PSY2 MUSCULAR DYSTROPHY: PREVENTION, TREATMENT, AND CONSEQUENCES
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OBJECTIVES: Assess the efficacy and safety of novel therapies for the treatment of muscular dystrophy (MD) in adult patients with a confirmed diagnosis of Duchenne or Becker muscular dystrophy (DMD/BMD). METHODS: A systematic review and meta-analysis of randomized controlled trials (RCTs) and non-randomized studies (NRSs) was conducted. The primary outcome was the change in muscle strength from baseline to 12 months of treatment. RESULTS: A total of 11 RCTs and 3 NRSs were included. The pooled analysis showed a significant improvement in muscle strength in both the treatment and control groups. The most effective therapy was found to be gene therapy, with a 30% increase in muscle strength compared to control. CONCLUSIONS: Gene therapy is the most effective treatment for muscular dystrophy, with significant improvements in muscle strength. Further research is needed to understand the long-term effects of gene therapy.

PSY2 TREATMENT OF FIRST-TIME USE OF BIOLOGICS AND HEALTHCARE COSTS UTILIZATION IN PSORIASIS
From the first non-biologic treatment of psoriasis (PsO) patients, higher costs were observed at baseline compared to the first non-biologic treatment of patients with other rheumatic diseases. The treatment of psoriasis with biologic agents has become more frequent in recent years due to their efficacy in improving patient outcomes. However, the high cost of these agents poses a significant financial burden on healthcare systems and patients. The objective of this study was to compare the costs of first-time use of biologic agents in PsO patients with other rheumatic diseases. METHODS: A retrospective cohort study was conducted using a large healthcare claims database. The study population included patients with a first-time biologic prescription fill for psoriasis between January 1, 2016, and December 31, 2018. Baseline characteristics were compared between patients with and without PsO using chi-square tests for categorical variables and t-tests for continuous variables. The costs were measured as the total costs for the first 12 months of follow-up. RESULTS: A total of 1,234 patients with PsO and 2,468 patients without PsO were included in the analysis. The mean total costs for the first 12 months of follow-up were $17,290 and $15,490, respectively, in the PsO and non-PsO groups, respectively, with no significant difference between the two groups (p=0.32). CONCLUSIONS: The costs of first-time use of biologic agents for PsO patients were similar to those of other rheumatic diseases. Future studies are needed to evaluate the long-term costs and outcomes of biologic therapy for PsO patients.

PSY26 COST-MINIMIZATION ANALYSIS OF INFLIXIMAB VS.adalimumab IN THE TREATMENT OF CROHN'S DISEASE AND ULCERATIVE COLITIS
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OBJECTIVES: The objective of this study was to compare the efficacy and costs of infliximab vs. adalimumab in the treatment of Crohn's disease and ulcerative colitis. METHODS: A systematic review and cost-minimization analysis were conducted. The primary outcomes were clinical remission rates and costs of treatment. RESULTS: A total of 10 randomized controlled trials were included in the analysis. The clinical remission rates for infliximab and adalimumab were 60% and 55%, respectively. The mean costs per patient were $18,000 and $15,000, respectively, for infliximab and adalimumab. CONCLUSIONS: Infliximab and adalimumab are similarly effective in the treatment of Crohn's disease and ulcerative colitis. However, infliximab is associated with higher costs compared to adalimumab.

PSY27 ADHERENCE TO IRON CHELATION THERAPY AND ASSOCIATED HEALTHCARE RESOURCE UTILIZATION AND COSTS IN MEDICAID PATIENTS WITH THALASSEMIAS
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OBJECTIVES: To evaluate the adherence to iron chelation therapy (ICT) in Medicaid patients with thalassemia and the associated healthcare resource utilization and costs. METHODS: A retrospective cohort study was conducted using a large healthcare claims database. The study population included Medicaid patients with thalassemia who were prescribed ICT between January 1, 2014, and December 31, 2018. The primary outcome was the adherence to ICT, defined as the percentage of days with ICT prescribed. The secondary outcomes were healthcare resource utilization and costs. RESULTS: A total of 500 patients were included in the analysis. The adherence to ICT was 80%. The mean healthcare resource utilization and costs were $12,000 and $18,000, respectively. CONCLUSIONS: ICT adherence is high in Medicaid patients with thalassemia, with low healthcare resource utilization and costs.

PSY28 PREVALENCE AND ECONOMIC BURDEN OF PRESCRIPTION OPIOID MISUSE AND ABUSE SYSTEMATIC REVIEW
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OBJECTIVES: Opioid misuse and abuse is a societal problem and requires action by government, opioid manufacturers, practitioners, and payers. METHODS: A systematic review was conducted to update the 2013 review by performing a comprehensive search of electronic databases and gray literature. RESULTS: A total of 5,281 citations were identified and 505 selected for inclusion. Over 1.7% of patients prescribed opioids were classified as opioid abusers. The per event cost for opioid abuse was $15,000, while the per event cost for opioid misuse was $9,450. CONCLUSIONS: Opioid misuse and abuse is a significant public health problem, with high economic burden and requiring urgent action.

PSY29 DEMOGRAPHIC DISTRIBUTION AND HEALTH CARE BURDEN OF PATIENTS DIAGNOSED WITH ANKYLOSING Spondylitis In THE U.S. Medicare POPULATION
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OBJECTIVES: The objective of this research was to update and synthesize all evidence 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 non-abusers. The objective of the current review was to update the prevalence and costs of opioid abuse. METHODS: A systematic review was conducted to update the 2013 results by reviewing worldwide literature involving number of users in opioid. RESULTS: The prevalence of opioid misuse and cost of POMA. Sources included PubMed, Embase, OpenSIGLE (for gray literature) and others. CONCLUSIONS: 5,281 citations were identified and 505 selected for inclusion. Over 1.7% of patients prescribed opioids were classified as opioid abusers. The per event cost for opioid abuse was $15,000, while the per event cost for opioid misuse was $9,450.

PSY30 DIRECT HEALTHCARE COSTS OF OPIOID ABUSE IN PATIENTS PRESSES IMMEDIATE RELEASE HYDROCODONE IN THE UNITED STATES
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OBJECTIVES: The objective of this research was to update and synthesize all evidence of societal costs of opioid abuse. A296 VALUE IN HEALTH 18 (2015) A1-A307