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hock dataset was also the source of the background patient characteristics. Costs and benefits were discounted at 5% and assessed from the Canadian perspective. Sensitivity analyses were performed. RESULTS: Both CANA 100 and 300 mg were dominant compared to SAXA 5 mg (lower net cost and greater quality-adjusted life-years [QALYs]). CANA 100 and 300 mg reduced costs ($375 and $571, respectively) and improved QALYs (0.033 and 0.057, respectively) over 5 years. Two sensitivity analyses support these findings. CONCLUSIONS: These results suggest that using CANA in older individuals is cost-effective versus SAXA in Canada.

PDB59 EVALUATING THE COST OF BRINGING PEOPLE WITH TYPE 2 DIABETES MELLITUS TO MULTIPLE TARGETS OF TREATMENT IN CANADA Skaggett B1, Pinto H1, Hunt B2, Valentine W3
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OBJECTIVES: The objective of this study was to evaluate the treatment of type 2 diabetes include maintaining tight glycemic control, minimizing the risk of hypoglycemia, controlling cardiovascular risk factors, and controlling body weight. The aim of the present analysis was to evaluate the cost per patient achieving a composite clinical endpoint of HbA1c <7% and no weight gain. Treatment costs were estimated from a health-care payer perspective. Cost-effectiveness in terms of cost per patient achieving the composite endpoint (cost of control) was evaluated with an economic model developed in Microsoft Excel. No discounting was applied to cost or clinical outcomes as these were not projected beyond a 1-year time horizon. Sensitivity analyses were performed. RESULTS: Liraglutide 1.2 mg was associated with the lowest number needed to treat to achieve the composite clinical endpoint of 1.8 mg metam. The incremental annual pharmacy costs indicated that was associated with the lowest direct annual costs. Combining the clinical efficacy data with the annual cost of medications produced ICERS of $6,670 for liraglutide 1.2 mg (CDA method), $7,237 (glimepiride), $7,704 (exenatide), $8,297 (insulin glargine), $8,741 (pioglitazone) and $9,270 (sitagliptin) per patient achieving the composite endpoint. CONCLUSIONS: Liraglutide 1.2 mg and 1.8 mg were associated with the lowest cost of achieving the composite endpoint by the high proportion of patients achieving the composite endpoint. A relatively low cost of control value was achieved for glimepiride, driven by low acquisition costs, despite relatively few patients achieving the composite endpoint.

PDB60 COST EFFECTIVENESS ANALYSIS OF DPP4 INHIBITORS Jimenez, Anaiza P; Perez Boile-Villarreal C; Panto-Mejia V, Guarin D
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OBJECTIVES: We determined based on the acquisition cost of the different DPP4 inhibitors (DPP4i) in Mexico, the cost of daily treatment and performed a cost-effectiveness analysis having the percentage of patients with a HbA1c level less than 7% calculating the number needed to treat for each treatment (NNT). METHODS: Due that there are no head to head studies between DPP4 therapies and with the goal of diminish confounding factors, we performed a search of clinical studies controlled with placebo in naïve patients for DPP4 therapies available in Mexico (liraglutide, saxagliptin, vildagliptin, sitagliptin), five studies were included. According to the American Diabetes Association (ADA) treatment guidelines 2012, the endpoint was determined as control if the patient had a HbA1c level of <7 mg/dL. The follow up time was 24 weeks. NNT was calculated for each therapy, in the case of vildagliptin where two studies were performed. The effectiveness ratio help us to interpret the real cost of the treatment analyzed with the same effectiveness measure.

PDB61 PHARMACOECONOMIC EVALUATION OF GLP-1 RECEPTORS AGONIST VERSUS DPP-4 INHIBITORS IN PATIENTS WITH TYPE 2 DIABETES: A SYSTEMATIC REVIEW Long E1, Fang Y1, Huo M2, Zhou N3
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OBJECTIVES: To evaluate the pharmacoeconomic outcome of GLP-1 receptors agonist vs. DPP-4 inhibitor in patients with type 2 diabetes. METHODS: A systematic literature search of pharmacoeconomic studies on GLP-1 receptors agonist vs. DPP-4 inhibitor was carried out in following databases: PubMed, Embase, Cochrane Library, Google Scholar, and ClinicalTrials.gov (CTN). (from the inception to April 2014). Two review authors independently applied the inclusion criteria, assessed trial quality, and extracted the data. The methodological qualities were evaluated by a scale of 26 items which developed based on 3 economic evaluation principles and guidelines ( Drummond’s, Ramsey’s and Papaioannou’s) and the data were analyzed using descriptive analysis. RESULTS: According to the inclusion and exclusion criteria 6 randomized controlled clinical trials and modeling studies were included for describing the Valuations and Utilities of metformin vs. sitagliptin in 1 study of exenatide vs. metformin, in 1 study of exenatide vs. sitagliptin. The methodological quality of them were scored 19 (total score was 26). The mean of HbA1c which conducted a long-term simulation ≥35 years using CDM model, and 1 short-term CEA study, 4 studies used ICER and 2 used C/E as outcomes. Liraglutide is more cost-effective than sitagliptin because the ICER of liraglutide vs. sitagliptin is $25742/QALY in USA, £9851/QALY in England and EUR13266/QALY in Spain. All the reported ICERs were below the implemented country-specific thresholds. The results of 2 studies of exenatide vs. sitagliptin were opposite. CONCLUSIONS: Present published literature indicate GLP-1 receptor agonist may be more cost-effective than DPP-4 inhibitor. But the conclusions remain to be confirmed further by more high quality studies.

