The sensitivity analysis confirmed the findings and showed even more favorable results for Secukinumab. CONCLUSIONS: ACR 20/50/70 response rates would be US$ 406.52 or with an incidence difference between strategies of 0.032. In addition, for cardiovascular death the average cost should be US$ 290.03 or a difference of 0.071. All the probabilistic sensitivity analyses performed established an unfavorable relationship of the anti-TNF treatment strategy. These results are robust to both deterministic and probabilistic sensitivity in the CEA among patients with rheumatoid arthritis for ischemic heart disease when compared to the anti-TNF drug treatment strategy against to the dominant strategy which mirrors 6 months of drug exposure point to an unfavorable relationship, surpassing the Brazilian Health Ministry’s willingness to pay in the year 2015.

PMS21
SECUKINUMAB VS ADALIMUMAB FOR THE TREATMENT OF ANKYLOSING SPONDYLITIS: A COST PER RESPONDER ANALYSIS AT 52 WEEKS FROM A BRAZILIAN PERSPECTIVE

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OBJECTIVES: To estimate and compare the long-term cost per responder based on the available clinical trials of secukinumab and adalimumab, respectively. RESULTS: MAIC analysis showed that ASAS (20, 40 and 50%) response rates were significantly higher for secukinumab compared to adalimumab at 52 weeks. ASAS 20, ASAS 40 and ASAS 50% response rates were 81% vs. 65%, 62% vs. 47%, 74% vs. 55% for secukinumab vs. adalimumab, respectively. The cost per ASAS 20 responder was BRL1,652 vs. BRL1,475,466, cost per ASAS 40 responder was BRL2,407 vs. BRL2,507,127, whereas, cost per ASAS 50% responder was BRL6,240 vs. BRL7,514 for secukinumab vs. adalimumab, respectively. The costs per ASAS (20, 40 and 50%) responders were about 60% lower for secukinumab compared to adalimumab for all outcomes at 52 weeks. Sensitivity analyses confirmed the robustness of the findings. CONCLUSIONS: The long-term cost per responder for all ASAS outcomes at 52 weeks were consistently lower for secukinumab vs. adalimumab. These findings indicate that it is more efficient to treat AS patients with secukinumab vs. adalimumab in Brazil, more AS patients could be effectively treated in Brazil with secukinumab vs. adalimumab with a given budget, due to the cost-offsets.

PMS22
SECUKINUMAB VS ADALIMUMAB FOR THE TREATMENT OF PSORIATIC ARTHRITIS: A COST PER RESPONDER ANALYSIS AT 48 WEEKS FROM A BRAZILIAN PERSPECTIVE

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OBJECTIVES: To estimate and compare the long-term cost per responder based on the American College of Rheumatology outcomes (ACR 20/50/70) following 48 weeks of psoriatic arthritis (PsA) treatment with secukinumab relative to adalimumab in PsA patients with PsA. METHODS: Two randomized, double-blind, placebo-controlled clinical trials of teriparatide 20mcg for maximum treatment duration of 18 months was analyzed considering cost-effectiveness based on the clinical benefit and treatment cost impact. The clinical benefit was represented by a decrease in the risk of new fractures due to the higher price of secukinumab. RESULTS: ACR 20 response rates were 80%, 74% and 56% ACR 20/50/70 response rates were 54%, 41% and 31% for secukinumab 150mg, secukinumab 300mg and adalimumab respectively. The sensitivity analysis confirmed findings with even more favorable results for secukinumab. CONCLUSIONS: The long-term cost per responder for all ACR outcomes at 48 weeks were consistently lower for secukinumab (150,300mg) vs. adalimumab. These findings indicate that it is more efficient to treat PsA patients with secukinumab vs. adalimumab in Brazil, more PsA patients could be effectively treated in Brazil with secukinumab vs. adalimumab with a given budget, due to the cost-offsets.