GOLIMUAB SIGNIFICANTLY REDUCES TIME LOST FROM WORK FOR PATIENTS WITH RHEUMATOID ARTHRITIS: POOLED DATA FROM THREE PHASE 3 STUDIES Buchan J, Emery P, Keystone EJC, Smolen J, Doyle M*, Hisa EC*, Rahman MU*, Gathany T, Han C*, Parasaran S* Johnson & Johnson Pharmaceutical Services LLC, Malvern, PA, USA,*University of Leeds, Leeds, UK. **Hôpital Saint Antoine/ Mount Sinai Hospital, Toronto, ON, Canada, *Medical University of Vienna, Vienna, Austria, *Lentoraco Research and Development, Inc U Penn Medical School, Malvern*, Philadelphia, PA, USA OBJECTIVES: To evaluate the effect of golimumab (GLM) on time lost from work in patients with rheumatoid arthritis (RA). METHODS: The effect of GLM on time lost from work (days) was prospectively evaluated in 3 multicenter, randomized, double-blind, placebo-controlled studies in patients with RA. Pooled data from patients receiving any injection of study agent (GLM or placebo) with or without methotrexate (MTX) in 3 RA studies (GO-BEFORE, GO-FORWARD, and GO-AFTER) were included. GLM SC injections of 50 or 100 mg were administered q4 weeks. Time lost from work for patients was collected through a questionnaire at baseline and q8 weeks through week 24 and was summarized cumulatively through week 52. Relationships between groups using linear regression scores. The proportion of patients reporting no time lost from work in the GLM +/- MTX group was compared with the PBO +/- MTX group using the chi square test. RESULTS: Through week 24, significant differences in time lost from work were observed between the GLM +/- MTX group and the PBO +/- MTX group. At week 24, the PBO +/- MTX group lost 6.9 ± 19.7 days compared with 5.0 ± 19.4 days for the combined GLM +/- MTX group. At week 24, the 75th percentile for the combined GLM +/- MTX group was 1,000 day (range 0-180) compared with 3,000 days (range 0-120) for the PBO +/- MTX group. A significantly higher proportion of patients in the combined GLM +/- MTX group reported no time lost from work compared with the PBO +/- MTX group (73.5% vs. 60.7%; p = 0.002). CONCLUSIONS: GLM +/- MTX significantly reduced time lost from work for patients with RA compared with PBO +/- MTX.

THE ECONOMIC CONSEQUENCES OF RHEUMATOID ARTHRITIS: ANALYSIS OF THE MEDICAL EXPENDITURE PANEL SURVEY (MEPS) 2005 AND 2006 DATA Simons WR*, Chang CY*, Trivedi DN*, Rosenblat LC* Global Health Economics & Outcomes Research Inc, Summit, NJ, USA,*Bristol-Myers Squibb, Princeton, NJ, USA OBJECTIVES: Previous research reported the prevalence and health care and productivity cost of rheumatoid arthritis (RA) using Medical Expenditure Panel Survey (MEPS) 2004 data; this study replicates the analyses using 2005 and 2006 data. METHODS: MEPS, a comprehensive survey of approximately 35,000 individuals in the US, was used to identify non-institutionalized US persons with RA. Multiple linear and semi-log regressions were applied to estimate total annual health care expenditure and income (yearly wages) associated with RA. Covariates in the expenditure equations included demographic, comorbidity, and overall health status. Semi-log regression of income reduces the distribution of income symmetrically. Covariates in the income equations included demographic, comorbidity, education, occupation, and health status. RESULTS: A total of 150 and 148 patients with RA were identified in 2005 and 2006 versus 136 in 2004; 75% (2005) and 80% (2006) were women versus 76% (2004), and 53% (2005) and 50% (2006) of RA patients were between the ages 41–64 years versus 56% in 2004. Linear regressions demonstrated that the incremental increase in health care cost associated with RA was $2902 (P < 0.0001) in 2005 and $1882 (P = 0.003) in 2006, versus $4422 (2004). Semi-log regression explaining wages in 2005 and 2006 had adjusted R2 of 56% and 59%. RA significantly reduced wages by $2207 (-0.9237 log estimate) annually (P < 0.0001) in 2005 and $1,559 (-0.3038 log estimate; P = 0.05) in 2006; wages of RA patients in 2004 were reduced by $3526 (-1.088 log estimate). CONCLUSIONS: The economic impact of RA is substantial to both income loss and health care costs. Replication and validation of outcomes research is important to establish the precision of statistical associations as well as changes across time. Further study will explore whether changes in the care of patients with RA affect changes in outcomes over time.

HIGHER OUT-OF-POCKET PHARMACY EXPENSE IS ASSOCIATED WITH HIGHER SWITCHING RATES AMONG ANTI-TUMOR NECROSIS FACTOR IN PATIENTS WITH RHEUMATOID ARTHRITIS Jang S$, Changok A$, McKinsey RS$, Feld CT$ Ambac Ortho Botech Services, LLC, Horsham, PA, USA, $SOAL, PharmaTech Solutions, LLC, Philadelphia, PA, USA OBJECTIVES: To evaluate the relationship between out-of-pocket (OOP) pharmacy expenses and switching rates among anti-tumor necrosis factor (anti-TNF) agents in patients with rheumatoid arthritis (RA). METHODS: This retrospective medical claims for RA patients from the PharMetrics Patient Centric database. The index biologic date was defined as the first anti-TNF claim between January 1, 2000 and December 31, 2006. A minimum of 30 months of continuous plan eligibility was required for patients to be included. The OOP expense was measured as the amount out of pocket paid by patients for each prescription filled. The total OOP expense was recorded for each anti-TNF agent. Patients were stopped 3 months after the index biologic date. Patients switching between anti-TNFs (infliximab, etanercept, or adalimumab) were recorded. The pharmacy OOP expense was defined as the allowed amount minus the amount paid. The annual OOP expense paid by patients was used as a cut point to define the high and low OOP groups. RESULTS: A total of 3,080 patients were analyzed (74.5% female; mean age = 49.9 years). Half (1579, 51.7%) had an annual pharmacy OOP ≥$800. The mean and median annual OOP expenses for the study population were $929 and $328, respectively. During the study period, 465 (15.1%) patients switched to a different anti-TNF agent. Compared to the lower OOP expense group, patients in the higher OOP group had a higher switching rate (18.0% versus 12.0%, p < 0.0001), and shorter time to switch (329 days versus 352 days, p = 0.230). In the logistic regression, after controlling for age, gender, co-morbidity, and disease staging, patients in the high OOP group had significantly higher switching rate (odds ratio 1.60, 95% confidence interval 1.30–1.96). CONCLUSIONS: Higher OOP expenses were associated with higher rates of switching among the anti-TNF agents in the RA patient population. Decision makers may consider such findings in the benefit design of this therapeutic class.