OBJECTIVES: A tailored accelerated physiotherapy (AP) program following surgery (RAH) has been shown to be effective in improving hip function and range of motion in young male patients; however, no evidence has been provided on its cost-effectiveness. The aim of this UK trial-based economic evaluation was to assess the cost-effectiveness of AP versus a standard rehabilitation program (SRP). The Trial participated in the randomized controlled trial (RCT) of the RAH. This study included 93 patients at a single hip center, 46 patients in the experimental arm followed an 8-week programme with no hip precautions, full-weight bearing from day one, tailored exercises and an additional physiotherapy session. The control arm received the standard 8-week course of rehabilitation. At 6, 16, and 52 weeks, patients reported primary and secondary health care contacts, use of equipment, and private health care contacts. These data were valued using 2012/2013 national average unit costs. The 3-level EuroQol EQ-5D questionnaire was completed by patients at baseline, 6, 16 and 52 weeks and used to calculate Quality Adjusted Life Years (QALYs) to 12 months. RESULTS: 80 young males (median age: 55 years, range 18-65 years) were randomized to AP (n=40) or SRP (n=40). Preliminary results showed mean (SD) differences to AP versus SRP were -0.04 (0.24) in the EQ-5D at 6 weeks (mean (95% CI) difference -0.257 [-0.528 to 0.078]). There were more visits to secondary care and primary care practitioners in the AP arm. Mean (SE) QALYs were 0.84 (0.02) with AP and 0.72 (0.03) with SRP (mean (95% CI) difference 0.12 (95% CI: -0.09 to 0.34), p=0.21). RESULTS: The probability that AP is cost-effective at a maximum willingness to pay of £20,000 per QALY is 99%. CONCLUSIONS: From the perspective of the health care provider, a tailored accelerated physiotherapy programme for younger male patients undergoing RAH appears cost-effective when compared to a standard rehabilitation programme.

PM553
RITUXIMAB AS FIRST CHOICE FOR PATIENTS WITH REFRACTORY RHEUMATOID ARTHRITIS: COST-EFFECTIVENESS ANALYSIS IN IRA...[48x336]

PM554
COST-UTILITY ANALYSIS OF CERTOLIZUMAB PEGOL PLUS METHOTREXATE FOR THE TREATMENT OF MODERATE-TO-SEVERE ACTIVE RHEUMATOID ARTHRITIS IN GREECE

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OBJECTIVES: To evaluate the cost-effectiveness of certolizumab pegol (CZP) as an add-on therapy to methotrexate (MTX) versus etanercept, adalimumab or golimumab in patients with moderate-to-severe active rheumatoid arthritis (RA) who did not respond adequately to conventional synthetic disease-modifying anti-rheumatic drugs (cDMARDs) including MTX in Greece. METHODS: A Markov model with a cycle length of 6 months was used to assess cost and health outcomes of CZP versus other TNF-i inhibitors recommended in Greece over a patient’s lifetime. On the discontinuation of first-line treatment with CZP or comparator, patients were switched to a second anti-TNF agent, and after failing that, they moved to a third biologic agent with another mode of action. A sequential use of cDMARDs was assigned after the last biologic therapy. Clinical data and utility values were extracted from published literature. The analysis was conducted from a third-party payer perspective. RESULTS: The base-case findings. RESULTS: The base-case analysis indicated that compared with etanercept+MTX, CZP+MTX was cost-effective (ICER = €3,177,7QALY), and versus adalimumab or golimumab, CZP was the dominant strategy (less costly and more effective). All other compared arm was dominated by CZP. CONCLUSIONS: The results of this analysis suggest that CZP+MTX seems to be a cost-effective alternative when compared to approved subcutaneous anti-TNFs for the management of RA in Greece.

