Gout, a chronic inflammatory arthritis, can result in extensive medical problems due to painful flares and joint damage resulting from the build-up of tophi (deposits of uric acid crystals). The prevalence of gout is rising, which is likely to increase the burden of the disease. We determined the current cost impacts of gout and identified key disease burden factors. We also aimed to highlight data gaps for further investigation. METHODS: A systematic literature review was conducted using the MEDLINE database and The Cochrane Library. Articles published in English between January 2000 and July 2014 that reported the economic burden (in terms of either direct or indirect costs) were identified, and patient and cost data were collated, with key themes and data gaps identified. RESULTS: Of the 323 studies identified, 13 primary studies were relevant to the economic burden of gout. Key variables included serum uric acid levels, presence of tophi and number of flares, which resulted in high healthcare resource use that was frequently attributed to hospitalisation and inpatient stay. The incremental direct cost of gout was reported to be up to US$21,467 per annum, in cases where patients were experiencing regular acute flares with the presence of tophi. CONCLUSIONS: Patient-level costs associated with the treatment and clinical management of gout can be substantial, particularly on disease severity. The identified studies were dominated by direct cost analyses; only three studies specifically considered indirect costs. There was a paucity of non-US data, and there was a lack of published studies estimating a wide-cost. Disembodied, the review identified a growing number of publications in this area in the last 5 years, suggesting healthcare decision makers’ increasing awareness of the wider impacts of gout.

PM125
PREVENTION OF FRAILTY FRACtURES IN OSTEOPORotic PATIENTS: CAN THE SECONDARY THERAPY HELP CONTAIN COSTS FOR ADDED VALUE? A RETROSPECTIVE, OBSERVATIONAL CASE CONTROL STUDY BASED ON ASL PAVIA’S ADMINISTRATIVE DATABASES
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OBJECTIVES: Osteoporosis is one of the commonest bone diseases in which bone fragility is increased. There are several possibilities for the prevention of primary, secondary and tertiary osteoporosis but until now they have not been promoted enough and bone fragility is thought about only after the onset of a fracture (tertiary prevention). Preventative strategies against osteoporosis can be aimed at either optimizing the peak bone mass obtained, or reducing the rate of bone loss. Optimization of peak bone mass may be more amenable to public health strategies. METHODS: A group of patients over 50 year old that has been treated with both tolizumab and RoActemra (tocilizumab) in patients with severe rheumatoid arthritis estimated in the manufacturers’ Budget Impact Analyses (BIAs) submitted with the reimbursement applications to AOTMiT and actual expenditures of the National Health Fund (NHF). METHODS: Annual public payer’s expenditures estimated in manufacturers’ BIAs for Cinzia and RoActemra and actual expenditures reported by the NHF were compared. RSDs were not taken into account. Analytical drugs were chosen on the basis of the same indication and financing through the same therapeutic programme in Poland. Actual expenditures and population size were taken from the financial reports of the NHF for the first and second year of reimbursement. The sum of total expenditures estimated in the manufacturers’ Budget Impact Analyses was 18,04 million PLN in the first year and 28,47 million PLN in the second year, and they were lower than the actual expenditures reported by the NHF: 20,03 million PLN and 36,51 million PLN respectively. The expenses for Cinzia in BIAs were underestimated by 10% in the first year of reimbursement and 22% in the second year of reimbursement. Population size estimated in BIAs is comparison to its actual size from the NHF reports was underestimated by 61% in the first year and 57% in the second year of reimbursement. CONCLUSIONS: In the case of drugs chosen for this analysis, total payer’s expenditures estimated in BIAs submitted with the reimbursement applications were underestimated in comparison to the real life expenditures of the NHF in Poland.

PM126
RELABILITY OF MANUFACTURERS’ BUDGET IMPACT ESTIMATES FOR SEVERE RHEUMATOID ARTHRITIS DRUGS IN POLAND
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OBJECTIVES: To compare the total value of payer’s expenditures on Cinzia (cetolizumab pegol) and RoActemra (tocilizumab) in patients with severe rheumatoid arthritis estimated in the manufacturers’ Budget Impact Analyses (BIAs) submitted with the request to AOTMiT agencies and actual expenditures of the National Health Fund (NHF). METHODS: Annual public payer’s expenditures estimated in manufacturers’ BIAs for Cinzia and RoActemra and actual expenditures reported by the NHF were compared. RSDs were not taken into account. Analytical drugs were chosen on the basis of the same indication and financing through the same therapeutic programme in Poland. Actual expenditures and population size were taken from the financial reports of the NHF for the first and second year of reimbursement. The sum of total expenditures estimated in the manufacturers’ Budget Impact Analyses was 18,04 million PLN in the first year and 28,47 million PLN in the second year, and they were lower than the actual expenditures reported by the NHF: 20,03 million PLN and 36,51 million PLN respectively. The expenses for Cinzia in BIAs were underestimated by 10% in the first year of reimbursement and 22% in the second year of reimbursement. Population size estimated in BIAs is comparison to its actual size from the NHF reports was underestimated by 61% in the first year and 57% in the second year of reimbursement. CONCLUSIONS: In the case of drugs chosen for this analysis, total payer’s expenditures estimated in BIAs submitted with the reimbursement applications were underestimated in comparison to the real life expenditures of the NHF in Poland.

