considered when an increase of 1.2 from baseline in DAS28 or an increase of 1.1 in ASDAS occurred. A cost analysis was done based on the purchasing prices of the 2 drugs at our centre.

Results: In a 12 months period switch to CT-P13 was performed in 60 patients for non-medical reasons. Disease activity (DA) was stable over the observation period and similar to the values observed with IFXor. Median follow-up time was 261 days during which disease worsening occurred in 3 (5%) patients. 1 patient had a minor adverse event (oedema of the lip). These 4 (6.7%) patients stopped the BS. One returned to IFXor and the other 3 switched to another drug. The switch to CT-P13 represented a 26.4% reduction of costs in the use of IFX Tx in these patients.

Abstract AB1231 – Table 1. Numbers are medians unless otherwise stated.

	Total (n=60)	SpA (n=36; 60%)	RA (n=16; 27%)	PA (n=8; 13%)
Age (years)	53 (48–64)	50 (41–59)	59 (52–70)	56 (48–64)
Gender (n,% male)	39 (65%)	30 (83%)	2 (13%)	7 (88%)
Disease duration (years)	17 (10–23)	16 (10–22)	18 (13–24)	16 (10–22)
Patients on methotrexate	41 (68%)	20 (33%)	15 (25%)	6 (10%)
Patients with previous biologic therapy	4 (6.7%)	1 (2.8%)	3 (18.8%)	0 (0%)
Time on IFX originator before switch (years)	7.9 (6.5–11.9)	7.7 (6.4–12.3)	8.4 (6.7–12.4)	7.6 (6.7–9.6)
Time on CT-P13 since switch (months)	9 (7–11)	9 (7–11)	10 (9–10)	9 (4–10)

Abstract AB1231 – Table 2. Variables median from baseline to 9 months after switch to CT-P13. ESR – Erythrocyte Sedimentation Rate; CRP – C-Reactive Protein; PtGA – Patient global assessment of DA; PhGA – Physician global assessment of DA.

	Baseline	3 Months after switch	6 Months after switch	9 Months after switch	Variation from baseline to 9 Months after switch
ESR (mm/h)	15 (10–21)	17 (9–29)	15 (9–24)	15 (9–24)	0
CRP (mg/dL)	0.18 (0.80–0.57)	0.17 (0.06–0.50)	0.19 (0.10–0.46)	0.25 (0.10–0.72)	0.07
PtGA (0–100)	30 (20–50)	20 (30–50)	30 (3–50)	30 (15–50)	0
PhGA (0–100)	20 (10–30)	20 (10–30)	20 (0–30)	20 (10–30)	0

Abstract AB1231 – Figure 1

Conclusions: The switch in routine care of a group of RA, SpA and PsA patients from IFXor to CT-P13 did not affect efficacy and safety and reduced costs in 26.4%.

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AB1232

ESTIMATING THE ECONOMIC VALUE OF A PATIENT SUPPORT PROGRAM IN RHEUMATOID ARTHRITIS IN THE UNITED KINGDOM

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Background: A Patient Support Program (PSP) offered by AbbVie to adalimumab-treated patients assists them with issues pertaining to medication costs, nurse support, injection training, pen disposal, and medication reminders. A number of studies have reported the benefit of enrollment in this PSP from different perspectives, including clinical, patient-reported, and adherence outcomes.^{1–2} There is limited information available on the economic value of the PSP.

Objectives: To estimate the incremental economic value associated with enrollment in the PSP for adalimumab-treated patients with rheumatoid arthritis (RA) from a UK societal perspective.

Methods: An Excel-based economic model was developed to describe adalimumab-treated PSP enrollees over non-enrollees in terms of a) improvement in clinical status as measured by the Health Assessment Questionnaire Disability Index (HAQ-DI), which resulted in reduced healthcare resource utilisation (HRU), and b) improvement in work productivity as measured by the Work Productivity and Activity Impairment Questionnaire (WPAI). The associated incremental direct and indirect cost savings were estimated over a 12 month period. Scores on HAQ-DI, work productivity impairment, and employment rate were obtained from a prospective, observational Phase IV study assessing patient satisfaction and outcomes in the context of the PSP (AbbVie Care) among RA patients (NCT01383421, PASSION)¹. Inputs from literature and UK-specific publically available sources were used to model the association between HAQ-DI score categories (0 –<0.6, 0.6 –<1.1, 1.1 –<1.6, 1.6 –<2.1, 2.1–3) and HRU among RA patients, and to obtain unit costs of HRU (i.e., hospitalizations, specialist visits, imaging assessments) and weekly work compensation.

Results: In PASSION, a greater proportion of PSP enrollees were in the lower HAQ-DI categories (i.e., better outcomes) and enrollees had greater reduction in total work impairment than non-enrollees after treatment with adalimumab. Assuming a population of 10 000 adalimumab-treated RA patients in the UK, this was associated with an incremental annual cost saving of £2,320,809 should all these patients enrol in the PSP. The largest proportion of incremental cost saving resulted from the reduction in RA-related hospitalizations (£1,550,637; 66.8%). Cost saving due to improved work productivity accounted for the second largest proportion (£686,963, 29.6%). Specialist visits and imaging assessments accounted for 1.9% (£44,564) and 1.7% (£38,645) of the total incremental cost saving, respectively.

Conclusions: Enrollment in AbbVie's PSP was shown to be associated with incremental cost saving among adalimumab-treated RA patients due to reduced resource utilisation and improved work productivity.

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AB1233

DOES TIME MATTER? A SYSTEMATIC REVIEW TO ASSESS THE RELATIONSHIP BETWEEN DELAY IN DIAGNOSIS AND COSTS IN DMARD-NAÏVE RA PATIENTS

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Background: Early diagnosis is crucial to enable timely DMARDs initiation in RA patients. Although, early treatment improves clinical outcomes, it is unclear whether this has a similar impact on health economic outcomes. Early DMARDs