

100 UKA operations per year, r-UKA was more costly than t-UKA but offered better clinical outcomes, the estimated cost per QALY was £2,831. The results were more favourable to younger patients aged less than 55 and sensitive to case volumes and follow up period. **Conclusions:** r-UKA is cost-effective compared with t-UKA over a 5 year period. **Results:** are dependent on case volumes, follow up period and favours younger age groups. *NAVIO™ System (Smith & Nephew, Pittsburgh, PA, USA).

PMS30

ANNUAL HEALTH INSURANCE TREATMENT COST OF SUBTROCHANTERIC FRACTURE BASED ON ROUTINELY COLLECTED REAL-WORLD FINANCING DATA

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Objectives: Subtrochanteric fractures cause some burden for the individual and society. Our aim was to determine the annual health insurance treatment cost of subtrochanteric fracture in Hungary. **Methods:** Data were derived from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA), for the year 2018. Data analysed included annual health insurance costs, patient numbers and cost distribution calculated for age groups and sex. The following cost categories were included into the study: general practice care, home care, in- and outpatient care, medical imaging, laboratory diagnostics, pharmaceuticals and medical aids. Patients with subtrochanteric fracture were identified with the following code of the International Classification of Diseases 10th revision: S7220. **Results:** In 2018, the Hungarian National Health Insurance Fund Administration spent 1.045 billion Hungarian Forints (HUF) on the treatment of patients with subtrochanteric fracture, which equals to 3.87 million American Dollars (USD), or 3.28 million Euros (EUR). 27.3% of costs was spent on the treatment of male, while 72.7% on female patients. The highest patient numbers were in outpatient care: 507 men (34.3%), and 972 women (65.7%), in total 1,479 patients. Acute inpatient care (91.2% of total health insurance costs in men, 89.61% in women), chronic inpatient care (3.62% in men, 5.75% in women) and specialist home care (1.05% in men, 1.38% in women) were the main cost drivers, while all other forms of medical care amounted to 3.7% in men and 3.3% in women. Annual health care treatment cost per patient was 562,161 HUF (2,080 USD/1,763 EUR) in men and 782,081 HUF (2,894 USD/2,453 EUR) in women. **Conclusions:** Acute inpatient care was the major cost driver. There was a small difference in major cost drivers between men and women. Average, annual health insurance costs per patient was significantly (39%) higher in women than in men.

PMS31

ANNUAL HEALTH INSURANCE TREATMENT COST OF INJURIES TO THE ANKLE AND FOOT BASED ON ROUTINELY COLLECTED REAL-WORLD FINANCING DATA

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Objectives: Injuries to the ankle and foot cause significant burden for the individual and society. Our aim was to determine the annual health insurance treatment cost of injuries to the ankle and foot in Hungary. **Methods:** Data were derived from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA), for the year 2018. Data analysed included annual health insurance costs, patient numbers and cost distribution calculated for age groups and sex. The following cost categories were included into the study: general practice care, home care, in- and outpatient care, medical imaging, laboratory diagnostics, pharmaceuticals and medical aids. Patients with injuries to the ankle and foot were identified with the following code of the International Classification of Diseases 10th revision: S90-99. **Results:** In 2018, the NHIFA spent 2.187 billion Hungarian Forints (HUF) on the treatment of patients with injuries to the ankle and foot [8.09 million American Dollars (USD), or 6.85 million Euros (EUR)]. 53.9% of costs was spent on the treatment of male, while 46.1% on female patients. The highest patient numbers were in outpatient care: 113,948 men (50.7%), and 110,805 women (49.3%), in total 224,753 patients. Outpatient care (59.7% of total health insurance costs in men, 64.6% in women), acute inpatient care (16.7% in men, 10.5% in women) and medical aids (10.1% in men, 10.3% in women) were the main cost drivers, all other forms of medical care amounted to 13.6% in men and 14.6% in women. Annual health care treatment cost per patient was 10,354 HUF (38 USD/32 EUR) in men and 9,094 HUF (34 USD/29 EUR) in women. **Conclusions:** Outpatient care was the major cost driver. There was a difference in major cost drivers between men and women. Average, annual health insurance costs per patient was 14% higher in men than in women.