PM127
GABAUDI COUCH: THE SECONDARY THERAPY HELP CONTAIN COSTS FOR ADDED VALUE? A RETROSPECTIVE, OBSERVATIONAL CASE CONTROL STUDY BASED ON ASL PAVIA’S ADMINISTRATIVE DATABASES
Monzo GI, Mirou D, Silvia V, Carlo Emmanou, S.A.A., Fenego, Italy, A.S. S. Pavia, Pavia, Italy
OBJECTIVES: Osteoporosis is one of the commonest bone diseases in which bone fragility is increased. There are several possibilities for the prevention of primary, secondary and tertiary osteoporosis but until now they have not been promoted enough and bone fragility is thought about only after the onset of a fracture (tertiary prevention). Preventative strategies against osteoporosis can be aimed at either optimizing the peak bone mass obtained, or reducing the rate of bone loss. Optimization of peak bone mass may be more amenable to public health strategies. METHODS: A group of patients over 50 year old that has been treated with both tolizumab and RoActemra (tocilizumab) in patients with severe rheumatoid arthritis estimated in the manufacturers’ Budget Impact Analyses (BIAs) submitted with the reimbursement applications to AOTMiT and actual expenditures of the National Health Fund (NHF). METHODS: Annual public payer’s expenditures estimated in manufacturers’ BIAs for Cinzia and RoActemra and actual expenditures reported by the NHF were compared. RSDs were not taken into account. Analytical drugs were chosen on the basis of the same indication and financing through the same therapeutic programme in Poland. Actual expenditures and population size were taken from the financial reports of the NHF for the first and second year of reimbursement. The sum of total expenditures estimated in the manufacturers’ Budget Impact Analyses was 18,04 million PLN in the first year and 28,47 million PLN in the second year, and they were lower than the actual expenditures reported by the NHF: 20,03 million PLN and 36,51 million PLN respectively. The expenses for Cinzia in BIAs were underestimated by 10% in the first year of reimbursement and 22% in the second year of reimbursement. Population size estimated in BIAs is comparison to its actual size from the NHF reports was underestimated by 61% in the first year and 57% in the second year of reimbursement. CONCLUSIONS: In the case of drugs chosen for this analysis, total payer’s expenditures estimated in BIAs submitted with the reimbursement applications were underestimated in comparison to the real life expenditures of the NHF in Poland.

PM128
VALUE IN HEALTH 18 (2015) A335–A766
the most common bone disease and its incidence is rapidly increasing with the aging population. Even if curable, it is often left untreated causing a moderate use of economic resources which could be avoided.

**PMS129**

**JOINT PROGRESS A EFFICIENCY PARTNERSHIP PROGRAM ON KNEE JOINT REPLACEMENT**

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1Hospital 42 Parc Taulí and Johnson & Johnson, partnered in a program to design and implant a fast track program for knee joint replacement. The objective was to decrease morbidity, functional convalescence, length of stay and increase patient satisfaction and clinical outcomes. RESULTS: A large sample of stakeholders (n = 21,154), focusing large real-world observational data in Portugal. METHODS: We used individual level data from the national, population-based EpiReumArt study (September 2011 to December 2013): 16,611 individuals were randomly surveyed in order to have a representative sample of the Portuguese population, which were stratified by administrative territorial units (NUTSII). In this analysis we all participants aged between 50 and 65 years old, non-pensioned and retired individuals (HR: 1.727). The association of self-reported RD and early retirement was tested using logistic regression. All estimates were computed as weighted proportions, in order to take into account the sampling design. RESULTS: 29.9% of the Portuguese population with ages between 50 and 64 years old were officially retired. Among these, 43.2% were retired due to ill-health, which in turn about a third (30.4%) was specifically due to RD. Thus, 13.1% of all retirees self-reported RD as the main reason for early retirement. More than a third (34.2%; females: 46.3%) of all study population self-reported RD, being also more likely to self-report other main chronic disease (OR: 3.4; CI: 2.53-4.65; p < 0.001). 35.2% of RD respondents were retired versus 27.2% of those non-RD (p=0.025). Prevalence of self-reported RD seems to be associated with early retirement (unadjusted OR: 1.45; CI: 1.05-2.01; p≤0.05). Some other characteristics are also associated with early retirement, in particular older age, male gender and presence of other chronic diseases. RD association tends to be independently associated with early retirement (adjusted OR: 1.61; CI: 1.19-2.16; p≤0.03). CONCLUSIONS: These results are similar with previous data from the National Health Survey conducted in Portugal nearly a decade ago and confirms the impact that self-reported RD still have on early retirement.