PDB62 DETERIC IN DIABETES TYPE 2 PATIENTS A COST-UTILITY ANALYSIS, COLOMBIA 2014 Konworn M1, Huerfano LM2, Paez ML3, Acero G1
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OBJECTIVES: To develop a cost-utility assessment with (SAP) in 2 type 2 patients comparing detemir to glargine and NPH insulin in Colombia. METHODS: A Markov chain model was adapted to incorporate the quality life measures to the disease events, using the startup of NPH insulin, detemir or glargine to the treatment. Data were based in macro and micro events than 10.000 patients, with different levels of glycosylated hemoglobin. By the other hand, quality life data were derived from international research and used as utility measure in each event. Costs were estimated from the 2014 health system transactions values in Colombian pesos. Furthermore, additional parameters as the effectiveness information and glycosiyemic events were updated to 2014. The research included a Monte Carlo model for sensibility analysis and a budget impact analysis. RESULTS: Detemir taken at a standard daily dose of 20IU present less macro and microvascular events compare with other drugs. The QALY’s average for detemir harm were 2.60 to 2.54 using glargine and 2.53 using NPH insulin. The final ICER of detemir vs. NPH insulin was 1.06 to 1.11, the NNT calculated for each IDDP4 are: sitagliptin and saxagliptin were 11.6 to 24% in the placebo group. The NNT calculated for each therapy, in the case of vildagliptin where two studies were performed. Both CANA 100 and 300 mg were considered non-adherent and contacted by a pharmacist by phone. Multivariate logistic regression was conducted to assess the intervention effect on medication discontinuation and adherence patients comparing detemir to glargine and NPH insulin in Colombia. The key challenges in the successful treatment of type 2 diabetes mellitus to multi patients achieving the composite endpoint. A relatively low cost of control value was achieved for glimepiride, driven by low acquisition costs, despite relatively few patients achieving the composite endpoint.

PDB63 PREVALENCE AND TREATMENT OF GENITOURINARY CONDITIONS AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS Gries K1, Bai Y1, Yu K1, Kuti E1, Sander S2, Hareendran A3
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OBJECTIVES: To assess the prevalence of and predictors associated with genitourinary (GU) conditions among patients with type 2 diabetes mellitus (T2DM) and to understand the treatment pathways among patients with GU conditions occur. METHODS: An internet-based survey was conducted in July 2014. The sample recruited from YouGov PollingPoint Panel in the U.S. included 2,000 adults with T2DM diagnosed by a physician for at least one year and treated a 5mg T2DM medications. Participants who reported a GU condition (urinary tract infection [UTI] and/or genital infection [GI] including genital yeast infection, bacterial vaginosis/vaginitis [BV], or balanitis) in the past 12 months were asked to complete survey questions about their GU conditions. Descriptive analysis and logistic regressions were performed. RESULTS: 399 participants (20%) experienced at least one GU condition in the past 12 months; 309 (15.5%) reported UTI and 169 (8.5%) reported GI condition. The most common common GI condition was vaginitis/vaginosis (55.2%) and 36.4% of GU conditions included: higher HbA1c level (i.e. 8% HbA1c ≥7% vs. <7%, OR [95% CI] = 1.41 [1.05, 1.90]), female vs. male (2.78 [2.16, 3.58]), and more comorbid conditions (1.32 [1.23, 2.31]). Among respondents reporting GU conditions, 82.4% sought professional care. Female vs. male (2.00 [1.08, 3.70]), chronic vs. acute infections (2.83 [1.35, 5.94]), and more comorbid conditions (i.e. 1 vs. ≥5 comorbid conditions, 0.14 [0.04, 0.47]) were associated with higher odds of seeking professional care. The most common GU conditions were the following: urinary tract infection (28.3%), skin/soft tissue infection (21.5%), and vaginitis/vaginosis (19.9%). Sensitivity analyses were performed.

PDB64 IMPACT OF A PHARMACIST TELEPHONE INTERVENTION ON PREVENTING MEDICATION DISCONTINUATION IN GPU TREATED PATIENTS WITH DIABETES IN A MEDICARE ADVANTAGE PLAN Wang X1, Serna G2, Henges C2, Essien EJ1, Chung NT3, Fleming M1, Abughosh S1
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OBJECTIVES: To examine the effect of a pharmacist telephone intervention on pre- treatment medication discontinuation of ACE-I/ARBs among non-adherent hypertensive patients with diabetes enrolled in a Texas-based Medicare Advantage Plan. METHODS: The health plan medical claims data was used to identify patients with hypertension and diabetes diagnoses and at least 2 fills for ACE-I or ARBs between January/2013– October/2013. Patients who failed to refill their medication plan. To examine the effect of a pharmacist telephone intervention on pre- treatment medication discontinuation of ACE-I/ARBs among non-adherent hypertensive patients with diabetes enrolled in a Texas-based Medicare Advantage Plan. The outcome variable was a categorical variable of continuing (yes) vs discontinuation (no). Major independent variable