-based data. Different mix scenarios based on varying rate of tocilizumab use were assessed to evaluate total savings. A two-way sensitivity analysis was conducted changing diagnosis and biologics use rates. **Costs were reported in Brazilian currency (BRL1.00=USDO.51 Feb 2013).**

**Annual costs per patient were BRL20,002, BRL25,625, BRL26,899, BRL18,330, BRL22,386, BRL15,232 and BRL27,391, for tocilizumab, etanercept, adalimumab, infliximab, abatacept, certolizumab and golimumab, respectively. Concerning different tocilizumab public usage scenarios, if it reaches 20% in 2018, savings could sum BRL143,058,554 (-2.8%); if it reaches 30%, savings would be even higher resulting in a potential BRL1,38,643,978 (-6.3%) economy in the same period. Sensitivity analysis showed savings ranges of: BRL1,101,782,493 - BRL262,029,470 (20% usage scenario) and BRL228,085,067 - BRL579,597,311 (40% usage scenario).**

**CONCLUSIONS:** The inclusion of tocilizumab in 2014 as a RA first-line biological therapy and its usage enhancement would result in increasingly savings arousing significant impacts in public health care budget.

**PSM3**

**AVAILAÇÃO DO IMPACTO ORÇAMENTÁRIO COM A INCORPORAÇÃO DE IMUNOBIOLOGICOS EM UMA OPERADORA DE PLANOS DE SAÚDE – 2012**

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**OBJECTIVES:** Avail the impact orçamentário with the incorporation of immunobiologics endovenosos (IMB-E) in una Operadora de Planos de Saúde de Fortaleza

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