OBJECTIVES: The aim of this study was to assess the indirect costs associated with multiple sclerosis from the perspective of Social Insurance Institution (ZUS) in Poland. METHODS: The estimates were based on data from the Social Insurance Institution (ZUS) referring to year 2012 and focused on absenteeism due to the illness: costs of sick leave as well as the short-term disability due to rehabilitation benefit and long-term disability due to permanent disability in Poland. Cost analysis was performed based on the Human Capital Approach. Taking into account Gross Domestic Product (GDP) per capita equalled 41 398 PLN and GDP Value in 2012 in Poland, the percentage of each cost was calculated. RESULTS: Total indirect costs of multiple sclerosis associated with absenteeism in the year 2012 in Poland were 39 870 385 PLN calculated using GDP per capita and 96 018 323 PLN as a GVA per worker. The predominant component of absenteeism of MS was sick leave, which accounted for 69%. Long and short term disability costs constituted 21% and 9% of total indirect costs of multiple sclerosis associated with absenteeism, respectively. One sick leave of persongenerated lower costs of lost productivity. The main component was sick leave; disability pension and rehabilitation benefit generated lower costs of lost productivity.

PSY44 COST OF ABSENTEEISM IN ANKYLOSING SPONDYLITIS BASED ON REAL-LIFE DATA FROM POLAND’S SOCIAL INSURANCE INSTITUTION DATABASE IN 2012 Malinowski K1, Kwaclew F2
1Jagiellonian University Medical College, Krakow, Poland, 2Jagiellonian University Medical College, Krakow, Poland.

OBJECTIVES: The aim of this study was to assess the indirect costs caused by absenteism associated with ankylosing spondylitis (AS) from the perspective of the Social Insurance Institution (ZUS) in Poland. METHODS: The estimates were based on data provided by ZUS referring to year 2012 and concerning absence from work due to the illness (sick leave), the amount of short term disability, the sufferers of which claim rehabilitation benefit, and the amount of permanent (or long term) disability, the sufferer of which claim disability pension. Costs were calculated with Human Capital Approach methodology taking into account Gross Domestic Product (GDP), per capita equalled 41 389PLN and Gross Value Added (GVA) per worker equalled 99 679 PLN and were presented in 2012 prices in Polish zloty (PLN). RESULTS: Total indirect costs of AS in the year 2012 calculated using GDP per capita and GVA per worker in Poland were 21 299 578PLN and 51 294 959PLN, respectively. The highest component of indirect costs of AS was sick leave (56%). Long and short term disability costs constituted 21% and 9% of total costs of AS, respectively. Indirect cost of short-term disability for one entitlement to the benefit of rehabilitation was 17 077 PLN and 41 125 PLN, respectively. Cost of one long term disability entitlement to the rehabilitation benefit were much higher than short term benefit and equaled 41 398 PLN and 99 018 PLN, respectively. Indirect cost of short-term disability for one entitlement to the benefit of rehabilitation was 17 077 PLN and 41 125 PLN, respectively. Cost of one long term disability entitlement to the rehabilitation benefit were much higher than short term benefit and equaled 41 398 PLN and 99 018 PLN, respectively. CONCLUSIONS: Multiple sclerosis in Poland generated very high indirect costs. The main component was sick leave; disability pension and rehabilitation benefit generated lower costs of lost productivity.

PSY45 THE ECONOMIC BURDEN OF SYSTEMIC LUPUS ERYTHEMATOSUS: A STRUCTURED LITERATURE REVIEW Juglistin V1,2,3,4,5,6
1Insurance Solutions and NECR, Vilvoorde, Belgium, 2UCB Pharma, Brussels, Belgium, 3UCB Pharma, Smyrna, GA, USA.

OBJECTIVES: Our objective was to conduct a systematic review of the literature in the perspective of annual direct medical costs and indirect costs attributable to SLE based on data published in January 2004–March 2013, including non-pharmacologic interventions. METHODS: Our literature review included studies published in English, non-English, or non-peer reviewed. Indirect costs attributable to SLE were extracted from studies published in English. RESULTS: Direct medical costs of SLE in Greece is significant, 21% and 9% of total indirect costs of SLE in Greece is significant, 21% and 9% of total indirect costs of SLE in Greece is significant. The weighted mean annual direct medical cost of SLE in Greece was estimated to be €1,125 for patients with non-severe and at €3,741 for patients with severe SLE. Laboratory and imaging tests, medicines, physicians’ visits, and hospitalization costs represented 10.5%, 5.1%, 1.2%, 36.5% of mean cost respectively. Costs were statistically significantly higher for severe SLE patients. The total number of patients visiting the participating clinical sites during a 3-month period was 318 (19% with severe SLE). The weighted mean annual direct medical cost of SLE in Greece was estimated at €1,703. CONCLUSIONS: Direct medical cost of SLE in Greece is significant, especially for patients with severe disease. An estimation of indirect costs would provide a comprehensive picture of the societal burden of the disease.

PSY46 COST OF ACTIVE SYSTEMIC LUPUS ERYTHEMATOSUS IN GREECE RESULTS FROM THE LYCSOS STUDY Athanasakos K1,2, Karampil E1,3, Psomiadl D1,2, Perna A1,4, Byrjosopoul D1
1National School of Public Health, Athens, Greece, 2GlaxoSmithKline, Halandri, Greece, 3University of Athens, Department of Biostatistics, Athens, Greece, 4GlaxoSmithKline, Brentford, UK.