PM555
COST-EFFECTIVENESS ANALYSIS OF STRONTIUM RANELATE VERSUS ALENDRONATE FOR MANAGEMENT OF POST-MENOPAUSAL WOMEN IN MALAYSIA USING A MARKOV MODELLING APPROACH

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OBJECTIVES: Osteoporotic fractures are common in older adults and are often associated with high morbidity and mortality. As the incidence increases with age, it is natural that osteoporotic fractures have become a major health problem worldwide. Increasing number of patients with osteoporotic fracture will have a serious economic impact on the health care system and the society. Therefore, this paper aims to conduct this study to evaluate the cost-effectiveness of strontium ranelate compared to alendronate for patients with post-menopausal osteoporotic fractures in Malaysia. METHODS: A Markov model was developed to project clinical and economic outcomes over a lifetime horizon. The Markov model was run for 4 cycles each of which represent 8 years. The cycle length was chosen due to the nature of the treatments. The lifetime horizon was 4 cycles or 32 years. Three scenarios were evaluated: lifetime cost-effectiveness, a 10-year time horizon, and a 5-year time horizon. Three scenarios were used to represent cost savings in the model. All intervention and comparator costs were estimated and discounted at an annual rate of 5% (3%). Results were presented as incremental cost-effectiveness ratio (ICER) with a confidence interval and cost-saving using an incremental effectiveness threshold of cost-effectiveness. Sensitivity analyses were undertaken to evaluate robustness of results. RESULTS: Compared to alendronate, strontium could prevent 328 wrist, 192 hip, 7 vertebra and 115 multiple fractures respectively over 5 years, which was translated into cost-saving therapy. CONCLUSIONS: It was shown that strontium appeared to be more cost-effective in the longer term compared to alendronate and hence should be recommended in the public sector in Malaysia.

PM556
MABTHERA® (RITUXIMAB) FOR THE TREATMENT OF SEVERE GRANULOMATOSIS WITH POLYANGIITIS (GPA) AND MICROSCOPIC POLYANGIITIS (MPP) – A COST-UTILITY MODEL FOR THE UNITED KINGDOM

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OBJECTIVES: To evaluate the cost-effectiveness of MabThera in patients with severe GPA and MPA in the United Kingdom (UK). BACKGROUND: In March 2014 NICE issued positive guidance for the use of MabThera in patients with severe GPA and MPA [TA 308]. METHODS: An economic model was developed to reflect the health care costs of the disease and the current treatment pathway in the UK. The cost-effectiveness analysis employs a Markov model with four health states: complete remission, non-remission, uncontrolled disease and death. Patients were assumed to start in the active disease state, transitioning based on their response to treatment. Relapsing patients who have exhausted all available treatment options they are assumed to enter the uncontrolled disease health state where they remain until death. The efficacy and cost data for the treatment of GPA and MPA was derived from the RAVE study (Stone et al 2010) which demonstrated that MabThera was non-inferior to cyclophosphamide (CYC). In a subgroup of patients who had received prior therapy, MabThera was superior to CYC. Benefits were expressed as QALYs. Costs were calculated from a National Health Service perspective. The analysis calculated incremental costs and benefits associated with the addition of MabThera to the treatment paradigm which was assumed to consist of CYC and azathioprine. For patients intolerant to CYC, MabThera was assumed to substitute for CYC. The RAVE trial reports health related quality of life using SF-36. The SF-36 scores were converted to EQ-5D in a post-hoc analysis using a published model [Ara and Brazier 2008]. RESULTS: Base case results estimated incremental costs of approximately £3,700 and incremental QALYs of 0.306. The incremental cost-effectiveness ratio (ICER) was £12,100 per QALY gained. CONCLUSIONS: The results of this analysis suggest that MabThera is a cost-effective treatment for severe GPA and MPA.

PM557
PRODUCTIVITY LOSS DUE TO RHEUMATOID ARTHRITIS (RA), CROHN'S DISEASE (CD) AND PSORIASIS (PS) IN POLAND

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OBJECTIVES: To assess the indirect costs of RA, CD and Ps in an employed population in Poland. METHODS: Data on presenteeism and absenteeism related with analyzed diagnoses were collected in a cross-sectional study from patients of ambulatory care setting around Poland (30 rheumatology, 10 dermatology and 29 gastroenterology centers). Lost productivity was measured with Work Productivity and Activity Impairment (WPAI) questionnaire and patients’ disease activity was assessed on standardized, disease specific scales (DAS28, PASI, and CDAI). 28 (RA), 460 (Ps), 256 (CD) patients were involved in the analyses conducted in patients with each diagnosis. Unit cost of lost productivity was estimated using 2012 GDP per worker per hour corrected for diminishing marginal productivity and added up to PLN 15. RESULTS: Mean age of RA/Ps respondents was 36 for CD, 42 for Ps and 46 for RA patients (only patients in productive age – 18-60/65 were included in the study).