Conclusions: After adjusting for the total volume of scripts dispensed, the rate of ADRs involving pregabalin in both the VPIC and DAEN databases did not increase after a streamlined approval mechanism was adopted, leading to significantly increased use. These data do not support the emergence of undue adverse drug reactions from increased off-label use of pregabalin.

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FRI0616 COST-EFFECTIVENESS OF SWAPPING STRATEGY FOR ESTABLISHED PSORIATIC ARTHRITIS AND IMMEDIATE VERSUS STANDARD SWAPPING STRATEGY FOR EARLY PSORIATIC ARTHRITIS

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Background: For patients with psoriatic arthritis (PsA) failing the first TNF-inhibitor, switching to biologic DMARDs [bDMARDs] with different mechanism of actions (swapping strategy) may be superior than switching to another anti-TNF (cycling strategy) [1,2].

Objectives: To evaluate the cost-effectiveness of 1) swapping strategy for established PsA and 2) immediate versus standard swapping strategy for early PsA from the Hong Kong (HK) societal perspective

Methods: Based on comparative effectiveness from network meta-analysis of randomized controlled trials and treatment-specific withdrawal and serious adverse event rate, a swapping York model with life time horizon was developed to evaluate swapping strategy relative to best supportive care (BSC) for PsA failing the first anti-TNF. Initial response to bDMARDs was determined using the Psoriatic Arthritis Response Criteria. The impact of biologics on the arthritis component of the disease is modelled via a change in the HAQ and the impact of the skin component measured using the Psoriasis Area and Severity Index. The model was specified for two hypothetical subpopulations including patients with 1) established PsA (age=47, HAQ=1.22, figure 1A) received five swapping strategies and 2) early PsA^[3] (age=40, HAQ=0.71, figure 1B) received immediate (start bDMARDs after diagnosis) or standard (initially given BSC and then start bDMARDs when HAQ increase to 1.22) use of the most cost-effective swapping strategy. Both subpopulations were further classified according to the level of concomitant psoriasis [mild to moderate psoriasis (MMP, PASI=0.73) or moderate to severe psoriasis (MSP, PASI=12.5)]. All five swapping strategies started with an anti-TNF (infliximab, adalimumab, etanercept, certolizumab or golimumab), followed by secukinumab 300 mg and then ustekinumab 45 mg. The cost-effectiveness of each strategy was determined using a willingness-to-pay (WTP) threshold of £32,356/ quality-adjusted life-year (QALY) (HK Gross Domestic Product per capita).

Results: For the base-case scenario, all five swapping strategies are cost-effective versus BSC strategy for established PsA, which are associated with greater QALY gain and lower treatment related direct costs, psoriasis cost and

productivity loss. In established PsA with MMP and MSP, etanercept swapping strategy is likely to be the most cost-effective strategy with an incremental cost £9,518.93 and £9,084.58 per QALY gained over BSC strategy respectively. For early PsA with MMP and MSP, the base-case results indicated that standard etanercept swapping strategy was cost-saving (£-50,635.74 and £-67,843.32) and more effective (1.20 and 1.32 QALYs); while immediate etanercept swapping strategy was costlier (£13294.95 and £8986.16), more effective (3.82 and 3.27 QALY), and had relative low ICER (£3482.36 and £2745.35 per QALY gained) relative to BSC strategy.

Conclusions: Swapping strategy showed favorable cost-effectiveness for established PsA as well as early PsA. The increased costs of biologic agents are offset by the gain in benefits from long-term HAQ reduction.

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FRI0617 UPTAKE ON FLU AND PNEUMONIA VACCINATION AT THE RHEUMATOLOGY CLINIC AT A UK DISTRICT GENERAL HOSPITAL- ARE WE BETTER THAN 10 YEARS AGO?

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Background: Patients with rheumatic diseases are at increased risk of contracting infection due to the disease itself or because of the use of immunomodulatory medication. EULAR has developed recommendations and supports vaccination against influenza and pneumococcal infections in immunocompromised patients¹. Despite convincing data regarding the efficacy of vaccination with the use of disease-modifying anti rheumatic drugs (DMARDs), previously published data from our trust in 2007 showed that uptake of vaccination was suboptimal especially in those aged <65 years².

Objectives: To establish the influenza or pneumococcal (pneumovax) vaccination uptake and explore reasons for reduced uptake in patients attending a rheumatology clinic.

Methods: Prospective audit of 100 patients attending the Rheumatology clinic in a UK district hospital using an anonymised survey during November to December 2017 and comparison with the data of 10 years ago.