(DMARDs) in treating RA patients published from 2008-2013 were reviewed. Various treatment strategies were deemed eligible if patients who had failed DMARDs were reviewed. The EULAR criteria for methotrexate (MTX) was chosen in moderate or severe RA patients who failed DMARDs. Cost-Quality adjusted life years (QALYs) estimated for Etanercept ranged between €24,513 (after failing 2 DMARDs) and €28,380 (failing 2 DMARDs in moderate to severe RA). Cost/QALY of €28,305 for Golimumab (failing 2 DMARDs and 1 TNF), €18,527 for Rituximab (failing TNF) and €10,608 for Tolctazumab (failing TNF), were reported. CEA for Abatacept was €34,041 for women with moderate to severe RA who had either failed MTX or $45,979 with failed TNF-a inhibitor. The non-biologic therapy was found cheapest in US (albeit the least effective). CONCLUSIONS: Quality of reporting was good. Variation in treatment sequence limited direct comparison of estimates between studies. Seven of nine studies used micro-simulation methods and reported various treatment strategies for subgroup of moderate to severe bio naive, DMARD or TNF failure and women with RA. The hurdle for cost effectiveness is raised when CEA estimates fall below payer thresholds or those of the cheapest alternatives.

PMS64
COST-EFFECTIVITY ANALYSIS OF APREMILAST FOR THE TREATMENT OF PSORIATIC ARTHRITIS PATIENTS IN SPAIN
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OBJECTIVES: A Markov model was developed to assess the impact of placing apremilast, a new oral treatment, before biologics for patients with active psoriatic arthritis (PsA) who failed to respond to or are intolerant of conventional disease-modifying antirheumatic drugs (DMARDs) from a Spanish payer perspective. We tested the impact of market share on the model developed. Treatment strategies consisted of apremilast before a biologic drug sequence compared with a biologic-only sequence. Seven of nine studies used micro-simulation methods and reported various treatment strategies for subgroup of moderate to severe bio naive, DMARD or TNF failure and women with RA. The hurdle for cost effectiveness is raised when CEA estimates fall below payer thresholds or those of the cheapest alternatives.

PMS65
COST-EFFECTIVENESS OF CERTOLIZUMAB PEGOL FOR THE TREATMENT OF AXIAL SPONDYLOARTHRITIS IN TURKEY
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OBJECTIVE: Axial spondyloarthritis (axSpA) is a rheumatic disease that includes anklyosing spondylitis (AS) and non-radiographic axSpA (nr-axSpA). Certolizumab pegol (CTP) is a PEGylated Fc-free anti-TNF indicated for the treatment of axSpA in Turkey. The objective of this study was to assess the cost-effectiveness of CTP in axSpA patients in Turkey compared to other anti-TNFs and standard care. The study was undertaken from a Turkish healthcare payer perspective. METHODS: A Markov model was developed to estimate costs and outcomes associated with CTP and comparator treatment. The clinical response was ASAS20. A mixed treatment comparison was undertaken to compare CTP with adalimumab, infliximab, etanercept and golimumab for the treatment of AS. Similar comparisons were made for the treatment of nr-axSpA. Costs for each treatment were collected over a 5-year time horizon using a cohort of 1,000 adult patients who had AS. Resource utilization data were obtained via expert clinical opinion and included physician visits, monitoring costs, and others. Unit costs were taken from the Social Security Institution's 2015 official price list. Costs and effects were evaluated over a lifetime and discounted at 3% with results presented as incremental cost/life years gained. One-way and probabilistic sensitivity analyses were also conducted. RESULTS: The base case analysis for AS, showed that CTP was equally effective in achieving ASAS20 compared to adalimumab, infliximab, etanercept and golimumab. In nr-axSpA, CTP dominated adalimumab. Sensitivity analyses confirmed the robustness of the model. CONCLUSIONS: The present analyses showed that CTP is a cost-effective alternative therapy for the treatment axSpA patients in Turkey.

