utilization, lower QoL and greater work impairment. Additional research is warranted to further characterize the impact of cost and reimbursement on patient outcomes.

PSY25
HEALTH CARE RESOURCE UTILIZATION (HCU) AND COSTS ASSOCIATED WITH FRAILTY IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN A MEDICAID POPULATION IN THE UNITED STATES
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OBJECTIVES: Limited data exist on the economic impact of SLE frailty. This study estimated HCU and costs of SLE frailty in a U.S. Medicaid population.

METHODS: SLE Patients <18 years old were extracted from a large Medicaid database 2002-2009. Index date was the date of the first SLE diagnosis. All patients were continuously enrolled for at least 12 months before and 6 months after index date and followed until the earliest of inpatient death, end of enrollment, or end of study. Mild, moderate, and severe frailty were identified in the follow-up period. Costs attributable to frailty were measured during 50 days following a frailty. If a frailty of higher severity occurred within 30 days, the length was limited to the period up to the start of the new frailty.

RESULTS: 14,262 patients met the study criteria and 97% experienced at least one frailty during an average follow-up of 39 months (3,540 had severe, 9,597 had moderate, and 669 had mild frailty as their most severe frailty). Mean costs per frailty were $11,176, $652 and $129 for severe, moderate, and mild frailty, respectively. Patients with ≥2 severe frailties during follow-up had 1.7 inpatient (IP) admissions, 3.5 emergency room (ER) visits, and 16.0 outpatient (OP) visits with a total medical cost of $49,754 per year. Patients with ≥1 moderate frailties but no severe frailties had 0.9 IP admissions, 2.4 ER visits, and 12.8 OP visits with a cost of $21,941. Patients with only mild frailties had 0.1 IP admission, 1.5 ER visits, and 7.5 OP visits with a cost of $17,574. Patients with severe and moderate but no mild frailties and patients with severe frailty only incurred the highest annual cost ($66,412 and $74,491, respectively).

CONCLUSIONS: Frailty occurred in almost all SLE patients and was associated with a significant economic burden.

PSY26
COSTS AND OUTCOMES OF PATIENTS WITH HAEMOPHILIA A (HA) AND FACTOR VIII INHIBITORS TREATMENT: THE IMMUNE TOLERANCE AND ECONOMICS RETROSPECTIVE REGISTRY (ITER) RESULTS
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OBJECTIVES: Immune tolerance induction (ITI) is generally accepted as first choice treatment to eradicate inhibitors in hemophilia A patients. Little is known about the outcomes and cost consequences of this treatment option.

METHODS: The Immune Tolerance and Economics Retrospective (ITER) study is an observational, retrospective, multicenter, multinational study aiming to estimate cost of treatment in hemophilia A patients, undergoing ITI. Data on hematostatic treatment given in the following time periods were collected: up to 12 months before the diagnosis of Inhibitors, between Inhibitors diagnosis and ITI start, during ITI, and 12 months after the end of ITI. Costs of treatment were calculated in the perspective of the third party payer and expressed as mean $/patient/month.

RESULTS: Seventy-one valid patients, with median age at ITI start 38.0 (9-41) years, were enrolled. Before ITI the median Inhibitors peak titre was 18.5 (0.80-704) BU. ITI was given in the following time periods were collected: up to 12 months before the diagnosis of Inhibitors, between Inhibitors diagnosis and ITI start, during ITI, and 12 months after the end of ITI. Costs of treatment were calculated in the perspective of the third party payer and expressed as mean $/patient/month.

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