rate–cost–age curve at 70yo prompted further consideration. Markov analysis indicated the cost-effective CoT revision rate to be 12.5 revision/100THAs at $25 cost difference and 9.0/100THAs at $1,003 cost difference, in a 70yo patient, indicating that CoP can be cost-effective. CONCLUSIONS: Shifting from Mo to CoP can be justified depending on the patient age, cost of the device, and actual CoP revision rate. A comprehensive strategy is recommended with THAs in patients below 70 and over 70 to CoP can be cost justified, even in the highest cost difference case.

PMS52 COST-EFFECTIVENESS ANALYSIS OF CERTOLIZUMAB, ETANERCEPT, GOLIMUMAB AND TOFACITINIB FOR THE TREATMENT OF MODERATELY TO SEVERE ACTIVE RHEUMATOID ARTHRITIS

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OBJECTIVES: To evaluate the cost effectiveness of certolizumab (CZP) and golimumab (GLM), each in combination with methotrexate (MTX), etanercept, infliximab, tocilizumab, rituximab, and salve therapy, according to experts opinion from MINSA [2]. All patients received concomitant treatment with methotrexate. The characteristics included in model are: age, weight, initial HAQ score, severe adverse events (SAE) and clinical, and all THAs in patients below 70 to CoP and over 70 to CoP can be cost justified, even in the highest cost difference case.

PMS53 COST-EFFECTIVENESS ANALYSIS OF TREATMENT SEQUENCES FOR THE MANAGEMENT OF PATIENTS WITH RHEUMATOID ARTHRITIS IN THE ECUADORIAN PUBLIC HEALTHCARE SECTOR

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OBJECTIVES: To compare health outcomes and costs associated with a treatment sequence that includes tofacitinib with another treatment sequence without tofacitinib in patients with Rheumatoid Arthritis (RA) who failed to DMDRS from the payer’s perspective of the Ministry of public healthcare in Ecuador. METHODS: We compared two hypothetical patient level Markov patient-level models, in a lifetime horizon, two treatment sequences, 1) treatment sequence: includes the use of tofacitinib, etanercept, adalimumab, tocilizumab, rituximab and salve therapy, 2) comparator sequence: includes the use of adalimumab, etanercept, infliximab, tocilizumab, rituximab and salve therapy. All patients modeled received concomitant treat ment with methotrexate. Based on the available randomized controlled trials, HAQ were modeled using concomitant treatment with methotrexate. The model assumed that the treatment sequence that includes the use of tofacitinib, represent a cost-saving alternative compared with biologic therapy.

PMS54 COST-EFFECTIVENESS OF TOFACITINIB AS SECOND LINE TREATMENT VS USING BIOLOGICS AS FIRST LINE TREATMENT FOR MODERATE RHEUMATOID ARTHRITIS AFTER FAILURE OF DMDRS IN PANAMA

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BACKGROUND: Rheumatoid Arthritis (RA) affects approximately 0.4% of the Latin American population over 16 years old. [1] Many patients with rheumatoid arthritis (RA) do not respond adequately or do not respond at all to disease-modifying drugs (DMARDs), being eligible for biological treatment available. OBJECTIVES: The objective was to evaluate the cost-effectiveness of Tofacitinib as second line vs continue using biological therapies in moderate RA after failure of DMDRS in Panama. METHODS: The Ministry of Health (MINSAP) in Panama. METHODS: The cost-effectiveness model uses a patient-level simulation approach and assesses the economic and health benefits for the management of patients with RA who have an inadequate response to first-line treatments. The model compared a treatment sequence with Tofacitinib followed by biologic treatments vs a sequence of biological treatments only, in the patient care pathway. The sequence of biologic treatments used in both adalimumab, tocilizumab, etanercept and salve therapy, according to experts opinion from MINSA. [2] All patients received concomitant treatment with methotrexate. The characteristics included in model are: age, weight, initial HAQ score, severe adverse events (SAE) and clinical. We compared the two treatment sequences, 1) treatment sequence: includes the use of adalimumab, etanercept, infliximab, tocilizumab, etanercept and salve therapy, according to experts opinion from MINSA. All patients received concomitant treatment with methotrexate. The characteristics included in model are: age, weight, initial HAQ score, severe adverse events (SAE) and clinical. The model assumes that the treatment sequence that includes the use of tofacitinib, represent a cost-saving alternative compared with biological therapy.

PMS55 ECONOMIC EVALUATION OF TIMELY VERSUS DELAYED USE OF ANTI-TUMOR NECROSIS FACTOR (TNF) BIOLOGIC IN THE TREATMENT OF PSORIATIC ARTHRITIS (PSA) IN THE US

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OBJECTIVES: Progress of PsA can lead to irreversible damage, functional impairment, and associated healthcare costs. Anti-TNF biologics have been shown to delay PsA progression better and even become protective against joint destruction. We assessed the cost-effectiveness of adalimumab or etanercept vs tofacitinib followed by biologic treatment for moderate-to-severe PsA in the US from a societal perspective. METHODS: A Markov model was developed to evaluate the costs and outcomes of two treatment sequences over a one year time horizon. Incremental cost-effectiveness ratios were compared with Tofacitinib; $205,015 and 9.20 for treatment sequence with biologic therapy. RESULTS: The saving for treatment sequence with Tofacitinib in years one, five, and ten were: 12%, 10%, 8% respectively. CONCLUSIONS: In case of MINSA, the sequence initiating with Tofacitinib is a cost-saving alternative compared with biological therapy.

PMS56 ECONOMIC ANALYSIS OF BIOLOGIC ALTERNATIVES IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS AND ANKYLOPSYLYTIC SPONDYLITIS FROM PUBLIC AND PRIVATE PERSPECTIVES IN BRAZIL

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OBJECTIVES: This study aims to perform a cost-effectiveness analysis of biologic alternatives for rheumatoid arthritis (RA), psoriatic arthritis (PSO) and anklyosing spondylitis (AS) in Brazil, from public and private perspectives. METHODS: A decision model was developed for RA and PSO to evaluate the cost-effectiveness of biological drugs (etanercept, adalimumab, infliximab, tocilizumab, abatacept and rituximab). Effectiveness measures were extracted from literature and outcome included: ACR20 and ACR70 responses, and HQA for RA, and PASI 75 success rate for AS. Only costs were compared for AS because the model assumed the same effectiveness for drugs, according to literature review. Direct medical costs included biological acquisition, adverse events management and infusion cost (if applicable), presented in 2014 BRL. RESULTS: From the public perspective, in AR, etanercept was the most cost-effective option when compared to others drugs for all measures (158,731 BRL for ACR20, 282,448 BRL for ACR70 and 121,946 BRL for HQA), followed by adalimumab, infliximab and tocilizumab, rituximab, etanercept showed the best cost-effectiveness ratio for the management of RA due to improvements in joint and skin condition.

PMS57 COST-EFFECTIVENESS ANALYSIS OF BIPHOSPHONATES FOR SECONDARY PREVENTION OF HIP FRACTURE IN TAIWAN

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