burden was 48.2%, 45.3% and 39.2%. **CONCLUSIONS:** The study suggests the economic burden of osteoporosis fractures is substantial in terms of LOS and inpatient costs and elderly fracture patients consume significantly more resources and medical costs related to these common and disabling conditions place an economic strain on health care systems. The aim of this assessment is to compare celecoxib against nonsteroidal anti-inflammatory drugs (NSAIDs), proton pump inhibitors (PPI) in five Latin American market from the payer’s perspective. **METHODS:** A cost-effectiveness evaluation was performed using a Markov model with a 6-month time horizon (12 cycles). The model compares celecoxib (200 mg bid) against NSAIDs (naproxen 500 mg/bid; diclofenac 100 mg/bid) alone and combined with PPI (omeprazole 20 mg/day). Model results were subdivided into two risk subpopulations: a) patients at low risk of GI and CV events (age 55+ with no prior risk factors); b) patients at high risk (age 65+ with previous risk factors). Efficacy and safety were retrieved from clinical literature (CONDOR Trial) and model uses Quality-Adjusted Life Years Gained (QALYs) as effectiveness measurement. Resource use and medical cost data was collected from local official databases and public hospital records from each noted LA market (all costs are expressed in 2012 USD). **RESULTS:** Celecoxib showed the highest health value in health 16 (2013) A1-A298.
insurance, bringing the average annual burden to €160 for these patients.

CONCLUSIONS: The annual medical cost of RA is significantly lower in Turkey relative to European estimates. With higher expenditures, there is a potential for a decrease in disease activity.

PMS25 ANKYLOSING SPONDYLITIS HEALTH CARE COSTS AND ASSOCIATED DISEASE ACTIVITY SCORES IN TURKEY

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OBJECTIVES: To explore the direct health care resources associated with ankylosing spondylitis (AS) in Turkey, and establish how treatment intensity, proxied as AS treatment expenditures, affects disease activity. METHODS: Medical records of 650 prevalent AS patients attending seven centers at tertiary health care institutions nationwide were examined to assess the annual direct health care costs. Eligible patients were age ≥18 and diagnosed with AS for at least 12 months. To identify direct costs, overall costs were categorized as inpatient, outpatient, pharmacy, and copay. Generalized linear models were used to determine factors affecting annual health care costs. Costs were adjusted by exchange rate of €1=2.30 Turkish Lira.

RESULTS: The average patient age was 40.1±11.33 standard deviation (SD) years and 35% of AS patients were female. Average disease duration was 7.9 years and more than 25% of patients suffered from at least one comorbidity. 7.54% of AS patients received inpatient care. 92.77% received outpatient care and 95.23% were prescribed at least one medication. 66.77% of patients were prescribed disease-modifying anti-rheumatic drugs (DMARDs). The mean (median) annual cost per patient was €6,059 (€6,825). The most significant portion of overall expenditures was due to drug cost (€5,728), while outpatient costs totaled €594 and inpatient costs €668. Copayments were relatively low at €1.3. Age and gender had no effect on inpatient health care costs. 54.92% of AS patients experienced work loss due to their condition. On average, annual cost due to work loss was calculated at €412. Two percent of patients also had other AS-related consultations, which were not covered by insurance. The average annual burden for these patients was €2482.

CONCLUSIONS: Inpatient and outpatient costs for AS patients are lower in Turkey relative to other European countries. Treatment intensity inversely affects GDA, indicating that GDA can be improved by increasing treatment intensity.

PMS26 LONG-TERM COSTS OF BIOLOGICS IN THE TREATMENT OF PSORIATIC ARTHRITIS IN THE UNITED STATES

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OBJECTIVES: The introduction of biologic therapies has dramatically changed the management of psoriatic arthritis (PsA). The study aimed to estimate long-term health care costs associated with PsA. The study aimed to estimate long-term health care costs associated with PsA.

RESULTS: The introduction of biologic therapies has dramatically changed the management of psoriatic arthritis (PsA). The study aimed to estimate long-term health care costs associated with PsA.

CONCLUSIONS: The introduction of biologic therapies has dramatically changed the management of psoriatic arthritis (PsA). The study aimed to estimate long-term health care costs associated with PsA.

