OBJECTIVES: To determine the demographic distribution and health care burden of patients with rheumatoid arthritis (RA) using Medicare fee-for-service (FFS) data. METHODS: A retrospective analysis was performed using the 100% Medicare FFS datasets from October 1, 2008 through December 31, 2012. Patients diagnosed with RA were identified using International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis code 714. Costs and resources associated with each first diagnosis date were documented as the index date. All patients were required to have medical and pharmacy benefits 1 year pre- (baseline period) and post-index date follow-up periods calculated. RESULTS: Using Medicare FFS data, 112,550 RA patients were identified. The average age at diagnosis was 76 years, and 72.5% of patients were women and 83.9% were white. The most common baseline comorbidities were hypertension (29.04%), diabetes (30.83%) and cerebrovascular disease (21.50%). During the follow-up period, 66.35% of patients had inpatient admissions, 49.01% had emergency room visits, 87.93% had outpatient office visits, 87% had outpatient hospital visits, and 61.67% had pharmacy visits. Costs were on average, $261,456, $256,413, $2,404, $4,606, and $2,490, respectively. The average total costs incurred by RA patients were $37,219. The five most commonly prescribed medications prescribed to treat RA were prednisone (3.40%), paroxetine (0.59%), levothyroxine sodium (2.63%), hydrocodone bit/acetaminophen (2.39%), furosemide (1.23%) and omeprazole (2.13%). CONCLUSIONS: RA patient demographic distributions and RA-related health care cost information was obtained and the most commonly prescribed medications to treat RA were identified.

PMS35
COMORBIDITY BURDEN AND INCREMENTAL COST OF FRACTURES IN MALIGNED MEN WITH NON-METASTATIC PROSTATE CANCER TREATED WITH ANDROGEN DEPRIVATION THERAPY

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OBJECTIVES: Bone loss and fractures following initiation of androgen deprivation therapy (ADT) result in excess healthcare costs. There is limited information regarding the extent to which these costs depend on the patient’s comorbidity profile. We examined the comorbidity burden on the incremental cost of fractures in older men with non-metastatic PCa and treated with ADT. METHODS: Using linked Surveillance, Epidemiology, and End Results Medicare data, we identified 87,646 men aged 66 years or older with non-metastatic PCa diagnosed during 2000–2005 and treated with ADT. Patients were followed until death or up to 5 years after ADT initiation. Total direct medical costs, in 2010 dollars, were calculated for each month. To account for the variation in monthly costs, non-metastatic PCa patients were matched to the baseline Charlson Comorbidity Index (CCI). RESULTS: Application of a study inclusion criteria resulted in 30,804 men with non-metastatic PCa (median age: 76 years), of whom 57% had 5 years of follow-up, 28% died, and 15% were censored. The mean (interquartile range) adjusted 5-year total cost was $77,244 ($35,366–$92,077), and was higher (p < 0.01) for men with baseline congestive heart failure, chronic renal failure, and diabetes with complications. During follow-up, 6,779 men (22%) experienced a fracture, and the mean (median) time from ADT initiation to first fracture was 25.1 (2.2) months. The adjusted incremental cost of fractures was $33,666, and varied on average and varied by baseline CCI as follows: $31,800 among patients with CCI=0; $34,320 among patients with CCI=1; and $46,678 among patients with CCI=3 or higher. CONCLUSIONS: Among older men with PCa treated with ADT, the incremental cost of fractures was highest among those with greater comorbidity burden.

