drugs (70.75%). The most commonly prescribed anti-rheumatic drugs were NSAIDs and Antagonists (75.69%), DMARDs (20.6-70%) and Corticosteroids (4.00%). Multiple logistic regression analysis showed that females (OR: 0.55; 95% CI: 0.32-0.95), individual aged group 18 to 64 years (OR: 0.48; 95% CI: 0.29-0.78) were less likely to receive anti-rheumatic drugs, whereas those seeking care from rheumatologists (OR: 4.6; 95% CI: 2.42-8.77) and those with previous use of biologics (OR: 1.26-1.62) were more likely to receive anti-rheumatic drugs. CONCLUSIONS: Most (7 out of 10) visits for the RA involved use of anti-rheumatic drugs. Drug use per-patient varied across age, gender, physician specialty, and previous use of health care. Further research is needed to evaluate the variation across drug classes for RA.

PSM77 RELATIONSHIP BETWEEN THE DURATION OF RHUMATOMY PRACTICE EXPERIENCE AND LIKELIHOOD OF USE PERCEPTION BIOSIMILAR IN RHUMATOID ARTHRITIS (RA) ARENA Narayanav S

IPSOS Healthcare, Columbia, MD, USA
OBJECTIVES: To assess the relationship between duration of rheumatology practice experience and rheumatologists’ likelihood of use of biosimilars to manage RA patients in the European Union (EU), Brazil, Japan and China. METHODS: A multi-country cross-sectional survey was conducted in top-5 EU countries (UK/Germany/Spain/France/Italy), Brazil, Japan and China in April/May 2013 using an online physician panel in the respective geographies; rheumatologists were randomly selected for survey participation to be geographically representative in select countries/regions. Surveys assessed the rheumatologist practitioners’ perception and reasons preventing biosimilar use. Results: Most (7 out of 10) visits for the RA involved use of anti-rheumatic drugs. Drug use per-patient varied across age, gender, physician specialty, and previous use of health care.

PSM78 COMPARISON OF CLINICAL CHARACTERISTICS OF PATIENTS WITH RHEUMATOID ARTHRITIS (RA) RECEIVING A BIOLOGIC MONOTHERAPY AND BIOLOGIC COMBINATION THERAPY IN THE UNITED STATES Narayanav S

IPSOS Healthcare, Columbia, MD, USA, 2IPSOS Healthcare, London, UK
OBJECTIVES: To assess the clinical characteristics of patients with RA who received a biologic monotherapy (Mono) and biologic combination therapy (Combo) in the US. METHODS: A multi-country multi-center medical chart-review study of RA patients was conducted between Nov 2012-Jan 2013 among rheumatologists in the United States. Surveys assessed the rheumatologist practitioners’ perception and reasons preventing biosimilar use. Results: Most (7 out of 10) visits for the RA involved use of anti-rheumatic drugs. Drug use per-patient varied across age, gender, physician specialty, and previous use of health care.

PSM79 RELATIONSHIP BETWEEN THE DURATION OF RHUMATOMY PRACTICE EXPERIENCE AND LIKELIHOOD OF USE PERCEPTION BIOSIMILAR IN RHUMATOID ARTHRITIS (RA) ARENA Narayanav S

IPSOS Healthcare, Columbia, MD, USA, 2IPSOS Healthcare, London, UK
OBJECTIVES: To assess the relationship between duration of rheumatology practice experience and rheumatologists’ likelihood of use of biosimilars to manage RA patients in the European Union (EU), Brazil, Japan and China. METHODS: A multi-country cross-sectional survey was conducted in top-5 EU countries (UK/Germany/Spain/France/Italy), Brazil, Japan and China in April/May 2013 using an online physician panel in the respective geographies; rheumatologists were randomly selected for survey participation to be geographically representative in select countries/regions. Surveys assessed the rheumatologist practitioners’ perception and reasons preventing biosimilar use. Results: Most (7 out of 10) visits for the RA involved use of anti-rheumatic drugs. Drug use per-patient varied across age, gender, physician specialty, and previous use of health care.

PSM80 UTILIZATION OF CONSECUTIVE PATIENTS WITH RHEUMATID ARTHRITIS: PATIENTS DIAGNOSED WITH RHEUMATOID ARTHRITIS

PSM81 UTILIZING NORDIC REGISTRIES TO SUPPORT HEALTH ECONOMICS RESEARCH IN RHEUMATIC DISEASES Miller H

Karolinska Institutet, Stockholm, Sweden
OBJECTIVES: Rheumatic diseases are often characterized by pain and disability. Many pharmaceuticals are available for their treatment and a considerable number of health economic (HE) studies have been published. Nordic countries maintain long-term comprehensive disease and drug registries. HE analyses, particularly those which are based on registry data, can provide important information for health care decision makers. The primary objective of this study is to systematically review the HE studies which utilize Nordic registries and to provide a descriptive and critical analysis of this strategy. METHODS: Published literature was identified by searching the following databases: MEDLINE, EMBASE, Cochrane Library and Health Economic Evaluations Database; and PubMed. Search terms were pertinent to rheumatic diseases and HE. One reviewer screened and subsequently extracted data from studies which fulfilled inclusion/exclusion criteria. References and citation search was done on included studies. RESULTS: 45 HE studies were identified. Studies were conducted in Norway (n=26), Sweden, Denmark (n=26), Norway (n=11), Finland (n=4) and Denmark (n=4). Study types were modeling (n=13), costing (n=8), work productivity (n=6), quality of life (n=13), and a combination of HE and productivity (n=5). Registry data was used in all the studies to identify rheumatoid arthritis patients in regards to clinical (n=29), demographic (n=20), utility (n=18) and cost/