PMS27 HEALTH CARE COSTS ASSOCIATED WITH FIRST- AND SECOND-LINE SWITCHING OF BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUGS

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OBJECTIVES: To determine health care costs of patients with rheumatoid arthritis (RA) from a single health plan who switch first- and second-line disease-modifying antirheumatic drug (bDMARD) therapy. METHODS: This observational, retrospective analysis utilized administrative claims from a large, commercial health plan database containing insured beneficiaries between January 1, 2015 and December 31, 2010. The first-line population consisted of patients with RA, newly initiated on abatacept, etanercept, infliximab or adalimumab, with 12 months of continuous follow-up. A new second-line patient cohort was defined as those initiating a bDMARD with evidence of a different bDMARD up to 2 years prior to index date. Switching to was defined as a different bDMARD claim within a 200% gap in days supply from the previous bDMARD claim. The days supply for bDMARDs was imputed based on the estimated 10-year cumulative direct costs per patient were $214,642 (95% CrI: $192,120 – $244,204), as estimated by using monthly cycles. Clinical efficacy data were obtained from individual CRF & hospital records. Costs se em to vary from patient to patient based on Disease Activity Score and also presence of co–morbid conditions. Hence it becomes vital to diagnose and control the disease at an early stage to control the economic burden on the patient.

PMS28 THE PHARMAECONOMIC AND HEALTH RELATED QUALITY OF LIFE IN RHEUMATOID ARTHRITIS (RA) PATIENTS IN A TERTIARY CARE HOSPITAL

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OBJECTIVES: To determine the average cost of treatment incurred, to perform pharmacoeconomic analysis of drug therapy and to study changes in patient outcomes in RA patients. METHODS: Patients with RA admitted with disease activity for RA patients. RESULTS: The study design was observational. Patient’s bill and insurance status was collected from the finance department for 250 RA patients. Inclusion and exclusion criteria were followed as per the ACR Guidelines (1987 and 2010). Patient drug therapy and diseases were recorded in individual CRFs. RESULTS: Of the 250 RA patients female to male ratio was found to be 3:1. 67% of patients admitted were aged 60-69 years. The average days of hospitalization was found to be 6 days with average discharge costs being INR 36,892. The total cost of therapy incurred per patient was INR 8961. The highest contribution was made by medications (INR 17,205), followed by nursing care (INR 11,045), rehabilitation care (INR 8,048), and other care (INR 5,047). The results are presented in the form of a cost-effectiveness analysis. This analysis showed that switching to bDMARD therapy had higher baseline monthly health care costs than non-switchers ($2417 vs. $2081; p<0.001). Post-index, first-line switchers had costs significantly higher after switch than non-switchers ($6091 vs. $4415), as compared to second-line switchers ($8376 vs $625). For controlling potential confounders, post-switching costs were increased by 35% (least squares [LS] mean $5693 vs. $4224; p<0.001) for first-line switchers and by 46% (LS mean $7799 vs. $5348; p<0.001) for second-line switchers. Since changes were small to vary with the replacement of understanding the implications associated with switching bDMARD therapy.

PMS29 COST OF BEST SUPPORTIVE CARE IN THE TREATMENT OF MODERATE-TO-SEVERE PSORIATIC ARTHRITIS IN THE UNITED STATES

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OBJECTIVES: To describe the best supportive care costs of psoriatic arthritis patients following discontinuation of DMARD therapy. METHODS: Adult patients with ≥2 PsA diagnoses (from office visits) with continuous insurance coverage ≥ 6-month before (baseline period) and ≥2-month post-index date were selected from the MarketScan Commercial and Medicare Claims database (2005-2009). The index date was defined as the last day of DMARD coverage. Discontinuation was defined as no DMARD treatment for ≥12 consecutive months from the last day of DMARD prescription coverage. Patients were classified as having discontinued from a biologic if there was evidence of biologic DMARD use during the baseline period; otherwise they were defined as having discontinued from non-biologic DMARD. Twelve-month average costs following discontinuation were calculated. RESULTS: A total of 1566 PsA patients met the selection criteria, 63.2% were discontinued on non-biologic DMARD therapy and 36.8% on biologic therapy. Of non-biologic DMARD users, 59.7% were on methotrexate and 40.3% on other DMARDs. Over the 12-month period following discontinuation, total costs were $10,146 (SD: $7,781) and $10,144 (SD: $17,812) for biologic and non-biologic users, respectively (p < 0.001). Outpatient and hospital/ER costs were significantly higher for the biologic discontinuers compared to the non-biologic discontinuers ($7,606 vs. $5,429, p=0.003, and $2,649 vs. $2,649, p=0.013, respectively) and accounted for 77% and 74% of total costs, respectively. Similarly, biologic users had higher drug costs ($3,314 vs. $2,649, p<0.002, respectively). CONCLUSIONS: This study suggests that outpatient and hospital/ER costs are proportionately higher in PsA patients who discontinued from DMARD therapy. Patients who had discontinued from biologic DMARD therapy incurred higher outpatient, hospital and drug costs compared to patients who had discontinued from non-biologic DMARD therapy.