PMS32

A COST EFFECTIVENESS ASSESSMENT OF DUAL MOBILITY BEARINGS IN REVISION HIP ARTHROPLASTY

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Objectives: Dislocation rates of traditional single bearing (SB) implants in revision total hip arthroplasty (THA) have been reported to be 8-10%. The use of Dual Mobility

(DM) bearings can reduce this risk to 0.5-2%. However, DM bearings are more costly and is not clear if the additional clinical benefits constitute value for money for the payers. We aim to estimate the cost-effectiveness of DM bearing compared to SB for patients undergoing revision THA. **Methods:** We developed a Markov model over 5, 10 and 14 year time horizon, to estimate the expected cost and benefits of DM compared to SB in patients undergoing revision THA. The transition probabilities for revision, re-revisions, post-operative mortality was estimated from the published United Kingdom National Joint Registry and published literature and stratified by sex and age. Implant and healthcare costs were estimated from local procurement prices and national tariffs. Quality-adjusted life-years (QALY) were calculated using published utility estimates for patients undergoing THA. **Results:** At a minimum five years follow up, DM was cost-effective with an estimated incremental cost-effectiveness ratio (ICER) of between £3,006 to £18,745/ QALY for patients <55 years and 64-75 years respectively. For those aged >75 years DM was only cost-effective if the time horizon was beyond 7 years or more. DM was cost-saving for ages less than 75 and cost-effective for over 75 years if the time horizon was 10 or more years. **Conclusions:** DM is cost-effective when compared with SB in patients undergoing revision THA. The younger the patient is, the more likely that a DM bearing is more cost-effective. The results are affected by the time horizon and cost of bearings for those aged over 75 years. For patients over 75 years, it must be left to the discretion of the clinician to consider if usage remains an economic and clinical option.

PMS33

BUDGET IMPACT ANALYSIS OF KNEE JOINT REPLACEMENT DELAY IN PATIENTS WITH SEVERE KNEE OSTEOARTHRITIS TREATED WITH HYLAN GF-20, LOW MOLECULAR WEIGHT HYALURONATES AND CORTICOSTEROIDS IN COLOMBIA

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Objectives: Calculate the budgetary impact of delaying total knee replacement (TKR) in patients with severe knee osteoarthritis (KO) (grade III and IV), without adequate response to non-pharmacological therapy or simple analgesics, who are candidates for treatment with Hylan GF-20, in comparison with low molecular weight hyaluronates (LMWHA) and corticosteroids since the Colombian Healthcare System perspective. **Methods:** Target population was patients over 60 years with severe KO (grade III and IV), without adequate response to non-pharmacological therapy or simple analgesics. A set of delaying TKR scenarios were simulated based on different time horizons, to show that Hylan GF-20, LMWHA and corticosteroids are related with different times to make patients need a TKR. Clinical data were obtained from literature. Direct medical and follow-up costs were obtained from public databases; 4 accumulated budget impacts were obtained for different time horizon scenarios (as if all patients had been treated during 3, 6, 8 or 10 years). **Results:** 208,482 patients were calculated. Scenario 1: 9.75% of patients getting a TKR at year 3, with savings for US\$ 56 million vs LMWHA and financial effort for US\$ 28 million vs corticosteroids. Scenario 2: 19.5% of patients getting a TKR at year 6, with savings for US\$ 119 million (US\$102 million vs LMWHA and US\$ 17 million vs corticosteroids). Scenario 3: 26% of patients getting a TKR at year 8, with savings for US\$ 192 million (US\$ 139 million vs LMWHA and US\$ 53 million vs corticosteroids). Scenario 4: 32.5% of patients getting a TKR at year 10, with savings for US\$ 265 million (US\$ 175 million vs LMWHA and US\$ 90 million vs corticosteroids). **Conclusions:** Potential savings were observed due the delay of TKR with Hylan GF-20 in comparison with LMWHA and corticosteroids. Savings were higher when the time horizon was longer.

PMS34

TALTZ® (IXEKIZUMAB) FOR TREATMENT OF PSORIATIC ARTHRITIS IN THE UNITED STATES: A BUDGET IMPACT ANALYSIS

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Objectives: Ixekizumab is an interleukin-17A inhibitor approved in the United States (US) for the treatment of adult patients with psoriatic arthritis (PsA). This analysis assessed the budget impact of introducing ixekizumab into the US market for the treatment of PsA in biologic disease-modifying anti-rheumatic drug (bDMARD)-naïve patients and in tumor necrosis factor inhibitor (TNFi)-experienced patients. **Methods:** A budget impact model was developed to demonstrate the economic impact of adding ixekizumab to a reference formulary for treatment of PsA from both third-party US payer and US Medicare Part D perspectives over a 3-year time horizon. Model input parameter values for epidemiology, clinical response, resource use, and direct costs were obtained from published literature and other publicly available sources. Future market share projections were derived from Eli Lilly internal market research data. Response to treatment (ACR 20) was obtained from clinical trials and patients not achieving response were assumed to switch to another biologic treatment, using corresponding market shares for subsequent treatment lines. The robustness of the results was tested via deterministic sensitivity analyses (DSA).