fracture risk for any fractures (AF), hip fractures (HF), vertebral fractures (VF), and non-vertebral fractures (NVF) separately, controlling for patient characteristics, insurance type, health care provider type, Charlson comorbidity index score, pre-index bone mineral density test, medication use and fracture history. RESULTS: Among patients with PPI between 2002 and 2007, prevalence in NVF was significantly higher in the RA population compared to the general population (37% vs. 17%). After adjusting for demographics (age, gender, race) and risk factors (hypertension, diabetes), RA significantly increased the likelihood of CVD events (OR: 1.535, 95% CI: 1.416-1.671, p < 0.001). This increase was also independently increased the likelihood of CVD events. CONCLUSIONS: We found that RA independently increased cardiovascular risk by 1.5 times, in a Medicaid population with high baseline risk.

Muscular-Skeletal Disorders – Cost Studies

PMS9
THE BUDGET IMPACT OF LOWER GPA ADHERENCE IN PATIENTS WITH CHRONIC NON-STEROIDAL AND COX-2 INHIBITOR USE
Bonallack M1, Johnson BT2, Crawley C3, Hellmulland K4
1Thomson Reuters, Andover, MA, USA, 2Thomson Reuters, Washington, DC, USA, 3AstraZeneca Pharmaceuticals LP, Wilmington, DE, USA

OBJECTIVES: To evaluate the budget impact of adherence to concomitant gastrointestinal (GI)可怜物。Clinical guidelines recommend that patients at high risk for UGI complications using non-NSAIDs or COXIBs for arthritis pain management should concomitantly take GPA, however, GPA use and adherence are often low. We estimated the budget impact of adherence to GPA for arthritis patients using the MarketScan Research Databases, using a sample of patients ≥50 years old with at least two prescriptions for non-NSAIDs or COXIBs from 2001 through 2007 (N=739,248). Treatment-specific UGI event rates and costs were taken from the literature, and a sensitivity analysis was performed around the model inputs. RESULTS: In the base case analysis, NSAID-induced UGI events are responsible for $9,328,857 in direct medical costs annually in a hypothetical health plan with 100,000 members, where 21.6% of patients are on chronic non-NSAIDs or COXIB therapy for arthritis and 8% of these patients at increased risk of a UGI event due to age, previous ulcer history, or both. Increasing GPA adherence to 75% increases these costs by $737,834 ($0.62 per prescription, $57,074 per pharmacy). CONCLUSIONS: GPA adherence has a strong impact on the cost associated with NSAID-induced UGI events. This finding was consistent throughout sensitivity analyses varying risk factors and costs of UGI events.

PMS10
The cost consequence of colchicine approval in the Medicaid programs in 20 states
Zhine Y1, Kelton C2, Guo JJ3
1University of Cincinnati, Cincinnati, OH, USA

OBJECTIVES: In 2009, the price of colchicine, an anti-gout agent that is also used to treat familial Mediterranean fever, skyrocketed, surprising physicians, patients, and payers. Objectives are to (1) determine the cost consequence to the U.S. Medicaid programs of this price rise and (2) explain why it occurred. METHODS: Medicaid drug utilization data were used to identify all colchicine products from 2000 quarter 1 through 2010 quarter 1. The first five digits of each product’s NDC code were used to identify the manufacturer. A retrospective, descriptive analysis was conducted to determine the trends of colchicine utilization (prescriptions and tablets), spending (in 2009 US$), and reimbursement per tablet as a proxy for price. RESULTS: Colchicine utilization by Medicaid enrollees increased from 2000 to 2005, reaching 417,000 prescriptions (18 million tablets, $4.5 million). Following Medicare Part D and the movement of dual eligibles from Medicare to Medicaid, Medicaid colchicine utilization dropped 72% in terms of number of prescriptions. The average spending for colchicine not marketed by URL Pharma increased from $0.27 per tablet in 2000–2009 to $0.35 in the first quarter of 2010 (30% increase), while the Colcrys® price (URL’s branded drug) rose from $0.29 in 2000–2008 to $3.79 in 2009–2010 (12-fold increase). It is estimated that an additional $21 million could be added to Medicaid spending if all patients on single-agent colchicine treatment switched to Colcrys®. CONCLUSIONS: The rise in price is an unintended consequence of a drug-safety initiative launched in June 2006 by the U.S. Food and Drug Administration (FDA) to phase out unapproved drugs, including single-agent oral colchicines. Meanwhile, the FDA granted approval to URL Pharma in July 2009, inadvertently creating a monopolistic situation in which the drug’s single-source supply and lack of generic competition are not approved to stimulate competition, a substantial financial burden will be placed on patients and taxpayers.

PMS11
Applying the stratified propensity score matching method when estimating health care costs of rheumatoid arthritis patients
Jasen D, Xia L
1StateMed Research, Ann Arbor, MI, USA

OBJECTIVES: To apply the stratified propensity score matching technique to estimate the healthcare costs of rheumatoid arthritis (RA) patients. METHODS: Con-