OBJECTIVES: To assess clinical characteristics of RA patients considered biosimilar-infliximab-suitable (when it becomes available) by their physicians, in comparison to those who were not considered infliximab-biosimilar-suitable in EU. METHODS: A medical chart-review study of RA patients was conducted among physicians (primarily rheumatoologists) in hospitals/private practices in UK/France/Germany/ Italy in [UK] (to identify the infliximab-sequence of care, treatment, healthcare costs, and physician assessment). RESULTS: A total of 766 patients (UK: 166/France: 110/Germany: 66/Italy: 190/Spain: 199) were identified in the analysis. 26% (36%, UK; 47%-France: 27%; Germany:38%; Italy: 40%-Spain:26%) were identified as biosimilar-infliximab-suitable, of these, 58% were rated 5 (scale 1-5 extremely likely) 1 (not at all likely) regarding likelihood of being prescribed biosimilar by the physician: if yes, rated 5 (scale 1-5 extremely likely) 1 (not at all likely) regarding likelihood of being prescribed biosimilar by the physician. Further scrutiny is warranted to understand the physicians' perceptions of biosimilar-infliximab-suitability.

PMS85

EFFECT OF A TIER CHANGE POLICY FOR BIOLOGIC DISEASE MODIFYING ANTIRHEUMATIC DRUGS (DMARDs) ON HEALTH CARE COST AND MEDICATION EFFECTIVENESS

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OBJECTIVES: To examine biologic use, health care costs, and medication effectiveness for patients with rheumatoid arthritis (RA) for policy changes that implement limiting reimbursement for infliximab to one infusion every 4 months before and after the policy change. METHODS: A total of 4,937 patients met the eligibility criteria (ABA: 290, ADA: 1,471, CER: 2,331, ETN: 2,331, GOL: 1,471). Consecutive patients were selected if they had at least one 6-month treatment gap; restarting, having an index biologic claim prior to or following the first gap; and restarting, having an index biologic claim prior to or following the first gap; or discontinuation, no claims for any biologics following the gap. RESULTS: A total of 4,937 patients met the eligibility criteria (ABA: 290, ADA: 1,471, CER: 2,331, ETN: 2,331, GOL: 1,471). Consecutive patients were selected if they had at least one 6-month treatment gap; restarting, having an index biologic claim prior to or following the first gap; or discontinuation, no claims for any biologics following the gap. The use of ADA was 42.6% before and 28.7% after the policy change. The use of ADA was statistically significantly different (P<0.001). CONCLUSIONS: The policy change reduced the use of ADA by 13.9%. The reduction was statistically significant (P<0.001).

PMS86

FREQUENCY OF INCREASED MAINTENANCE DOSES OF ADA-LUMABUM, ETANECER, AND USTEIKINUMAB

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OBJECTIVES: Psoriasis (PSO) and psoriatic arthritis (PsA) are immune-mediated inflammatory diseases. Therapeutic management may include use of biologic agents such as adalimumab (ADA), etanercept (ETN), and ustekinumab (UST). In clinical practice, decision to change biologic dose is assessed by calculating treatment effectiveness. If treatment effectiveness fails to meet target effectiveness, dosage may be increased to compensate. OBJECTIVES: To evaluate the frequency of increased maintenance doses of ADA-LUMABUM, ETANECER, and USTEIKINUMAB. METHODS: This is a retrospective cohort study using administrative data for individuals in HealthCore Integrated Research Database (HCRDB). The cohort included patients meeting the eligibility criteria for ADA-LUMABUM, ETANECER, and USTEIKINUMAB. The primary outcome was the frequency of increased maintenance doses. RESULTS: A total of 4,937 patients met the eligibility criteria (ABA: 290, ADA: 1,471, CER: 2,331, ETN: 2,331, GOL: 1,471). Consecutive patients were selected if they had at least one 6-month treatment gap; restarting, having an index biologic claim prior to or following the first gap; or discontinuation, no claims for any biologics following the gap. The use of ADA was 42.6% before and 28.7% after the policy change. The use of ADA was statistically significantly different (P<0.001). CONCLUSIONS: The policy change reduced the use of ADA by 13.9%. The reduction was statistically significant (P<0.001).

PMS87

PERSISTENCE WITH FIRST-LINE BIOLOGICS USED IN RHEUMATOID ARTHRITIS IN A US MANAGED CARE POPULATION

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OBJECTIVES: To examine persistence with first-line biologic treatments (abatacept [ABA], adalimumab [ADA], certolizumab [CER], etanercept [ETN], golimumab [GOL], and infliximab [INF]) in a US managed care population with rheumatoid arthritis (RA). METHODS: This is a retrospective cohort study using administrative data for individuals in the HealthCore Integrated Research Database (HCRDB). The study cohort included patients initiating first-line biologics between July 2009 and Jan 2013 and was followed for one year since biologic initiation. The first biologic used following 6 months of continuous enrollment defined the index event. Non-persistence was defined as the absence of persistence, which entails at least one 45-day gap in days of supply on their index agent or a biologic switch. Non-persistent patients were further categorized as switching, having a non-index biologic claim prior to or following the first gap, restarting, having an index biologic claim prior to or following the first gap, or discontinuation, no claims for any biologics following the gap. RESULTS: A total of 4,937 patients met the eligibility criteria (ABA: 290, ADA: 1,471, CER: 2,331, ETN: 2,331, GOL: 1,471). Consecutive patients were selected if they had at least one 6-month treatment gap; restarting, having an index biologic claim prior to or following the first gap; or discontinuation, no claims for any biologics following the gap. The use of ADA was 42.6% before and 28.7% after the policy change. The use of ADA was statistically significantly different (P<0.001). CONCLUSIONS: The policy change reduced the use of ADA by 13.9%. The reduction was statistically significant (P<0.001).