Benefits associated with early detection and treatment of RA with biologics warrant closer scrutiny to alleviate patient burden.

PMS71
EXPLORING THE DIFFERENCES OF DISEASE, HEALTH STATUSES AND HEALTH UTILIZATION BETWEEN ELDERLY WITH AND WITHOUT BONE DISORDERS IN TAIWAN
Chen YJ1,2, Chang CK1, Wang SY1, Lin HW1
1China Medical University, Taichung, Taiwan, 2China Medical University Hospital, Taichung, Taiwan

OBJECTIVES: Given the evidence that showed bone disorders were one of the top three prevalent chronic conditions among the elderly in Taiwan, the aim of this study was to explore the different characteristic, health status, health care utilization between those who suffered from bone disorders or not among the elderly in Taiwan. METHODS: The data used for this study was obtained from the 2005 National Health Interview Survey (NHIS) data. Elderly patients with osteoporosis or osteoarthritis were included in the bone disorder group. Otherwise were non-bone disorder group. The appropriate descriptive statistics with sampling weights and inferential analysis approaches were applied on those responses for basic demographics, perceived health status, and self-report of health care utilization. RESULTS: Of 7272 elderly interviewees in 2005 NHIS, 35.2% reported to have bone disorders and their demographic characteristics were not statistically significant different from the other group, except the proportion of female. (65.0% vs 43%). While bone disorder group tended to have more chronic conditions than non-bone disorder group, they were also more likely to report fall experiences and worse health status. Further, they tended to consume more utilization in terms of hospital and emergency stay, dental visit and TCM service in past one year (all p-values < 0.05) than otherwise. CONCLUSIONS: Elderly with and without bone disorders in Taiwan were different not only in the demographic characteristics but also in their diseases, health status and health care utilization, including TCM service. Further comprehensive analyses would be needed to explore the extent of contributing factors on the health care utilization among elderly patients suffered from bone disorders.

PMS72
ECONOMY WITH THE NEW BIOLOGICAL AGENTS TO TREAT RHEUMATOID ARTHRITIS IN BRAZIL: THE MINISTRY OF HEALTH PERSPECTIVE
Xavier LC, Santos AC, Bosco EA, Alexandre RF, Nascimento Junior JM, Gadelha CA
Brazilian Ministry of Health, Brasilia, Brazil

OBJECTIVES: Until 2012, only the biological agents adalimumab, etanercept and infliximab were available in the Brazilian public health system (SUS) to treat Rheumatoid Arthritis (RA). Since July 2013, abatacept, certolizumab, golimumab, rituximab and tocilizumab were also made available, according to the treatment algorithm (1) only considering the drugs approved by the Brazilian Guideline (2012). The interest is to evaluate the impact of the use of these new biologicals from the budget impact of these new technologies, by the MoH perspective. METHODS: The number of patients with RA treated with the new biologicals in the SUS was estimated, based on the ratio between the amount dispensed in 2013 and its recommended dosage. The data about the older biological agents were extracted from the SUS database (Damasus). The drug acquisition costs were used to calculate the relative treatment cost among the different therapeutic alternatives (current values; exchange rate: $1 = R $ 2.36). The budget impact was calculated by comparing the new biological treatment costs (abatacept, certolizumab, golimumab, rituximab and tocilizumab) and a potential costs in a hypothetical scenario without new agents available (only considering the drugs approved by the Brazilian Guideline 2012) with the budget impact of these new technologies, by the MoH perspective. RESULTS: The number of patients with RA treated with the new biologicals was 3,959 patients with RA were treated with new biologicals, implying a total spent of US$ 18,905,770.06. The mean monthly cost of treatment per patient was US$ 759.91, with higher values for abatacept (US$ 1,290.56) and lower values for rituximab (US$ 579.10). If all of these patients were treated with the older agents, the total costs would sum up to US$ 41,497,979.83. Thus, the offer of new drugs in the SUS has saved a total of US$ 25,592,099.32 (64.4%) in 2013. CONCLUSIONS: Offering new biologicals for RA allowed the SUS to expand the access to medicines and treatment of patients refractory to anti-TNF, also resulting potential savings for the SUS resources.

