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PSM1  COST COMPARISON OF SURGICAL AND NON-SURGICAL TREATED LUMBAR SPINAL STENOSIS PATIENTS
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OBJECTIVES: Lumbar spinal stenosis (LSS) occurs as a degeneration of the spine in aging populations. Treatment options comprise surgical and non-surgical interventions. The aim of this study was to compare annual costs between LSS patients treated with instrumental spinal surgery (ISS) and those non-surgically treated. METHODS: A retrospective claims data analysis was conducted using anonymized claims data from the Health Risk Institute research database. The study period comprised December 2009 to December 2011. LSS patients receiving an ISS were compared to an age and gender matched non-operated control group with comparable disease state. Patients were identified by ICD-10-GM code M48.0 or the impact of surgery and procedures codes (OPS) were used to identify ISS. Comparable disease state was achieved by matching total costs in an individual period of 12 months between the first LSS caused hospitalization. Annual costs after surgical treatment were compared for LSS patients receiving an ISS and those with no surgical treatment. The correction for outpatient care was performed.

CONCLUSIONS: Surgical treatment was cheaper in both 2009 and 2010, but also in 2011. The cost savings could be achieved in an extended timeframe.

PSM19  COST PER RESPONDENT OF APREMILAST VERSUS ETANERCEPT AND ADAHILUMAB IN PATIENTS WITH ACTIVE PSORIATIC ARTHRITIS
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OBJECTIVES: The purpose of this study was to estimate the annual costs and the cost per responder for psoriatic arthritis (PsA) patients treated with apremilast, etanercept, and adalimumab in adults with PsA in the United States. METHODS: Comparative efficacy data were obtained from a Bayesian network meta-analysis of biologic compared to non-biologic drugs. The study included 2013-2015 US patients with PsA treated with apremilast (5 mg/kg/day), etanercept, or adalimumab. The cost per responder was calculated at individual week 12, 24, and 52. The cost per responder was calculated as the sum of drug costs, physician visits, and hospitalizations. The cost per responder was lower with apremilast compared to etanercept and adalimumab. On average, the cost per responder was €10,458 higher in the ISS-treated group compared to the SHI perspective. As demonstrated elsewhere, these cost might be partly avoidable by using intra-operative 3-D imaging with navigation.

PSM22  CURRENT AND FUTURE COSTS OF OSTEOARTHRITIS FRAGMENTS IN THE NETHERLANDS
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OBJECTIVES: This study aims to estimate the incidence and costs of osteoarthritis (OA) fractures in The Netherlands and project them to 2030. METHODS: The incidence and health care costs of fractures were derived from claims data of all health care insurers in The Netherlands. We obtained 5-year age- and gender-specific costs of patients treated with surgery and non-surgery. The study covered the period from 2009 to 2011. RESULTS: The incidence of osteoarthritis fractures was 40% (scenario 1). The increase in hip fractures ranged from 40% to 50% from 2010 to 2030. The increase in overall increase in incidence and health care costs were derived from claims data of all health care insurers in The Netherlands. We obtained 5-year age- and gender-specific costs of patients treated with surgery and non-surgery. The study covered the period from 2009 to 2011. The mean adjusted annual cost for a reoperation was €11,331 for all patients (€13,358 reoperation group, €11,106 control group). The mean adjusted annual cost for a reoperation was €11,370, with a difference to the reoperation procedure of 2 wake-ups to excess costs in the first year after the primary ISS. CONCLUSIONS: The direct cost of ISS has a significant impact on health insurance budgets. With 10% of primary ISS patients requiring a reoperation in Germany, their associated annual costs are relevant from the SHI perspective. As demonstrated elsewhere, these cost might be partly avoidable by using intra-operative 3-D imaging with navigation.

PSM23  BURDEN OF DISEASE ANALYSIS OF ANKYLOSING Spondylitis in HUNGARY
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OBJECTIVES: Ankylosing spondylitis (AS) entails an individual burden to patients and their families and resources. This study assessed the total costs of AS, including the indirect burden of AS patients in Hungary and to obtain an overview of patients’ status, demographics, morbidity, working capacity and other characteristics. METHODS: Between January–March 2014, a questionnaire survey was conducted among AS patients, which was filled out voluntarily and anonymously. Missing data was not imputed in the analysis; considered patient number is presented next to results if lower than total patient number. RESULTS: 152 participants completed the questionnaire, of which 37% were women. Mean age was 51 years (Standard Deviation [SD] 13 years) and average disease duration was 17 years (SD: 12 years). At primary diagnosis of AS, 80% of patients had a full-time job, 2% a part-time job, and only 8% were retired. Of 36% of patients worked full-time, 1% part-time, and the proportion of disability pensioners increased to 42%. Cost calculation results showed that the average annual direct medical costs per AS patient was €5,996. CONCLUSIONS: The expected high increase in incidence and costs of osteoarthritic fractures calls for a wider use of prevention and treatment options.