OBJECTIVES: Assess the timing of biologic initiation and associated healthcare uti-

lization and costs among psoriasis (PsO) patients. METHODS: Adults (18-64 years) with ≥2 PsO diagnoses (ICD-9-CM:690.1) after 4/30/2004, ≥1 non-biopharma-
coligic systemic treatment ("non-biologic") after the first observed diagnosis, and ≥1 biologic treatment after the first non-biologic were selected from a de-identified US-based claims database. The index date was the date of the first biologic after the first non-biologic prescription fill. Patients had continuous eligibility during the 12-months before (baseline) and 24-months following (study period) the index date. Patients were categorized into two cohorts based on days from the first non-biologic to index date: ≥"180-days" and ≤"180-days". Study period utilization and costs were compared between cohorts using unadjusted and multivariable adjusted analyses.

RESULTS: There were 759 ≥"180-days" and 881 ≤"180-days" patients identified. During baseline, more patients in the ≥"180-days" cohort (38.3% vs. 31.1%) ≤"180-days" patients incurred more inpatients visits; higher medical, inpatient, and outpatient costs; and lower pharmacy costs compared to ≥"180-days" patients during baseline. During the study period, the ≥"180-days" cohort had higher unadjusted number of emergency room (8.52 vs 6.45) and outpatient visits (36.03 vs 31.89) as well as higher total ($20,971 vs $17,922, excluding PsO biologic costs), medical ($15,577 vs $12,749), and outpatient costs ($5,472) (all p-values<0.05). Multivariable regressions for treatment for baseline characteristics confirmed the unadjusted results. The numeric difference in adjusted costs between cohorts was small (adjusted 24-month in total, medical, pharmacy, and total $8,643, 8,671, 8,464, and $24,644, p-value:0.006, 0.016, and 0.202, respectively). CONCLUSIONS: PsO patients initiating biologics ≤"180-days" from the first non-biologic had more severe disease and higher costs at baseline. Over 2-year, more inpatients, differences in healthcare utilization, and cost between patients with different timing of biologic initiation were small and not clinically meaningful.

PSY26 COST-MINIMIZATION ANALYSIS OF INFILXIMAB VERSUS ADAлимUMAB IN THE TREATMENT OF CROHN’S DISEASE AND ULCERATIVE COLITIS

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OBJECTIVES: Crohn’s disease and ulcerative colitis are clinically similar diseases, classified as serious inflammatory diseases mainly in the intestinal region. A cost minimization analysis was conducted in order to compare the cost of treatment of infliximab versus adalimumab in the treatment of ulcerative colitis and Crohn’s disease. METHODS: Considering published data on network meta-analysis providing similar results on the efficacy of both treatments, a cost minimization analysis was developed under the public and private healthcare system perspective. Comparator prices were obtained from public available sources (governmental, centralized purchased contracts in the Public Perspective and factory prices including taxes (PF18%) in the Private Perspective). Annual costs were calculated according to the dose described on drugs’ respective labels. The average weight per patient was 64 kg, based on the only local clinical study in Crohn’s Disease patients reporting weight. RESULTS: Costs of aminosalicylates were divided to treatment induction (1st year) and maintenance (2ndyear and so forth) regimens. Annual cumulative costs for induction regimen were $R 24,014.98 and $R 22,874.32 on the public perspective and $R 80,527.36 and $R 88,007.36 on the private perspective for infliximab and adalimumab, respectively. Maintenance regimen costs were $R 18,031.49 and $R 19,606.56 on the public perspective and $R 60,395.52 and $R 75,434.88 on the private perspective for infliximab and adalimumab, respectively. Influenza costs were $R 19,710.17 for the public and $R 29,703.98 for the private perspective, respectively. CONCLUSIONS: In the public perspective, although showing higher costs on the first year of treatment, infliximab is less costly on longer treatment duration. In the private perspective, infliximab is less costly regardless of time horizon or treatment regimen.

PSY27 ADHERENCE TO IRON CHELATION THERAPY AND ASSOCIATED HEALTHCARE RESOURCE UTILIZATION AND COSTS IN MEDICAID PATIENTS WITH THALASSEMIAS

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OBJECTIVES: To compare all-cause and thalassemia-related healthcare resource uti-

lization and costs in thalassemia patients who are adherent vs. non-adherent. METHODS: A296 A1-297 of societal costs is difficult given differences in methodology and years studied, of prescription opioid misuse and abuse (POMA) found total cost (US, 2001) was ~$8.6 billion and abusers’ annual medical costs were ~$14,000 higher than nona-

busers. The objective of the current study was to analyze the impact of opioid abuse related ED/inpatient care was $18,891. Nearly 88.7% of patients were white, 62.97% were women and many resided in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were seen in Medicaid and the VA which were ~$15,000. The per event cost for opioid abuse and dependence was $9,456-$20,546. Similar results were see...