PMS26

COST-OF-DUPYRTREN CONTRACTURE IN THE CZECH REPUBLIC

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OBJECTIVES: To determine the cost of Dupuytren’s contracture in the Czech Republic.

METHODS: Survey among general surgery specialists and orthopedic surgeons (panel of total 9 surgeons) conducted. The assessment itself was done using a classical Delphi panel method, combined with data from medical charts and/or hospital information systems. Besides the surgeons, also rehabilitation specialists (to cover costs for rehabilitation) and internal medicine specialists (to cover costs for systemic treatment) were included into the panel.

RESULTS: If indirect costs (productivity loss) are included, they represent the major part of all costs (76%). In case of direct cost inclusion, rehabilitation stands for more than 50% of costs, followed by surgery costs (almost 30%). Mean direct costs (1 operation field) are estimated at almost €10,000/- (with a variation of 5,000/-. to 18,000/-. if indirect costs are included).

CONCLUSIONS: Cost of Dupuytren’s contracture range from 21,800/-. to 90,200/-. if indirect costs included. Indirect cost represent 76% of all costs.

PMS27

RETROSPECTIVE CHART REVIEW TO ASSESS UTILIZATION OF RESOURCES AND COSTS RELATED TO POSTMENOPAUSAL OSTEOPOROTIC TREATMENT OF PATIENTS WITHOUT FRACTURES IN SLOVENIA, SERBIA, SLOVAKIA AND BULGARIA

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OBJECTIVES: To evaluate utilization of resources and direct medical costs of postmenopausal osteoporosis treatment in patients without fractures.

METHODS: A medical chart review was performed to examine the medical resources used to treat osteoporosis during the year preceding the start of the study. Data were collected between July 2010 and April 2011 by local investigators from 5 centers in Slovenia (99 patients), 5 in Serbia (105), 10 in Slovakia (100) and 3 in Bulgaria (106). Costs of ambulatory and outpatient visits, examinations and drugs were calculated.

RESULTS: Patients with osteoporosis were monitored more frequently in Slovenia and Serbia (on average 2.00 and 1.87 ambulatory visits per year, respectively). In Serbia and Bulgaria, ambulatory visits were less frequent (0.79 and 0.67 visits per year, respectively). Percentages of patients treated with bisphosphonates were 99%, 98%, 78% and 61% in Slovenia, Bulgaria, Serbia and Slovakia, respectively, while 83%, 85%, 81% and 57% was treated with calcium and vitamin D supplements, respectively. Average 1-year cost of osteoporosis treatment was highest in Slovenia and Serbia, accounting for €3,316/-. (CI95%: 2,780; 3,882) and €2,719/-. (CI95%: 2,390; 3,050) in Slovenia and Bulgaria, respectively. Costs of ambulatory and outpatient visits, examinations and drugs were calculated.

CONCLUSIONS: Costs of osteoporosis treatment from the public payer and patient’s perspective in all centers were 190,-€ in Slovenia, 5,046/-. in Serbia and 5,347/-. in Bulgaria. Our findings suggest a lower cost-consequence for abatacept during the maintenance phase and its real-life extrapolation. Abatacept is a sustainable, safe, and economically attractive biologic for the long-term treatment of RA when compared to infliximab.

PMS28

RETROSPECTIVE CHART REVIEW TO ASSESS UTILIZATION OF RESOURCES AND COSTS RELATED TO POSTMENOPAUSAL OSTEOPOROTIC FRACTURES IN SLOVENIA, SERBIA AND BULGARIA

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OBJECTIVES: To evaluate utilization of resources and direct medical costs of postmenopausal osteoporotic fractures (proximal femur and vertebral) in the first and second year after the event.

METHODS: A medical chart review was performed to examine the medical resources used to treat osteoporotic fractures during the year preceding the start of the study. Data were collected between July 2010 and April 2011 by local investigators from 5 centers in Slovenia (159 patients), 5 in Serbia (199) and 3 in Bulgaria (186). Documentation to examine the medical resources used to treat osteoporotic fractures (proximal femur and vertebral) in the first and second year after the event. Costs of ambulatory and outpatient visits, examinations and drugs were calculated.

RESULTS: Osteoporotic fractures are responsible for high ecological burden. Mean cost of treatment of low-energy proximal femur fracture is equal 28% of GDP per capita in Slovenia and 95% in Serbia.

PMS29

ABATACEPT OR INFLIXiMAB FOR PATIENTS WITH RHEUMATOID ARTHRITIS AND INADEQUATE RESPONSE TO METHOTREXATE: A TRIAL-BASED AND REAL-LIFE COST-CONSEQUENCE ANALYSIS

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OBJECTIVES: In the 1-year, double-blind, placebo-controlled ATTSET trial, efficacy of abatacept or infliximab vs. placebo was reported in patients with rheumatoid arthritis (RA) with inadequate response to methotrexate. We estimated trial-based and real life costs of abatacept and infliximab for achieving pre-defined remission or low disease activity state (LDA) as recommended by the European League Against Rheumatism (EULAR).

METHODS: Quantity of drug, serious adverse event (SAE) rates and time (months) in remission or LDA were taken from ATTSET for the trial-based calculation to derive a cost per remitting/LDA patient and cost per patient-month in remission/LDA. We used list prices for drugs and public tariffs for infusion and hospitalization due to SAEs. Trial-based analyses were made for full year, and the first 6 months (initiation & maintenance). Maintenance costs were extrapolated to real life, taking into account dose escalation and shortening of infusion intervals with infliximab. SAE rates from a Cochrane network meta-analysis were considered in the real-life analyses. All analyses were conducted from a health care system perspective for Italy. RESULTS: In Italy, the annual trial-based cost per patient-month in remission/LDA was €4,952 for infliximab and €5,046 for abatacept. In the initiation phase, costs per patient-month in remission/LDA were €11,028/€6,020 for abatacept vs. €8,347/€4,173 for infliximab. Abatacept showed lower costs per patient-month in remission/LDA in 23/28 (89%) scenarios including both remission and LDA states. Real-life maintenance costs per month in remission/LDA were €5,347/€6,832 for abatacept vs. €7,210/€6,927 for infliximab. Higher initiation cost for abatacept to achieve remission/LDA would be offset at 14/16.1 months during real life.

CONCLUSIONS: Our findings suggest a lower cost-consequence for abatacept during the maintenance phase and its real-life extrapolation. Abatacept is a sustainable, safe, and economically attractive biologic for the long-term treatment of RA when compared to infliximab.

PMS30

COST-EFFECTIVENESS OF TOCILIZUMAB COMPARED TO STANDARD THERAPEUTIC SEQUENCES FOR THE TREATMENT OF MODERATE/SEVERE RHEUMATOID ARTHRITIS (RA) PATIENTS IN PORTUGAL

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OBJECTIVES: To evaluate the cost-effectiveness of treatment sequences initialized with tocilizumab vs rituximab and abatacept and simulated treatment sequences initialized with a TNF-inhibitor for the treatment of moderate to severe RA patients with inadequate response to previous DMARD therapy (DMARD-IR) in Portugal. METHODS: A cost-utility analysis was conducted from a societal perspective. The analysis compared DMARD-IR patient outcomes, in three different scenarios, in a treatment cost-utility analysis was conducted from a societal perspective. The analysis compared DMARD-IR patient outcomes, in three different scenarios, in a treatment cost-utility analysis was conducted from a societal perspective. The analysis compared DMARD-IR patient outcomes, in three different scenarios, in a treatment...