OBJECTIVES: To assess the influence of different treatment schemes of post-stroke spasticity in Russia. METHODS: A retrospective study using data from the national rheumatoid arthritis database, STS, conducted in 2012. Patients were followed from 2009 to 2013, with a median follow-up of 2.5 years. Results: A total of 2,262 patients were included in the analysis. The most commonly prescribed medication was celecoxib (75.6%). The mean drug costs were $2,693 for all patients, with $2,913 for patients taking biologic therapy. Conclusions: Celecoxib was the most cost-effective treatment option for post-stroke spasticity in Russia, with a median cost of $2,370 per patient. The use of biologic therapy was associated with increased costs, but may be indicated in cases of refractory spasticity.

PMS32 THE COST-EFFECTIVENESS OF MENSICAL REPAIR VERSUS PARTIAL MENSICECTOMY: A MODEL-BASED PROJECTION OF CLINICAL OUTCOMES AND COSTS IN THE UNITED STATES HEALTHCARE SYSTEM
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OBJECTIVES: Mensical tears are the most common knee condition requiring surgery, and represent a substantial disease burden with long-term clinical and cost implications. Research performed over the last two decades has shed light on the success rates of the two primary treatment strategies—partial meniscus repair and meniscectomy. However, only limited information is available about the long-term costs and effects of these strategies. Our objective was to assess the long-term cost-effectiveness of meniscal repair compared to meniscectomy. METHODS: We constructed a decision-analysis Markov disease progression model, taking into account index surgery, treatment-specific failure rates as well as treatment-specific probabilities for the development of osteoarthritis (OA) and subsequent total knee replacement (TKR). Failure rates and OA incidence were derived from a review of controlled and uncontrolled studies. All costs and utilities were discounted. Results: Biologic therapy was associated with higher costs but lower failure rates compared to non-biologic therapy. Conclusions: Partial meniscus repair was associated with a lower risk of OA and TKR compared to meniscectomy. However, the cost-effectiveness of meniscal repair compared to meniscectomy is uncertain due to the lack of long-term data.

day), abacavir (500 mg twice 0-2-4 and then every 4 weeks), lamivudine (150mg weekly 0-2-4, 4 then 200mg every 4 weeks), etanercept (50mg weekly), glibizamide (50mg/month), infliximab (3mg/kg 0-2-6 and then every 8 weeks); rituximab (1000mg 0-2 weeks and then 24 weeks after); tocilizumab (8mg/kg every 4 weeks). Dosage information was taken from the 2017 Joint Clinical Policy of the American College of Rheumatology. The final choice for medications was considered for those drugs whose dose depends on weight. Results are expressed in 2014US$ (exchange rate US$1 = C$1.5600).

RESULTS: In a time horizon of one year, the costs of the RA were calculated with the RA treatment were in average: US$933.83 diagnosis, US$2691.19 monitoring, US$597.73 concomitant drugs. The annual cost of RA treatment with available drugs according to conventional csDMARDs failure was estimated between US$937.38 (tocilizumab) and US$3.668.9 (abacavir) as highest and lowest options, respectively.

CONCLUSIONS: For the analyzed scenario, tocilizumab is the option with lower costs, generating savings in comparison with the biological therapies available for RA after csDMARDs failure.

PMS36
COMORBIDITY BURDEN AND INCREMENTAL COST OF FRACTURES IN MIGRANE WITH NON-METASTATIC PROSTATE CANCER TREATED WITH ANDROGEN DEPRIVATION THERAPY

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OBJECTIVES: Bone loss and fractures following initiation of androgen deprivation therapy (ADT) result in excess healthcare costs. There is limited information regarding the extent to which these costs depend on the patient’s comorbidity profile. We examine the baseline comorbidity on the incremental cost of fractures in older men with non-metastatic PCa treated with ADT.

METHODS: Using linked Surveillance, Epidemiology, and End Results (SEER) Medicare data, we identified 56,446 men with incident non-metastatic PCa identified during January 2000-2005 and treated with ADT. Patients were followed until death or up to 5 years after ADT initiation. Total direct medical costs, in 2010 dollars, were calculated for each month. To account for the monthly costs, we used the number of pay periods during the follow-up period, 66.35% of patients had inpatient admissions, 49.01% had emergency room visits, 87.93% had outpatient office visits, 87.43% had hospitalizations, and 88.72% had hospital complications. The average total costs incurred by RA patients were $37,219. The five most commonly-prescribed medications prescribed to treat RA were prednisone (3.40%), hydroxychloroquine (2.63%), methotrexate (2.06%), furosemide (2.13%), and omeprazole (2.13%).

CONCLUSIONS: RA patient demographic distributions and RA-related health care cost information was obtained and the most commonly prescribed medications to treat RA were identified.

PMS37
HEALTH CARE COST BURDEN AND DEMOGRAPHIC DISTRIBUTION OF PATIENTS DIAGNOSED WITH PsORIATRIC ARTHRITIS IN THE U.S. MEDICARE POPULATION

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OBJECTIVES: To determine the demographic distribution and health care burden of patients diagnosed with rheumatoid arthritis (RA) using Medicare fee-for-service (FFS) data. METHODS: A retrospective analysis was performed using the 100% Medicare FFS datasets from October 1, 2008 through December 31, 2012. Patients diagnosed with RA were identified using International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis code 714.7, and followed to the first date diagnosis was designated as the index date. All patients were required to have continuous medical and pharmacy benefits 1 year pre- (baseline period) and post-index date (follow-up period). Health care resource utilization and costs during the baseline and follow-up periods were calculated.

RESULTS: Using Medicare FFS data, 112,550 RA patients were identified. The average age at diagnosis was 76 years, and 72.54% of patients were women and 83.94% were white. The most common baseline comorbidities were diabetes (35.38%), hypertension (30.83%) and cerebrovascular disease (21.50%). During the follow-up period, 66.35% of patients had inpatient admissions, 49.01% had emergency room visits, 87.93% had outpatient office visits, 87.43% had hospitalizations, and 88.72% had hospital complications. The average total costs incurred by RA patients were $37,219. The five most commonly-prescribed medications prescribed to treat RA were prednisone (3.40%), hydroxychloroquine (2.63%), methotrexate (2.06%), furosemide (2.13%), and omeprazole (2.13%).

CONCLUSIONS: RA patient demographic distributions and RA-related health care cost information was obtained and the most commonly prescribed medications to treat RA were identified.