**PMS132**

**GRAND-4: THE GERMAN RETROSPECTIVE ANALYSIS ON PERSISTENCE IN WOMEN WITH OSTEOSPOROSIS TREATED WITH BISPHONONATES OR DENOSUMAB**

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OBJECTIVES: To be effective, osteoporosis (OP) therapy must be taken consistently and as prescribed. Persistence is critical for successful outcomes, including fracture risk reduction. Few studies compare the persistence of oral bisphosphonate (BPs), IV BPs and denosumab for osteoporosis. METHODS: The implementation included 3 phases and two multidisciplinary Workgroups. Clinical aspects based on evidence, combined with organizational optimization, resources distribution and process redesign. Phase I: evaluation, nourished by Kaizen methodologies, Lean and in direct cost), the patient involvement in the whole process can result not only in increased efficiency improvement, but also improve the working environment and enhanced team work culture for a continuous process improvement.

**PMS130**

**ESTABLISHING THE VALUE OF EMERGING BIOSIMILARS**

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OBJECTIVES: The emergence of biosimilars for blockbuster therapies such as Remicade, Humira, Enbrel and Rituxan/MabThera is changing the paradigm by which traditional market access decisions are made for biologics. Furthermore, the regulatory pathway in Europe and the U.S. has raised uncertainties among clinicians regarding benefit, efficacy and safety of biosimilars. The objectives of our research indicates the fundamental understanding of biosimilars is inconsistent both within stakeholder groups and across different groups. Our research indicates the fundamental understanding of biosimilars is inconsistent both within stakeholder groups and across different groups. RESULTS: Our research indicates the fundamental understanding of biosimilars is inconsistent both within stakeholder groups and across different groups. CONCLUSIONS: Analyzing the patient pathway through an analysis methodology, reengineering and diagnosis healthcare processes (in outcomes and in direct cost), the patient involvement in the whole process can result not only in increased efficiency improvement, but also improve the working environment and enhanced team work culture for a continuous process improvement.

**PMS131**

**STRATEGIES BASED ON EVIDENCE TO RATIONALIZE THE HIGH COST DRUGS NATURAL LIST IN THE DOMINICAN REPUBLIC**

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OBJECTIVES: In 2014, the budget for high cost drugs in Dominican Republic (DR) was USD 107 million, accounting for 51% of the total budget for medicines. Resources allocated for the 2015 budget were USD 49 million, leaving a shortfall of USD 62 million. The MoH requested technical assistance from the USAID funded SIAPS program to conduct an evidence based analysis of the 98 products included in the list. METHODS: Stage 1. Gathering of Evidence and Analysis: SIAPS consultant analyzed the therapeutic benefits and cost, and proposed 4 priority levels. Priority 1: Medicines included in the WHO Essential Medicens list. Priority 2: Included in the list of a Central America and DR procurement mechanism (COMISCA). Priority 3: Not included in the preceding groups but with scientific evidence of therapeutic benefits and approval by ADR. Priority 4: Medics for which evidence of therapeutic benefits was insufficient or for which better/cheaper alternatives were available. Stage 2: Review and approval by national scientific committee. During a two-day workshop, clinical specialists reviewed the proposed priority groups, consulted literature and proposed modifications supported by scientific evidence. RESULTS: In the plenary session, the scientific committee, agreed by consensus on the final version of the high cost drugs list to be procured in 2015. Of the 98 medicines, 22 were on the WHO list, 17 on the COMISCA and 9 on the National list. As a result of the process, there were common evidence of its benefits. Total of 45 medicines were removed by consensus, with a budget decrease of 53 % and savings of USD 21 million. CONCLUSIONS: A review based on evidence followed by a consensus reached with clinical specialists allowed to select the number of products to be procured, provides alternatives to adjust the budget available and release financial resources for cost effective and sustainable interventions.

**PMS135**

**CHARACTERISTICS OF PATIENTS STARTING BIOLOGIC TREATMENTS FOR RHEUMATOID ARTHRITIS IN THE DOMINICAL WORLD: SYSTEMATIC REVIEW**

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OBJECTIVES: To assess demographic and disease characteristics of rheumatoid arthritis (RA) patients starting treatment with biologic disease-modifying anti-rheumatic drugs (DMARDS) in observational studies. METHODS: Systematic review of published observational studies in adult patients with RA treated with one of three biologic DMARDS (etanercept, adalimumab, infliximab). All articles included in the search through electronic searches of the MEDLINE and EMBASE databases. Two reviewers screened the articles independently. We extracted study characteristics such as inclusion and calendar period, demographics of study populations, dose, frequency and concomitant therapies, and baseline characteristics such as disease duration,