OBJECTIVES: Anti-tumour necrosis factor inhibitor (anti-TNF) therapy has been widely and successfully used in patients with rheumatoid arthritis (RA). However, about 30% of these patients have an inadequate response to these medicines. Abatacept has shown significant clinical and functional benefits in patients who have inadequate response to anti-TNF therapy. The aim of this analysis is to examine the cost-effectiveness of abatacept after the failure of a first anti-TNF. METHODS: A Markov model was developed using clinical data from the (abactcept) ATTAIN trial and the British Society for Rheumatology Biologics Register (BSRRB). The time horizon of this model was lifetime. Clinical effectiveness was evaluated by changes in Health Assessment Questionnaire (HAQ) score from baseline. Patients discontinued treatment due to lack of efficacy or adverse events. After treatment discontinuation, patients received supportive care, regardless of treatment group. Utilities were obtained by mapping HAQ to EQ-5D. Cost inputs included drug and administration, monitoring, medical costs associated with communicating adverse events, and joint replacement costs obtained from published literature and inflated to 2009 British pounds. RESULTS: Abatacept was estimated to yield 1.06 additional quality-adjusted life years (QALYs) per patient (2.28 over a lifetime, compared to conventional DMARDs. The total lifetime costs associated with abatacept were £64,522 and total costs for conventional DMARDs were £12,052, resulting in an incremental cost-effectiveness ratio (ICER) of £27,936 per QALY gained. Probabilistic and univariate sensitivity analyses confirmed the robustness of our findings. CONCLUSIONS: Abatacept is a cost-effective treatment option for patients with RA after the failure of a first anti-TNF in the UK.

PM34 COST-EFFECTIVENESS ANALYSIS OF BIO-HYALURONIC ACID (HA) IN PATIENTS WITH KNEE OSTEARTHRITIS IN MEXICO
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BACKGROUND: Osteoarthritis (OA) is the most common rheumatic disease in the world and one of the main causes of joint pain and disability of the adult population; it therefore represents an important use of medical resources for the institutions and compromises the quality of life of patients. OBJECTIVES: To analyze the cost-effectiveness of HA-VA vs. Hiliano G-F20 in patients with knee osteoarthritis. METHODS: We conducted an economic evaluation. The alternatives to compare were HA-VA vs Hiliano, administered three weekly injections, with follow-up evaluations at week 12. The perspective is the Mexican Social Security Institute (IMSS). The economic model included the cost of drug acquisition and management of adverse events (AE). The use of resources associated with each AE was defined according to a Delphi Panel. The efficacy measure was the proportion of patients with ACR70 (American COLARs) response, obtained from a head to head comparison (E. G. Brouwer et al., 2008). RESULTS: The results for HA-VA were 71% versus 63% for Hiliano. The efficacy in patients treated with HA-VA was 0.6% (M3X93) vs. Hiliano 8.1% (M3X31%). The cost per patient treated for each alternative was M3X726 and M3X760 for HA-VA and Hiliano, respectively. The cost per responder patient was lower for HA-VA than Hiliano, MX $10,885 and MX $13,236, respectively. So, the savings generated by HA-VA are very high. If we consider the 1,000 patients for each alternative, the savings would be M3X0,10,000 and this money be used to purchase an extra 122 cycles of treatment with Bio-HA or to be reassign for other therapeutic areas. Considering all the above the HA-VA proved to be a dominant strategy (less costly and more effective). CONCLUSIONS: The results of this pharmacoeconomic analysis suggest that the use of HA-VA in patients with OA is a cost-saving strategy for the institutions of public health in Mexico.

PM35 A COST-EFFECTIVENESS ANALYSIS OF DENOSUMAB FOR THE TREATMENT OF POST-MENOPAUSAL OSTEOPOROSIS IN GREECE
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OBJECTIVES: To evaluate the cost-effectiveness of denosumab compared to supported care (no active osteoporosis treatment), alendronate, ibandronate, risedronate and strontium ranelate for the treatment of women with post-menopausal osteoporosis (PMO) in Greece. METHODS: An 8-state, 6-month cycle Markov cohort model was developed in order to estimate costs and effects, i.e. reductions in fracture occurrence, of denosumab compared to a comparator for a 5-year period, from a third-party-payer perspective (Euros, 2011). The model was constructed based on the characteristics of the FREEDOM clinical trial population (mean age: 72.3, prevalence of vertebral fracture: 23.6%, femoral neck T-score −2.5), that also provided evidence of safety. Cost inputs included health services (no active osteoporosis treatment), alendronate, ibandronate, risedronate and strontium ranelate, respectively. The probabilistic sensitivity analysis demonstrated that denosumab was cost-effective in an implicit threshold of €30,000 for 81.6% of the iterations versus no treatment and risedronate, 63.4% versus no treatment and alendronate and 88.2% versus no treatment and ibandronate. Univariate sensitivity analyses showed that changes in treatment persistence, baseline age and T-score where the factors with the most significant influence in the results. CONCLUSIONS: In a disease that entails a significant morbidity and socioeconomic burden, denosumab serves as a cost-effective alternative to established treatment regimens for osteoporosis in Greece.

PM36 ECONOMIC ANALYSIS OF ETANECERT IN RHEUMATOID ARTHRITIS FROM A PUBLIC PERSPECTIVE IN COLOMBIA
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OBJECTIVES: Rheumatoid Arthritis (RA) leads to significant impact on management costs and patients’ quality of life. In Colombia, the cost and the effectiveness of three biopharmaceuticals (BPs) in RA. METHODS: A patient simulation model was constructed using clinical data from the ATTAIN trial and the British Society for Rheumatology Biologics Register (BSRRB). RESULTS: The base case analysis estimated effectiveness resulted in ACR70,QALY: etanercept [31.3%,0.79]; adalimumab [18.1%,0.77]; ifxliximab [12.8%,0.73]; tocilizumab [21.1%,0.77] and rituximab [11.9%, 0.75]. Expected mean costs per patient were 13,588USD, 15,451USD, 15,950USD, 18,705USD and 34,352USD, respectively. The cost-effectiveness was the least costly and the most effective alternative being cost-saving in all comparisons: 5117USD less than tocilizumab (most costly alternative); 19.4% more than adalimumab; 29.4% more than infliximab. CONCLUSIONS: Due to its lower costs and favorable effectivity profile, etanercept is dominant regarding ACR70 response and QALYs gained over other biologic treatments in the management of RA at Venezuelan public health care system.