OBJECTIVES: Analyze drug use and related costs of a RA patient cohort in UNIMED Rio de Janeiro affiliate (RMO). METHODS: All RA patient information of age, weight, height (BMI) and comorbidities were collected from March/2009 to March/2011. Drugs ex-factor prices were used to estimate treatment costs. RESULTS: Sixty-nine patients were treated in the period of analysis. The cohort profile was: 86.9% women and 13.1% men, mean age 51 years, mean weight 65 kg and BMI 31.60; 71.21% of patients have been diagnosed for more than 5 years, 16.67% from 2 to 5 years and 12.12%, 6 months to 2 years. Mean non-biological DMARD use was 2.27 years. From March/2009 to March/2010, 5 patients were treated with infliximab, 2 with etanercept, 5 with adalimumab, 2 with tocilizumab and 4 with rituximab. Estimated drugs costs were BRL398,943.56, BRL145,266.68, BRL385,933.60, BRL235,719.00, BRL154,190.40 and BRL124,228.32 respectively, resulting in a total of BRL1,534,281.56 (mean BRL63,928.40/patient). From April/2010 to March/2011, 14 patients were treated with infliximab, 1 with etanercept, 5 with adalimumab, 1 with tocilizumab and 12 with rituximab. Drugs acquisition costs were BRL1,117,041.98, BRL72,633.34, BRL385,933.60, BRL521,150.40, BRL256,984.00 and BRL372,684.96 respectively, resulting in a total of BRL726,428.28 (BRL6,587.30/patient). CONCLUSIONS: Considering first-line biologic DMARDs, tocilizumab therapy was estimated to be the less expensive. Mean costs per patient decreased in 5.23% from first to second period of analysis mainly because of growth in rituximab treatment usage (from 16.7% to 26.7%).

MUSCULAR-SKELETAL DISORDERS - Patient-Reported Outcomes & Patient Preference Studies

PMS53

ASSOCIATION BETWEEN TERIPARATIDE ADHERENCE AND HEALTH CARE UTILIZATION AND COSTS IN REAL WORLD UNITED STATES KYPHOPLASTY/ VERTEBROPLASTY PATIENTS

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OBJECTIVES: To examine the association between teriparatide adherence and health care utilization costs in “real world” US kyphoplasty/vertebroplasty (KV) patients. METHODS: A large U.S. administrative claims database was used to identify patients with a KV between January 1, 2002 - December 31, 2010 (first observed KV = index). All patients included had 6 months of pre-index continuous enrollment, and no pre-index teriparatide, cancer, or Paget’s disease. Patients initiating teriparatide were followed for up to 36 months post-index (follow-up). RESULTS: The study included 1568 patients (mean age: 75 years, 82% female), with 403 (26%), 382 (24%), and 783 (50%) in the low, medium, and high adherence groups, respectively. Adjusting for all factors in the model, higher adherence was significantly associated with lower medical costs (P < 0.05) associated with the low (P<0.05), medium (P<0.05), high (P<0.05) adherence groups. Only 27.8% of all patients were treated with a but calcium intake intake (48.8%) drugs, declining at 24 months to 7.6%, 4.9%, 28.5% and 34.9% for daily, monthly, quarterly and yearly drugs, respectively. Only 26.1% of patients were persistent after 1 year for oral drugs declining after 2 years to 10.5%. For parenteral drugs, 16.4% of patients were persistent after 2 years. Sensitivity analyses with grace periods of 8 weeks (21.7% for oral and 19.9% for parenteral drugs) increased persistence rates at 2 years. The lowest persistence after 12 months was observed in weekly (26.1%) & monthly (37.6%) drugs, reaching after 24 months 10.5%, 37.6% & 16.4% for weekly, monthly and yearly drugs, respectively. CONCLUSIONS: Persistence and compliance with oral osteoporosis treatments are very low in male patients in Hungary. However, parenteral, less-frequently administered drugs are associated with higher persistence and better compliance.

PMS54

A RETROSPECTIVE COHORT STUDY OF PERSISTENCE & COMPLIANCE TO TREATMENT FOR OSTEOPOROSIS IN POSTMENOPAUSAL WOMEN IN HUNGARY

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OBJECTIVES: To estimate persistence and compliance with prescribed osteoporosis medication in male patients in Hungary. METHODS: This retrospective analysis used patient data from the National Health Insurance Fund Administration (NHIFA). Subjects were males ≥ 50 years old with a diagnosis of osteoporosis (ICD-10 code M80 or 81) who started an osteoporosis drug prescription between Jan 2004 and Dec 2010. Treatment persistence was estimated per active substance and administration types for 12 and 24 months with a 4-week grace period. Compliance was measured by Medication Possession Ratio (MPR) and a patient was considered compliant with treatment at 1 year if MPR≥80%. RESULTS: Of 19,905 patients, who matched inclusion criteria, 47.7% were older than 70 years and 6.4% had prior fractures at first index date; 59.0% were on oral bisphosphonates (OBPs), 0.9% on intravenous (IV) BPs and 3.7% on other therapies. From March/2009 to March/2011, 5 patients were treated with infliximab, 1 with etanercept, 5 with adalimumab, 5 with tocilizumab and 12 with rituximab. Drugs acquisition costs were BRL1,117,041.98, BRL72,633.34, BRL385,933.60, BRL521,150.40, BRL256,984.00 and BRL372,684.96 respectively, resulting in a total of BRL726,428.28 (BRL6,587.30/patient). CONCLUSIONS: Considering first-line biologic DMARDs, tocilizumab therapy was estimated to be the less expensive. Mean costs per patient decreased in 5.23% from first to second period of analysis mainly because of growth in rituximab treatment usage (from 16.7% to 26.7%).