PMS36
HEALTH CARE COST BURDEN AND DEMOGRAPHIC DISTRIBUTION OF PATIENTS DIAGNOSED WITH PSORIATIC ARTHRITIS IN THE U.S. MEDICARE POPULATION

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OBJECTIVES: To evaluate the health care costs and demographic characteristics of patients diagnosed with psoriatic arthritis (PsA) in the Medicare fee-for-service (FFS) database. METHODS: A retrospective database analysis was performed using the 100% Medicare FFS Datasets from October 1, 2008 through December 31, 2012. Patients were identified with FFS and Charlson Comorbidity Index (CCI) ≥ 1. Patients with Charlson of ≥ 1 were associated with a significant hospitalization cost among the sickest patients (Charlson ≥ 3). Patients were 2.27 (primary), 1.88 (bilateral), and 2.44 (revision) greater odds of transplants vs healthy controls. Unadjusted total hospitalization costs were $17,867, $26,972, and $26,972 for each procedure, respectively. The adjusted incremental cost associated with transplants was $2,840, $4,985, and $9,267, respectively. GLM results showed that the incremental cost associated with transplants was $13,558 primary (mean age, 66, 37% male), 33,977 bilateral (mean age, 63, 45% male), and 32,494 revision (mean age 65, 41% male). The adjusted incremental cost of transplants was $11,331, with a CCI of $2,630, hydrocodone/acetaminophen 30%, furosemide (13%), and omeprazole (9%).

PMS37
HEALTH CARE COST BURDEN AND DEMOGRAPHIC DISTRIBUTION OF PATIENTS WITH RHEUMATOID ARTHRITIS IN THE U.S. MEDICARE POPULATION

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OBJECTIVES: To evaluate the health care costs and demographic characteristics of patients diagnosed with rheumatoid arthritis (RA) using Medicare fee-for-service (FFS) data. METHODS: A retrospective analysis was performed using the 100% Medicare FFS Datasets from October 1, 2008 through December 31, 2012. Patients were identified with FFS and Charlson Comorbidity Index (CCI) ≥ 1. Patients with Charlson of ≥ 1 were associated with a significant hospitalization cost among the sickest patients (Charlson ≥ 3). Patients were 2.27 (primary), 1.88 (bilateral), and 2.44 (revision) greater odds of transplants vs healthy controls. Unadjusted total hospitalization costs were $17,867, $26,972, and $26,972 for each procedure, respectively. The adjusted incremental cost associated with transplants was $2,840, $4,985, and $9,267, respectively. GLM results showed that the incremental cost associated with transplants was $13,558 primary (mean age, 66, 37% male), 33,977 bilateral (mean age, 63, 45% male), and 32,494 revision (mean age 65, 41% male). The adjusted incremental cost of transplants was $11,331, with a CCI of $2,630, hydrocodone/acetaminophen 30%, furosemide (13%), and omeprazole (9%).

PMS38
DEMOGRAPHIC DISTRIBUTION AND ECONOMIC BURDEN OF PATIENTS DIAGNOSED WITH RHEUMATOID ARTHRITIS IN THE U.S. MEDICARE POPULATION

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OBJECTIVES: To determine the demographic distribution and health care burden of patients diagnosed with rheumatoid arthritis (RA) using Medicare fee-for-service (FFS) data. METHODS: A retrospective analysis was performed using the 100% Medicare FFS datasets from October 1, 2008 through December 31, 2012. Patients diagnosed with RA were identified using International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis code 714. Costs and resources associated with each first diagnosis date were documented as the index date. All patients were required to have medical and pharmacy benefits 1 year pre- and post-index date follow-up periods calculated. RESULTS: Using Medicare FFS data, 112,550 RA patients were identified. The average age at diagnosis was 76 years, and 72.5% of patients were women and 83.9% were white. The most common baseline comorbidities were hypertension (29.04%), diabetes (30.83%) and cerebrovascular disease (21.50%). During the follow-up period, 66.35% of patients had inpatient admissions, 49.01% had emergency room visits, 87.93% had outpatient office visits, 87% had outpatient hospital visits, and 61.67% had pharmacy visits. Costs were on average, $261,456, $256,413, $2,404, $4,606, and $2,490, respectively. The average total costs incurred by RA patients were $37,219. The five most commonly prescribed medications prescribed to treat RA were prednisone (3.40%), paroxetine (0.59%), levothyroxine sodium (2.63%), hydrocodone bit/acetaminophen (2.39%), furosemide (1.23%) and omeprazole (2.13%). CONCLUSIONS: RA patient demographic distributions and RA-related health care cost information was obtained and the most commonly prescribed medications to treat RA were identified.