PM569

BUDGET IMPACT ANALYSIS OF APREMILAST IN PATIENTS WITH PSORIASIC ARTHRITIS IN SPAIN

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OBJECTIVES: This analysis was designed to estimate the budget impact following the introduction of apremilast in the treatment of active psoriatic arthritis (PsA) for adult patients who have failed to respond to or are intolerant of disease-modifying antirheumatic drugs (DMARDs) in Spain on American impact model was developed to estimate healthcare costs for adults with PsA during a 3-year period from the NHS perspective. Target population was defined based on epidemiological criteria, PsA prevalence (0.2%) and proportion of patients on biologic treatment (13.5%). The Markov model was used to estimate the incremental cost-effectiveness ratio (ICER) to the therapeutic arsenal (adalimumab, etanercept, golimumab, infliximab, ustekinumab) was obtained from the annual eligible population of PsA patients (N=8,122), 5% (n=406), 11% (n=893), and 18% (n=1,462) were assumed to be treated with apremilast for the first, second, and third year, respectively. A local expert panel provided detailed resource consumption information. Total cost included drug acquisition based on drug doses from the summaries of product characteristics (ex-factory price with mandatory deduction), administration (parenteral drugs), and monitoring costs. Unitary costs (€) were obtained from national databases. RESULTS: The total budget for the scenario without apremilast was €1,101,104,837, and for apremilast, €1,328,735,080, and 18% (n=1,462) were assumed to be treated with apremilast for the first, second, and third year, respectively. The pharmacoeconomic threshold limit. Thus, the new treatment (Zoledronic acid) should be recommended in the Ministry of health list.

PM571

COST-EFFECTIVENESS ANALYSIS OF ZOLEDRONIC ACID VERSUS ALEDRONIC ACID IN THE TREATMENT OF OSTEOPOROSIS IN POSTMENOPAUSAL EGYPTIAN PATIENTS: DECISION ANALYSIS

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OBJECTIVES: To evaluate the cost-effectiveness of zoledronic acid 5mg compared to that of alendronic acid in the treatment of osteoporosis in postmenopausal Egyptian patients. METHODS: A Markov model with five mutually exclusive health states (Well, hip fracture, spine (vertebral) fracture, wrist (non-vertebral) fracture, and death) was developed. Transition probabilities between the health states were calculated from a previously published source. State utility values and major adverse events were obtained from published sources. Direct medical costs were obtained from the Ministry of Health list. Costs and effects were discounted at 3.5% annually. One-way sensitivity analyses were conducted. RESULTS: Across the overall population, the total QALYs of the Zoledronic acid group were estimated to be 194.4 compared with 194.1 for the Alendronic acid group, which resulted in a difference of 0.33 QALYs. The ICER of zoledronic acid compared to alendronic acid was €215,232 and €215,087 respectively. These costs yielded an ICER of LE 435 for the Zoledronic acid group. The odds ratio of zoledronic acid on vertebral and non-vertebral fractures was found to have the greatest impact on the model compared with the other variables. The threshold was stated by world health organization for middle and lower income countries. The model was evaluated successful for several scenarios. Conclusions: The treatment (Zoledronic acid) should be recommended in the Ministry of health list.

PM572

COST-EFFECTIVENESS ANALYSIS OF CANICUMAB IN TREATMENT OF PATIENTS SUFFERING FROM SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS IN RUSSIAN FEDERATION

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OBJECTIVES: To conduct the cost-effectiveness analysis (CEA) of canicumbum treatment group versus tocilizumab treatment group with systemic juvenile idiopathic arthritis (sJIA). METHODS: A Markov model was developed to estimate healthcare costs for adults with sJIA. Efficacy data (based on American College of Rheumatology [ACR] criteria; PsA prevalence (0.2%) and proportion of patients on biologic treatment (13.5%)), monitoring standards were defined to estimate healthcare costs for adults with PsA during a 3-year period. The probability sensitivity analysis (PSA) was completed. RESULTS: Cost-effectiveness ratios (CER) of tocilizumab and canicumbum treatment group was estimated for ACR 30 as 4,043,444 RUB/66,173 EUR and 15,813,187 RUB/258,791 EUR, respectively; for ACR 50 as 4,043,444 RUB/66,173 EUR and 17,570,208 RUB/287,546 EUR, respectively; for ACR 70 as 7,188,345 RUB/117,641 EUR and 19,284,375 RUB/315,599 EUR, respectively; ACR 90 as 25,878,604 RUB/423,508 EUR and 67,936,624 RUB/1,119,188 EUR, respectively. CERs of canicumbum were dominated in CEA compared to tocilizumab in most cases. However, CER for ACR 90 as more effectiveness criteria was lower for canicumbum treatment group than in tocilizumab treatment patient group. Conclusions: The treatment with canicumbum was dominant method in comparison with tocilizumab treatment for ACR 90 criteria.

PM573

ASSESSMENT OF TOFACITINIB FOR RHEUMATOID ARTHRITIS FROM THE PERSPECTIVE OF THE BRAZILIAN HEALTHCARE SYSTEM

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OBJECTIVES: To assess the cost-effectiveness ratio of tofacitinib when compared to alternative treatment strategies currently available for moderate to severe rheumatoid arthritis (RA) from the perspective of the Brazilian healthcare system. METHODS: A patient-level microsimulation model with a six-month length has been developed to measure the lifetime cost and quality-adjusted life-years (QALYs). The model was developed with real-world data, and best treatment strategy was obtained from published sources. Adverse events were obtained from published sources. The probability of each outcome was calculated based on the HAQ score. In the model, only severe adverse events were taken into consideration. The model compared treatment sequence with tofacitinib with a cost-utility analysis, including the cost of tofacitinib in the patient care pathway following the 2014 Brazilian Therapeutic Guidelines for RA. The costs related to drug treatment and patient follow-up were taken into consideration. For such, the list price published by the Brazilian agency was used. Monitoring standards were defined by expert advice and funded by the list price. Conclusions: The cost-utility analysis ranged based on the HAQ score. In all scenarios, the treatment arm including tofacitinib was shown to be dominant with lower costs and greater effectiveness – saving up to R$ 77,271.97. The probability sensitivity analysis (PSA) was also completed showing that tofacitinib likely be 52% more effective, 92% more economical and 87% more cost-effective for one of the scenarios. Conclusions: The inclusion of tofacitinib into the treatment strategy for moderate to severe RA is a dominant strategy for Brazilian healthcare system. The results were shown to be robust after completing PSA.

PM574

COST-EFFECTIVITY ANALYSIS OF CERTOLIZUMAB PEGOL FOR THE TREATMENT OF ACTIVE PSORIATIC ARTHRITIS IN GREECE

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OBJECTIVES: To evaluate certolizumab pegol (CZP) relative to the other anti-TNFs, etanercept, infliximab, adalimumab and golimumab, and standard of care (SoC), among patients with active psoriatic arthritis (PsA), previously unresponsive to conventional disease-modifying antirheumatic drugs (cDMARD). METHODS: A Markov model was used to simulate the lifetime progression of active PsA patients from the health care payer perspective for a time horizon of 5 years. The model assumed that non-responders stop treatment and move to SoC. At treatment initiation, a 12- or 24-week treatment response assessment period was assumed. Long-term treatment withdrawal and patient mortality rates were obtained from the literature. SoC was defined as a mix of cDMARDs based on expert advice. Clinical efficacy was modeled in terms of response assessment period was assumed. Long-term treatment withdrawal and patient mortality rates were obtained from the literature. SoC was defined as a mix of cDMARDs based on expert advice. Clinical efficacy was modeled in terms of...