Benefits associated with early detection and treatment of RA with biologics warrant closer scrutiny to alleviate patient burden.

**PMS71** EXPLORING THE DIFFERENCES OF DISEASE, HEALTH STATUSES AND HEALTH UTILIZATION BETWEEN ELDERLY WITH AND WITHOUT BONE DISORDERS IN TAIWAN

Chen Y-L, Chen C-K, Chang W-T, Huang S-S, Lin HW

Objective: To examine differences of disease, health statuses and health utilization between elderly with and without bone disorders.

Methods: The data for this study was obtained from the 2005 Taiwan National Health Interview Survey (NHIS) database (Datasus). The numbers of osteoporosis and osteoarthritis patients were identified with codes D42, D43, and F31. The prevalence of osteoporosis or osteoarthritis was then calculated. The data for comparison was obtained from the 2005 Taiwan National Health Insurance Research Database (NHIRDB). The comparison was made by using the Chi-square test, T test, or ANOVA test.

Results: The prevalence of osteoporosis or osteoarthritis among Taiwanese elderly people was 17.4% and 41.9%, respectively. Elderly with osteoporosis or osteoarthritis had significant differences from their counterparts in health statuses and health utilization. Elderly with osteoporosis or osteoarthritis had higher prevalence of disability and lower self-rated health status. The elderly with osteoporosis or osteoarthritis had more health utilization.

Conclusions: Elderly people with bone disorders need more health care services. To enhance the quality of life of the elderly, health care providers should identify bone disorders among elderly people and provide proper health care services for them.

**PMS72** ECONOMY WITH THE NEW BIOLOGICAL AGENTS TO TREAT RHEUMATOID ARTHRITIS IN BRAZIL: A MINISTRY OF HEALTH PERSPECTIVE

Xavier LC, Santos ACO, Bastos EA, Alexandre RF, Nascimento Junior JM, Gadelha CA

Objective: To evaluate the potential economic saving associated with the use of new biological agents to treat rheumatoid arthritis (RA) in Brazil.

Methods: A microsimulation model was used to estimate the potential economic saving associated with the use of new biological agents to treat RA in Brazil. The model was developed based on the One Health System (OHS) database, which contains data on the health care utilization of RA patients in Brazil. The model was validated using data from the 2006-2010 Brazilian National Health Survey (PNAS). The model was then used to estimate the potential economic saving associated with the use of new biological agents to treat RA in Brazil.

Results: The model predicted that the use of new biological agents to treat RA in Brazil could save around R$ 2.36 billion per year, which represents a significant economic saving for the Brazilian Ministry of Health.

Conclusions: The use of new biological agents to treat RA in Brazil has the potential to save a significant amount of money, which can be used to improve the quality of life of RA patients and reduce the burden on the health care system.

**PMS73** BIOLOGICALS: FRIENDS OR FOES FOR PAYERS, PHYSICIANS AND MANUFACTURERS?

White RA, Mallinckrodt A


Objective: To examine the role of biologicals in the treatment of RA.

Methods: A review of the literature on the use of biologicals in the treatment of RA was conducted. The review focused on the efficacy and safety of biologicals, as well as the economic impact of using biologicals.

Results: Biologicals have been shown to be effective in the treatment of RA, with some studies demonstrating improvements in pain, disability, and physical function. However, the cost of biologicals can be high, and payer concerns about cost and access have been a barrier to their widespread use.

Conclusions: Biologicals have the potential to improve the health outcomes of RA patients, but concerns about cost and access need to be addressed to ensure their widespread use.

**PMS74** COST-SHARING AND USE OF BIOLOGIC THERAPIES IN MEDICARE PATIENTS WITH RHEUMATOID ARTHRITIS

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Objective: To examine the cost-sharing and use of biologic therapies in Medicare patients with rheumatoid arthritis (RA).

Methods: A retrospective cohort study was conducted using data from the Medicare Current Beneficiary Survey (MCBS) and the Medicare Part D Prescription Drug Database. The study cohort included patients with RA who were enrolled in Medicare Parts A and B, and had at least one biologic prescription in the study period (2006-2010).

Results: The cost-sharing for Medicare Part D biologics was higher than for Medicare Part A biologics, with patients with RA paying a mean of $461.57 per prescription in Part D compared to $151.76 per prescription in Part A. The use of biologic therapies was higher among patients with RA who were enrolled in Medicare Parts A and B compared to those who were only enrolled in Medicare Part A.

Conclusions: Medicare patients with RA have higher cost-sharing and lower use of biologic therapies in Part D compared to Part A, highlighting the need for policies that reduce cost-sharing and increase access to biologic therapies for Medicare patients with RA.

**PMS75** REAL-WORLD TREATMENT BEHAVIOR AMONG PATIENTS WITH DUPUYTREN’S CONTRACTURE: A HEALTH INSURANCE CLAIMS-BASED ANALYSIS

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Objective: To examine the real-world treatment behavior among patients with Dupuytren’s contracture.

Methods: A retrospective cohort study was conducted using data from the 2006-2010 Medicare Current Beneficiary Survey (MCBS) and the Medicare Part D Prescription Drug Database. The study cohort included patients with Dupuytren’s contracture who were enrolled in Medicare Parts A and B, and had at least one prescription for a Dupuytren’s contracture medication in the study period (2006-2010).

Results: The most commonly prescribed Dupuytren’s contracture medications were collagenase clostridium histolyticum (Xiaflex®) and fasciectomy. The use of Xiaflex® was higher among patients with Dupuytren’s contracture compared to patients with Dupuytren’s contracture who underwent fasciectomy. The cost of Xiaflex® was lower than the cost of fasciectomy.

Conclusions: Patients with Dupuytren’s contracture have a higher rate of use of Xiaflex® compared to patients who undergo fasciectomy. The cost of Xiaflex® is lower than the cost of fasciectomy, making it a more cost-effective treatment option for Dupuytren’s contracture.

**PMS76** DRUG UTILIZATION PATTERNS FOR RHEUMATOID ARTHRITIS

Arelia N, Gunjal SS, Bali V, Aparasu RR

Objective: To examine the drug utilization patterns for rheumatoid arthritis (RA).

Methods: A retrospective cohort study was conducted using data from the 2006-2010 Medicare Current Beneficiary Survey (MCBS) and the Medicare Part D Prescription Drug Database. The study cohort included patients with RA who were enrolled in Medicare Parts A and B, and had at least one prescription for a RA medication in the study period (2006-2010).

Results: The most commonly prescribed RA medications were methotrexate and non-steroidal anti-inflammatory drugs (NSAIDs). The use of biologic medications was lower than the use of NSAIDs and other RA medications.

Conclusions: The use of biologic medications for RA is lower than the use of NSAIDs and other RA medications. This highlights the need for policies that increase the use of biologic medications for RA.

**PMS77** OBJECTIVES: Various medications are commonly used to manage Rheumatoid Arthritis (RA). This study examined drug utilization patterns and factors associated with the use of medications by RA patients.

Methods: Data from the 2006-2010 Medicare Current Beneficiary Survey (MCBS) and the Medicare Part D Prescription Drug Database was used to examine the use of drugs for RA. The data was analyzed using statistical software.

Results: The most commonly used medications for RA were methotrexate, NSAIDs, and corticosteroids. Factors associated with the use of medications included age, gender, and comorbidities.

Conclusions: The use of medications for RA is influenced by age, gender, and comorbidities. This highlights the need for personalized treatment plans for RA patients.