attributable to the institution of Medicare Part D, a national prescription drug benefit program for the elderly instituted at the end of 2005 in the United States. METHODS: We implemented retrospective analyses of pharmacy claims of beneficiaries aged 67–79 years from 2005 to 2006, from a large pharmacy chain in the United States. Subjects aged 61–63 were used a control group in a differences-in-differences approach to account for trends not related to Part D. The final sample represented approximately 2.4 million unique beneficiaries aged 67–79. The main outcomes are: 1) Changes in proportion of total days of therapy dispensed as generics, and 2) changes in prescription utilization for each therapeutic class. RESULTS: Prescription drug use by these beneficiaries increased by 11% from 2005 to 2006. After adjustment for secular trends and other potential confounders, utilization of each therapeutic class was similar in 2005 and 2006. Small increases in drug utilization occurred for several drug classes, ranging from 0.66 pill days (0.46%) for users of nonsteroidal anti-inflammatory drugs (NSAIDs) to 4.64 pill days (17.8%) for users of angiotensin-converting enzyme (ACE) inhibitors. Decreases occurred for anti-diabetic drugs (−2.06 pill days, −0.58%), beta-blockers (−1.24, −0.49%), and benzodiazepines (−5.96 pill days, −3.57%). Overall, beneficiaries were slightly less likely to fill prescriptions for generic drugs vs. brand-name drugs in 2006 compared to 2005 (OR 0.98, 95% CI 0.97−0.98). CONCLUSION: Small increases in prescription drug utilization occurred across numerous drug classes for these Medicare seniors following the implementation of the Medicare Part D Prescription Benefit, while overall market share by drug class did not change significantly. Further analyses are needed to explore the degree to which these changes reflect moral hazard versus beneficial expansions of coverage.

**PODUM SESSION III: MUSCULOSKELETAL DISEASE**

**MD1**

**IMPACT OF ANTI-TUMOR NECROSIS FACTORS ON HEALTH CARE RESOURCE UTILIZATION IN PATIENTS WITH IMMUNE-MEDIATED INFLAMMATORY DISEASES**

Tang B1, Rahman M1, Stephenson JJ1, Quimbo RA1, Thompson HC1, Naim A1, Dabbous O1

1Centocor, Inc, Horsham, PA, USA; 2HealthCore Inc, Wilmington, DE, USA

OBJECTIVES: To evaluate the impact of anti-tumor necrosis factor (anti-TNF) therapy on real world health care resource utilization in patients with immune-mediated inflammatory diseases (IMIDs). METHODS: Three groups of patients were identified using claims data from Blue Cross Blue Shield health plans: IMID (rheumatoid arthritis, ankylosing spondylitis, Crohn’s disease, psoriatic arthritis, psoriasis or ulcerative colitis) patients receiving anti-TNF therapy between January 1, 2003 and June 30, 2005 (Group 1); IMID controls without anti-TNF therapy (Group 2); and non-IMID controls (Group 3). The groups were matched for gender, age and geographic region in a 3:1 ratio. All patients had > = 6 months continuous plan enrollment before and > = 12 months after the index date. Health care resource utilizations per patient per month (PPPM) were calculated for the 6-month pre- and 12-month post-index periods. Differences from baseline were compared among three groups. RESULTS: After matching, 27,006 patients (3,970 Group 1; 11,718 Group 2; and 11,318 Group 3) were analyzed. Of these, 61% were female and the average age was 46 years. Group 1 had higher pre-index PPPM resource utilization for all categories than the 2 control groups. However, compared with pre-index utilization, all post-index resource utilization categories, except emergency room visits, showed a significant decrease for Group 1 that was not consistently observed for controls. Inpatient admissions were reduced in Group 1 (~16.28%), versus no change in Group 2, and ~4.17% for Group 3. Physician visits were reduced in Group 1 (~5.11%) versus +2.73% in Group 2, and +6.24% for Group 3. Non-anti-TNF prescriptions were reduced in Group 1 (~6.70%) versus +6.75% in Group 2, and +8.02% for Group 3. CONCLUSION: Anti-TNF therapy appears to be associated with a decrease in health care resource utilization. Additional analyses to determine the effectiveness of anti-TNF therapies in patients with IMIDs through clinical, economic, and humanistic assessments are recommended.

**MD2**

**ECONOMIC CONSEQUENCES OF PROVIDING RITUXIMAB AS A TREATMENT ALTERNATIVE FOR RHEUMATOID ARTHRITIS IN THE NETHERLANDS**

Pompen M1, Diamantopoulos A2, Kievit W1, Moers R1, Kielhorn A1

1Roche Nederland BV, Woerden, The Netherlands, 2IMS Health, London, UK

OBJECTIVES: A pharmacoeconomic analysis was performed to determine the cost implications of providing rituximab (RTX, a...