PMS66
MACROECONOMIC ANALYSIS OF DIFFERENT STRATEGIES OF MONOTHERAPY WITH BIOLOGIC THERAPIES IN RUSSIAN PATIENTS WITH RHEUMATOID ARTHRITIS
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OBJECTIVES: To perform comparative pharmacoeconomic analysis of application of etanercept, adalimumab and infliximab in patients with active rheumatoid arthritis (RA) patients with RA and intolerance and/or futility of further therapy with basic anti-inflammatory drugs. METHODS: A pharmacoeconomic model was created basing on the data of ADACTA clinical trial, which included monotherapy with tocilizumab and adalimumab in the target population of patients (two groups, 100 patients each). Direct costs of drug therapy and cost efficiency of competing medical technologies were determined. Measures of efficiency were the reduction of DAS28 disease activity index, as compared by ACR20/ACR50/ACR70 level, school of patients in a state of low disease activity according to DAS28 index, share of patients that responded to the therapy according to ACR20/ACR50/ACR70 criteria, the ratio may change depending on the efficiency value. RESULTS: Costs of drug therapy per patient were 582,611.52 Rub for tocilizumab, and 493,880.00 Rub for adalimumab and 343,119.20 Rub for infliximab. Cost-effectiveness was always more favorable in the group of tocilizumab over adalimumab and infliximab. CONCLUSIONS: Administration of tocilizumab for patients with active rheumatoid arthritis and intolerance and/or futility of further therapy with basic anti-inflammatory drugs was 3 times more cost-effectiveness compared to adalimumab (the ratio change depending on the efficiency value).

PMS67
BUDGET IMPACT ANALYSIS OF APREMILAST IN PATIENTS WITH PSORIATIC ARTHRITIS IN THE ITALIAN SETTING
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OBJECTIVES: This analysis was designed to estimate the budget impact following the introduction of apremilast in the treatment of active psoriatic arthritis (PsA) for adult patients who have failed to respond to or are intolerant to disease-modifying antirheumatic drugs (DMARDs) in Italy. METHODS: A budget impact model was adapted to the Italian context using local epidemiological and cost data. The model was used to assess the financial impact of the introduction of apremilast to the market for Axial SpondyloArthritis (axSpA). The analysis was conducted over a 3-year time horizon considering year 2016 as baseline. We used real data of market consumption (IMS 2014 data), reflecting the budget holder’s perspective, and a 2015 real-world study. Concerning the health resource consumption related to each treatment considered (apremilast, etanercept, infliximab, adalimumab, or ustekinumab). Market penetration of apremilast was based on manufacturer’s assumptions. Unit costs were taken from Italian standard sources. Frequency of screening and monitoring tests for each treatment was obtained from real-world data. RESULTS: A total of ~16,000 patients were considered as the model population at the first year, with an assumed 4%-6% annual growth rate. The introduction of apremilast as a new market share of 1% was derived from market penetration of the therapy according to ACR20/ACR50/ACR70 criteria on week 24. RESULTS: A 20-year Markov model was developed. Treatment strategies consisted of apremilast before a biologic drug sequence compared with a biologic-only sequence. The administration of apremilast before biologic drugs is a cost-saving strategy for the NHS in the treatment of patients with active PsA.

PMS68
BIOLOGICAL AGENTS FOR PATIENTS WITH RHEUMATOID ARTHRITIS WHO HAD FAILED TREATMENT WITH METHOTREXATE IN THE SPANISH CLINICAL SETTING: A COST-EFFECTIVENESS ANALYSIS
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OBJECTIVES: The study aimed to assess the cost-effectiveness of abatacept, adalimumab, etanercept, infliximab and golimumab in combination with methotrexate (MTX) in patients with Rheumatoid Arthritis (RA) who fail treatment with MTX from the Spanish payer perspective. METHODS: A Markov model was developed in MS Excel software based on a meta-analysis and an economic evaluation performed by the Canadian Agency for Drugs and Technologies in Health. The model included 7 health states: therapy initiation, clinical response according to ACR 20; no response, severe adverse events; change therapy, and death. The cost (€ in 2013) and effectiveness (life years (LY) in ACR) for each treatment were estimated using the ex-factory price discounting the corresponding deduction according to Royal Decrees. Univariate and probabilistic sensitivity analyses were performed. RESULTS: The Incremental Cost-Effectiveness Ratio of adalimumab, etanercept, infliximab and golimumab was €22,160,000 for the 3 years.

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