OBJECTIVES: To determine factors that are responsible for the cost differential between private and public health facilities through the assessment of the cost per day of managing six diseases in selected health facilities in Anambra State, Nigeria.

METHODS: Prescriptions generated in three tertiary / public hospitals and three private hospitals for management of Malaria, Typhoid Fever, Essential Hypertension, Diarrhea, Pneumonia, and Rheumatoid Arthritis over a specified period were evaluated to determine direct cost of drugs. Questionnaires were used to obtain relevant data on staff wage bills, and utility bills. Data were analyzed to obtain the cost per day for each diagnosis, number of days required to pay for the treatment using the newly approved N18, 000.00 minimum wage by the Federal Government. The data were analyzed using Excel 2010.

RESULTS: Public facilities pay much higher wage bills than their private correlates. The population of the private facilities is much higher in the private facilities. Hypertension was the most costly to treat at a total cost of N20,570 for 30 days requiring 36.28 days pay to afford; malaria was cheapest to treat for N227 requiring 0.4 day pay; the cost of treatment of the selected diseases are high and unaffordable.

CONCLUSIONS: Generally, costs of prescribed drugs were expensive in the private facilities. The costs of treatment were also generally not affordable when viewed from the point of globally accepted affordability standard. Therefore the need to make the costs of drugs cheaper for health care to be more affordable becomes imperative.

PMS13 COST-EFFECTIVENESS OF BIOLOGICAL TREATMENTS IN PATIENTS WITH RHEUMATOID ARTHRITIS IN TAIWAN
Chen HF1, Lin HY2, Lang HC1

1 National Yang Ming University, Taipei, Taiwan, 2Veterans General Hospital, Taipei, Taiwan

OBJECTIVES: To determine the effectiveness of biologic therapies (Adalimumab, Etanercept, and Rituximab) in patients with active RA. Treatment duration assumptions, effectiveness and utility parameters for different biological treatment strategies were obtained from published papers. Direct medical and drug costs were estimated according to Taiwan’s National Health Insurance fee schedule for 2011 and the National Health Insurance payment standard. Probability sensitivity analysis was applied after Monte-Carlo simulation. Incremental costs per quality-adjusted life-year (QALY) between the strategies were calculated. Both cost and effectiveness were discounted at the rate of 3.5%. RESULTS: There were differences between the results for limited and lifelong treatment duration assumptions. For limited treatment duration, strategies with Adalimumab as the first line biologic (including Adalimumab only, Adalimumab followed by Rituximab, Adalimumab, Rituximab and Etanercept; Adalimumab, Etanercept and Rituximab; Etanercept, Adalimumab and Rituximab) were more cost-effective. For lifelong treatment duration assumptions, however, the strategy with Etanercept as the first line biologic (including Etanercept only, Etanercept followed by Rituximab, Etanercept, Adalimumab and Rituximab; Etanercept, Adalimumab and Rituximab; Etanercept only) was more cost-effective. CONCLUSIONS: From the Bureau of National Health Insurance point of view, the following strategies were considered as cost-effective alternatives in most foreign insurers comparing with patients’ lower costs and favorable effectiveness profile, Etanercept or Adalimumab represent good value of money. The aim of this study was to evaluate the potential cost-effectiveness of denosumab in the treatment of osteoporosis among postmenopausal women in Taiwan. METHODS: A Markov cohort model was adapted to estimate costs and quality-adjusted life-year (QALY) gained from a societal perspective. The results remain robust regardless of whether gl event was present or not.

CONCLUSIONS: Based on the available data, denosumab is considered cost-saving compared with alendronate, ibandronate and raloxifene and was found to be cost-effective when compared with zoledronate.

PMS16 ECONOMIC EVIDENCE OF BIOLOGICS IN RHEUMATOID ARTHRITIS: A SYSTEMATIC REVIEW FOR SUPPORTING INFORMED DECISION OF BNIH
Liao CJ, Chen JH, Pau RF Center for Drug Evaluation, Taipei, Taiwan

OBJECTIVES: In November 2011, Center for Drug Evaluation completed the project aimed to re-evaluate the currently reimbursed biologics for rheumatoid arthritis (RA), and to establish the evidence-based revision rules of reimbursed biologics for adult patients. METHODS: Electronic databases including PubMed, CEPIS (Chinese Electronic Periodical Services) and CETD (Chinese Electronic Theses and Dissertation Service) were searched up to October 2011. A total of 130 articles were reviewed and 37 were identified. The SIGN 50 instrument was subsequently applied to assess the quality of evidence for present the disease outcomes among studies. The cost-effectiveness of biologics for DAMR-IR (inadequate response to disease-modifying anti-rheumatic drugs) and TNF-IR patients (inadequate response to tumor necrosis factor-alpha inhibitors), respectively. RESULTS: FOR DAMR-IR patients, when compared with methotrexate (MTX), most of high quality, were included. In summary, two reimbursed biologics including etanercept and adalimumab were considered as cost-effective alternatives in most foreign insurers comparing with DMARDs. Combination therapies of biologics and methotrexate were cost-effective comparing with methotrexate of biologics. However, the findings were still inconsistent when comparing etanercept with adalimumab. For TNF-IR patients, most of high quality, were included. Overall, rituximab was considered cost-effective in most foreign insurers. CONCLUSIONS: Existing studies suggested that the cost-effectiveness of biologics were cost-effective alternatives in most foreign countries. Nevertheless the cost-effectiveness of technologies might vary across countries, because the health care setting, clinical pattern, characteristics of patients, and relative prices are difference in nature. A localized decision analytic model is still needed for more relevant and precise assessment. This review, however, limited by the research resource, provided only the preliminary evidence to inform the decision making.

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

PMS17 BURDEN OF ANKYLOSING SPONDYLITIS IN URBAN CHINA
Yang Y1, Yang L2, Liu Y1, Changpiick P3, Dong P4, Wu Y5, He S1,2

1Pfizer, New York, USA, 2Pfizer China, Beijing, China, 3Pfizer, Beijing, China, 4Pfizer, Shanghai, China

OBJECTIVES: To assess co-morbidity, quality of life (QOL), work/productivity loss, and medical resource utilization (MRU) in patients with Ankylosing Spondylitis (AS) in urban China. METHODS: Patients’ self-reported data were collected from 2010 National Health and Wellness Survey (NHWS). This survey represents urban population 18 years and older. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12). Loss of

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