OBJECTIVES: Systemic Lupus Erythematosus (SLE) is an autoimmune disease, characterized by periods of remissions and flares, with significant clinical and economic burden. The primary study objective was to estimate the 1-year direct medical cost for adult patients with active, autoantibody-positive SLE in Greece. METHODS: This was a national, multi-centre, retrospective study. Data were abstracted from patient records in 6 hospital centers specialized in SLE management. Starting with the patient’s latest visit, patients with consecutive visits (at least every 6 months) treated from January 2011 to September 2011) and moving forward. Data included patient characteristics and health care resource utilization. In addition, all SLE patients fulfilling the inclusion criteria and followed-up in the participating centers during a 3-month retrospective period were recorded. For cost calculation, official 2013 list prices were used. RESULTS: 215 patients (30% severe according to the stratification criterion) were included in the study. Mean direct medical costs were estimated at €1,125 for patients with non-severe and at €3,741 for patients with severe active SLE. Laboratory and imaging tests, medicines, physicians’ visits, and hospitalization costs represented 10.5%, 5.1%, 1.2%, 36.5% of mean cost respectively. Costs were statistically significantly higher for severe SLE patients. The total number of patients visiting the participating clinical sites during a 3-month period was 318 (19% with severe SLE). The weighted mean annual direct medical cost of SLE in Greece was estimated at €1,703. CONCLUSIONS: Direct medical cost of SLE in Greece is significant, especially for patients with severe disease. An estimation of indirect costs would provide a comprehensive picture of the societal burden of the disease.

PSY47 ROMILOPLSTM COST PER RESPONSE IN ITP TREATMENT IN THE BRAZILIAN HEALTH CARE SYSTEM Pepe C1, Tisch V2, Casinha M3,4, Almeida S5
1Neur MdMedInsight - Grupo Redisa, São Paulo, Brazil, 2Amgen Brazil, São Paulo, Brazil, 3Amgen, São Paulo, Brazil.

OBJECTIVES: Immune thrombocytopenia (ITP) is characterized by isolated thrombocytopenia with no underlying cause. It manifests clinically by macrocytopenic bleeding caused by decreased platelets. Recently, two thrombopoietin receptor-agonists have emerged as an important therapeutic options: romiplostim and eltrombopag. Since these medications have different mode of administration, safety and efficacy, two economic analyses were performed in order to study the use of romiplostim and eltrombopag for the treatment of adults with chronic refractory ITP. METHODS: The overall direct medical costs and direct medical costs per patient and mean time to first platelet response in a 6-month analysis of patients with chronic refractory ITP. CONCLUSIONS: Romiplostim was more cost-effective than eltrombopag in the Brazilian setting. The objective was to perform an economic analysis evaluating the cost per response of romiplostim versus eltrombopag in adult patients with chronic ITP and refractory to other treatments as corticosteroids and immunoglobulins in Brazil health care private system. METHODS: Two economic analyses were performed in order to study the use of romiplostim and eltrombopag for the treatment of adults with chronic refractory ITP and severe thrombocytopenia. The overall direct medical costs and direct medical costs per patient and mean time to first platelet response in a 6-month analysis of patients with chronic refractory ITP. The outcome of these trials was the global response to treatment. The cost of each drug presentation were based on ex-factory price (VAT 18%) and obtained from the official price list (CMED, April, 2014). RESULTS: The cost of treatment with romiplostim showed an annual saving of R$7,724 per eltrombopag within the payer perspective, which may be further improved if we assume that drug-food interactions of eltrombopag in some patients lead to reduced medication adherence and loss of response efficacy. The cost per response with romiplostim was 26% lower than with eltrombopag. CONCLUSIONS: Romiplostim was more cost-effective than eltrombopag for the treatment of chronic refractory ITP in adult patients and may represent savings to the Brazilian health system.

PSY48 DIRECT AND INDIRECT COSTS ASSOCIATED WITH INCREASING BODY MASS INDEX (BMI) IN THE EU Richard L1, Gupta S2, Pomaranz D2, Forsythe A2
1Eisai Europe Ltd, Hatfield, UK, 2Kantar Health, Princeton, NJ, USA.

OBJECTIVES: This study evaluated the impact of BMI category on health utilities, health care resource-utilisation, productivity, activity impairment, and associated costs. METHODS: Costs were from the 2013 EUS National Health and Wellness Survey (N=62,000), a nationally representative, online survey of respondents aged ≥18 years. This analysis focused on normal weight (BMI<18.5 kg/m²), overweight (BMI ≥18.5 <30 kg/m²), obese class (Q1 (BMI)30 & <35 kg/m²), QII (BMI)35 & <40 kg/m², and QIII (BMI)40 kg/m²) respondents. Patients provided information on demographics, health status, health care resource utilization (HCRU and Activity Impairment questionnaire) and resource-utilisation (type/number of visits) in the past six months. Direct and indirect costs were estimated from the literature and reviewed in near years models predicting productivity as a function of BMI category, adjusting for covariates (e.g., age, gender, comorbidities). RESULTS: Among 58,364 respondents, 46.9% were normal weight, 34.5% were overweight, 12.5% were QI, 4.0% were QII, and 2.1% were QIII. Metabolic comorbidities increased with BMI increased; adjusting for co-morbidities, QIII was 0.720, overweight: 0.718; QI: 0.703; QII: 0.683; QIII: 0.662) scores declined with an increase in BMI in all (<p=0.05 vs. normal). Among employed patients (57.7%), overall work impairment increased as BMI increased (normal weight: 17.9%; overweight: 18.4%; QI: 19.0%; QII: 21.4%; QIII: 26.7%, <p=0.05 all Qs vs. normal).