OBJECTIVES: Analyze drug use and related costs of a RA patient cohort in UNIMED Rio de Janeiro affiliate (EMG). METHODS: All RA patient information of age, weight, height, sex, and EMG data were collected from March 2009 to March 2011. Drugs ex-factory prices were used to estimate treatment costs. RESULTS: Sixty-nine patients were identified in the period of analysis. The cohort profile was: 86.5% women and 13.1% man, mean age 51 years, mean BMI 31.60mg/m^2 and mean height 161.75 cm. 71.21% of patients have been diagnosed for more than 5 years, 16.67% from 2 to 5 years and 12.12%, 6 months to 2 years. Mean non-biological DMARD use was 2.27 years. From March/2009 to March/2010, 5 patients were treated with infliximab, 2 with etanercept, 5 with adalimumab monotherapy, 3 with etanercept and 4 with rituximab. Estimated drugs costs were BRL398,943.56, BRL145,266.68, BRL385,933.60, BRL235,719.00, BRL554,190.40 and BRL124,228.32 respectively, resulting in a total of BRL1,534,281.56 (mean BRL63,928.40/patient). From April/2010 to March/2011, 14 patients were treated with infliximab, 15 with etanercept, 5 with adalimumab monotherapy, 5 with rituximab and 12 with rituximab. Drugs acquisition costs were BRL1,117,041.98, BRL77,633.34, BRL385,933.60, BRL521,540.40, BRL256,984.00 and BRL372,684.96 respectively, resulting in a total of BRL726,428.28 (BRL6,587.30/patient).

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

PMSM3 ASSOCIATION BETWEEN TERIPARATIDE ADHERENCE AND HEALTH CARE UTILIZATION AND COSTS IN REAL WORLD UNITED STATES KYPHYOPLASTY/ VERTEBROPLASTY PATIENTS

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OBJECTIVES: To examine the association between teriparatide adherence and health care utilization and costs in “real world” U.S. kyphoplasty/vertebroplasty (KV) patients. METHODS: A large U.S. administrative claims database was used to identify KV patients newly-initiating teriparatide with a KV between January 1, 2002-December 31, 2010 (first observed KV= index). All patients had had ≥ 6 months of pre-index continuous enrollment, and no pre-index teriparatide, cancer, or Paget’s disease. Patients initiating teriparatide were followed for up-to 36 months post-index (follow-up period). Patients were classified into three teriparatide adherence groups (measured as the proportion of days covered [PDC] over the follow-up period): (1) cohorts were constructed: low (PDC<0.5), medium (0.5<PDC<0.8), and high (PDC>0.8). Repeated KV and per-patient per-month (PPPM) number of inpatient admissions and costs (total, inpatient, outpatient, and pharmacy) were compared between cohorts. Multivariable generalized linear models were used to examine the association between teriparatide adherence and health care utilization and costs, adjusting for patient characteristics. RESULTS: The study sample included 1,568 patients (mean age: 75 years; 82% female), with 403 (26%), 382 (24%), and 783 (50%) in the low, medium, and high adherence groups, respectively. Adjusting for differences in patient characteristics, high adherence was significantly (P<0.05) associated with the lowest PFRM: v-chop (low $7,387; medium, $12,255; high, $678) and outpatient (low $1,464; medium, $1,244; high, $1,077) medical costs but increased pharmacy costs (low $752; medium, $1,159; high, $1,610) (all P<0.05), leading to similar total costs (low $3,344; medium, $3,376; high, $3,351) between cohorts. The high adherence cohort also had the lowest (P<0.05) odds of repeated KV (low 0.72; medium, 1.17; high 0.73 [medium]) and the lowest teriparatide inpatient admissions (incidence rate ratio with base category = high: low = 1.61; medium = 1.19). CONCLUSIONS: Among KV patients newly-initiating teriparatide, significantly increased pharmacy costs associated with greater teriparatide adherence were offset by significantly lower odds of repeated KV and significantly lower medical resource use and costs.

PMSM4 A RETROSPECTIVE COHORT STUDY OF PERSISTENCE & COMPLIANCE TO TREATMENT FOR OSTEOPOROSIS IN POSTMENOPAUSAL WOMEN IN HUNGARY

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OBJECTIVES: To estimate persistence and compliance with prescribed osteoporosis medication in male patients in Hungary. METHODS: This retrospective analysis used patient data from the National Health Insurance Fund Administration (NHIFA). Subjects were males ≥50 years old with a diagnosis of osteoporosis (ICD-10 codes, M80 or 81) who had started an osteoporosis drug prescription between Jan 2004 and Dec 2010. Treatment persistence was estimated per active substance and administration types for 12 and 24 months with a 4-week grace period. Compliance was measured by Medication Possession Ratio (MPR) and a patient was considered compliant with treatment at 1 year if MPR≥ 80%. RESULTS: Of 19,965 patients, who matched inclusion criteria, 47.7% were older than 70 years and 6.4% had prior fractures at first index date; 99.0% were on oral bisphosphonates (OBPs), 0.9% on intravenous (IV) BPs and 0.1% on other therapies. Among KV patients newly-initiating teriparatide, 31% had prior fractures at index date, 9.0% were on oral bisphosphonates (OBPs), 9.5% on intravenous (IV) BPs and 6.5% on other therapies. Co-medications were very low in male patients in Hungary. However, parenteral, less frequently administered drugs have higher persistence and better compliance. CONCLUSIONS: Persistence and compliance are very low in osteoporosis treatment of FMO women in Hungary. However, parenteral, less frequently administered drugs have higher persistence and better compliance.