Asian men. The extent of causality in these observations is yet to be determined, with further prospective cohort studies needed. Nevertheless, these findings highlight the importance of properly managing patients with these risk factors to minimize the risk of fractures.

MUSCULAR-SKELETAL DISORDERS – Cost Studies

PM58

ESTIMATING THE IMPACT OF EXPANDING ACCESS TO CELECOXIB FOR OSTEOPOROSIS PATIENTS IN CHINA

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OBJECTIVES: Currently in China, celecoxib is prescribed to patients with gastrointestinal bleeding or perforation history. The aim of this study was to model the effects of expanding access to all osteoporosis (OA) patients in China. METHODS: We created a one-year budget impact model from a payer perspective comparing two scenarios. The first scenario (A) restricts the use of celecoxib to only patients with gastrointestinal bleeding or perforation history while the second scenario (B) does not restrict usage. In (A), celecoxib was prescribed, while in (B) celecoxib or diclofenac prescriptions were written. 16.2% and 8% of the time, respectively. Patients with gastrointestinal bleeding or perforation history made up 5.8% of the OA population. Celecoxib was associated with a 20% copay while diclofenac did not have a copay. The base case scenario assumes 13,333 patients. RESULTS: Going from (A) to (B), the total cost of celecoxib increased ¥2,679,866 (94.42%) while the total cost of diclofenac decreased ¥1,919,192 (69.6%). The incremental total cost of drugs was ¥760,674 (48%). The impact on a payer’s plans for the year was only due to drug costs since the cost to administer prior authorization was not considered. The per member per month (PMPM) cost was ¥0.07 from (A) to (B) in the base case. CONCLUSIONS: The expanded access scenario (B) resulted in slightly higher drug costs to the payer, which may be acceptable under most thresholds. Patient outcomes should also be considered to fully understand the impact of removing the gastrointestinal bleeding and perforation history stipulation.

PM59

PREScribing PATTERN AND COST ANALYSIS ON (DMARD’s) DISEASE MODIFYING ANTI-RHEUMATOID DRUGs IN RHEUMATOID ARTHRITIS PATIENTS OF A TERTIARY CARE TEACHING HOSPITAL IN SOUTH INDIA – A CROSS-SECTIONAL STUDY

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OBJECTIVES: To study the current prescription pattern and to analyze the cost of treatment prescribed to RA patients referred to orthopedics OPD in a tertiary care teaching hospital of South India. METHODS: The study protocol was approved by the institutional ethics committee. Patients attending Orthopedic OPD for existing RA disease were recruited as per inclusion criteria. Written informed consent was sought. Total 100 consecutive rheumatoid arthritis patients fulfilling the American College of Rheumatology Criteria 1987 were recruited during study period. Study Design: Cross-sectional study. Study Duration: 6 Months (From July 1st 2014 to March 31st 2015). Study Site: Department of Orthopedics, Government Medical College and Hospital, Anantapuramu, Andhra Pradesh, India. RESULTS: Majority of patients (67%) in the study population were on combination of two DMARDs. Most frequently prescribed two DMARDs combination was methotrexate and hydroxychloroquine (94%). CONCLUSIONS: The drug use pattern in RA was found to be DMARDs based. Majority of the cost was borne by the patient. The total increase in cost due to administration of drugs to treat the adverse drug reaction. Prospective studies in a larger number of patients are needed to assess the utility of prescription audit and cost analysis of drugs used in RA.

PM60

THE COSTS OF MAJOR AND MINOR CYCLING ACCIDENTS IN TASMANIA, AUSTRALIA

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OBJECTIVES: To estimate the societal costs of cycling accidents in Tasmania, Australia. METHODS: Between July 2011 and March 2012, 136 regular cyclists completed a telephone-based questionnaire. Information collected included demographics, cycling habits and details of major (requiring medical treatment or days off work) and minor (not requiring medical treatment or whole days off work) cycling accidents. The societal costs of accidents in 2011 Australian Dollars ($) were estimated from self-reported medical resource consumption and lost work time, combined with published medical resource unit costs and salaries. RESULTS: Participants reported 59 major accidents in 5 years preceding the interview, and 27 minor accidents in the previous 12 months. The total mean annual costs for a major accident were $1,817,170 (65.66%). The incremental total cost of drugs increased $862,697 (29.48%). The average costs of a minor accident were $632 and included direct non-medical costs of $225, productivity costs of $6,027 and 54.5 days of lost leisure equivalent to $3,531. The average costs of a major accident were $6,027 and 54.5 days of lost leisure time equivalent to $3,531. The average costs of a minor accident were $632 and included direct non-medical costs of $225, productivity costs of $6,027 and 54.5 days of lost leisure equivalent to $3,531. The total annual costs to society of major cycling accidents in Tasmania were estimated at $4,123,445. CONCLUSIONS: Costs resulting from both minor and major cycling accidents are substantial. The costs of improvements to cycling infrastructure/safety may be offset by reduced costs to society of cycling accidents.