PMS73
BIOSIMILARS: FRIENDS OR FOE FOR PAYERS, PHYSICIANS AND MANUFACTURERS?
White R, Mallinson M1
1The Access Partnership, London, UK

OBJECTIVES: As part of the global access to medicines growth strategy, we have developed a framework to help biologics and their manufacturers understand how biosimilars influence payer and physician decision-making and what must manufacturers do to achieve success. METHODS: Secondary research to understand EU payer and physician decision-making and multivariate analyses. RESULTS: Of 2727 elderly interviewees in 2005 NHIS, 35.2% reported to have bone disorders and their demographic characteristics were not statistically significant different from the other group, except the proportion of female. (65.0% vs 43%). While bone disorder group tended to have more chronic conditions than non-bone disorder group, they were also more likely to report fall experiences and worse health status. Further, they tended to consume more utilization in terms of hospital and emergency stay, dental visit and TCM service in past one year (all p-values < 0.05) than otherwise. CONCLUSIONS: Elderly with and without bone disorders in Taiwan were different not only in the demographic characteristics but also in their diseases, health status and health care utilization, including TCM service. Further comprehensive analyses would be needed to explore the extent of contributing factors on the health care utilization among elderly patients suffered from bone disorders.

PMS74
REAL-WORLD TREATMENT BEHAVIOR AMONG PATIENTS WITH DUYPUTRYS CONTRACTURE: A HEALTH INSURANCE CLAIMS-BASED ANALYSIS
Dong P1, DeKoven M2, Kaplan FTD3, Turji P, Lee WC4
1IMS Health, Plymouth Meeting, PA, USA, 2IMS Health, Alexandria, VA, USA, 3Indiana Hand to Shoulder Center, Indianapolis, IN, USA, 4Auxilium Pharmaceuticals, Inc., Chesterbrook, PA, USA

OBJECTIVES: Real-world treatment behavior data among patients with Duyputyn’s contracture was compared between patients in the United States (US) and Taiwan. The objective was to assess real-world treatment behavior following Xiaflex® (collagenase clostridium histolyticum) or fasciectomy among adult DC patients. METHODS: A retrospective cohort analysis was conducted using the IMS LifeLink™ Health Claims Database. Patients ≥18 years between 2/1/2010-12/31/2011, with a treated finger/joint with Xiaflex or fasciectomy (index event), who were continuously enrolled both in the 12-month pre- and post-index periods, and had ≥1 DC diagnosis code in the index event period were included. A second treatment was defined as having occurred following a gap of ≥30 days from the index event. Descriptive statistics were reported and logistic regression and Cox Proportional Hazards models were used to adjust for baseline differences. RESULTS: 309 Xiaflex/1,264 fasciectomy patients were included. Xiaflex patients were significantly older than fasciectomy patients (64.28 vs. 61.50 years; p<0.0001). Majority of all patients were male. Patients treated with Xiaflex had a higher proportion of patients with a second treatment than Xiaflex cohort (54% vs. 14%; p<0.05). Nearly all patients received Xiaflex as their second treatment (99.12% vs. 100% respectively). Demographic and clinical characteristics of patients receiving a second treatment among both cohorts were similar to those who did not receive a second treatment. After adjusting for baseline confounders, fasciectomy patients were 8.3-times more likely to have a second treatment compared to Xiaflex patients (OR: 8.28, 95% CI: 5.79-11.85; p<0.0001). Older patients, patients with hypertension, hyperthyroidism, higher Charlson Comorbidity Index scores, and higher pre-index health care costs had a greater hazard of having a second treatment (all comparisons p<0.05). CONCLUSIONS: Xiaflex was used as a second treatment among nearly all DC patients. As such, fasciectomy patients may be candidates to be replaced by Xiaflex to reduce the risk and costs of a second treatment.

PMS75
DRUG UTILIZATION PATTERNS FOR RHEUMATOID ARTHRITIS
Atreja N, Gunjal SS, Bali V, Aparasu RR
1University of Houston, Houston, TX, USA

OBJECTIVES: Various medications are commonly used to manage Rheumatoid Arthritis (RA). This study examined drug utilization patterns and factors associated with the use of medications by RA patients. METHODS: Data from the 2006–2010 National Ambulatory Medical Care Survey (NAMCS) and the outpatient department component of the National Hospital Ambulatory Medical Care Survey (NHAMCS) were used to examine the RA related ambulatory visits. RA medications were classified as NSAIDS and analgesics, corticosteroids, and disease modifying Anti-rheumatic drugs (DMARDs). Bivariate chi-square analysis and multiple logistic regression analysis were performed to evaluate the factors associated with prescribing of RA medications. SAS survey procedures that adjust for the complex sampling design and over-sampling were used. RESULTS: Among 3.57 million (0.33%) visits was made by patients with RA from 2006 to 2010. Majority of these visits were made by females (76.75%), Whites (88.50%) and individuals aged 18-64 years old (61.53%). More than two third of the RA patients were prescribed anti-rheumatic