ICD-9 diabetes diagnosis (250.00 to 250.79) occurred within one year of the patient’s transplant. We then used a Kaplan-Meier-style non-parametric calculation to estimate the average accumulated costs for patients with and without NODM. RESULTS: Among the 4,515 transplant recipients studied, 621 (13.7%) reported diabetes diagnoses within the first year post-transplant. By the end of the first post-transplant year, Medicare had paid $35,288 for each non-diabetic recipient and an extra $17,614 (P = 0.001) for each of the NODM recipients. By two years post-transplant, Medicare had paid an average $46,869 for each of the non-diabetic recipients and an extra $26,032 for each of the NODM recipients (P = 0.001). CONCLUSIONS: Our 13.7% NODM exceeds the 2% to 5% previously reported, and the extra $26,032 is 55.5% above what Medicare paid for recipients without NODM. New immunosuppressives unassociated with NODM may generate substantial savings worldwide.

ECONOMIC OUTCOMES OF DIABETES AMONG AN EMPLOYED POPULATION
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OBJECTIVES: The two major types of diabetes, Type I and Type II diabetes, can have life-threatening complications, which often lead to significant adverse economic consequences. This study investigates the extent to which Type I and Type II diabetes impose significant financial burdens on an employer. METHODS: The data source is a rich administrative claims database from a national, Fortune 100 manufacturer. It includes all medical, pharmaceutical, and disability claims for employees, spouses, dependents, and retirees (n > 100,000). The diabetes research sample consists of individuals with at least two medical and/or disability claims for diabetes or at least one prescription drug claim for a hypoglycemic agent. Resource utilization by diabetes patients, who are identified as either Type I or Type II diabetics, is contrasted with that of matched samples from the employer’s overall beneficiary population. RESULTS: Direct (medical and pharmaceutical) and indirect (disability and sporadic absenteeism) costs of Type I and Type II diabetes are analyzed. The total average per capita annual costs are $2,612 for the Matched Type I Control sample compared to $9,397 for Type I diabetics, and $3,432 for the Matched Type II Control sample compared to $7,639 for Type II diabetics. While Type I diabetics cost the employer more than Type II diabetics on average, the cost of Type II diabetes patients, who were prescribed insulin, exceeds the cost of Type I diabetes patients. Also, while the costs of both types of diabetes are relatively high, less than 50% of total medical costs for these patients are for the treatment of diabetes or related co-morbid conditions. CONCLUSIONS: Diabetes adds a significant financial burden on the employer. The resources used by both types of diabetics are substantial, not only for the treatment of diabetes, but also for the treatment of related co-morbid conditions, as well as other conditions.

A PHARMACOECONOMIC ANALYSIS OF WEIGHT-REDUCTION THERAPY IN A HYPOTHETICAL COHORT OF OBESE CHINESE PATIENTS WITH IMPAIRED GLUCOSE TOLERANCE
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OBJECTIVES: To conduct a pharmacoeconomic analysis to estimate the potential cost avoidance due to reduced rate of incidence of diabetes after weight-reduction therapy in obese Chinese patients with impaired glucose tolerance (IGT). METHODS: The incidence of IGT-to-diabetes mellitus (DM) conversion of two hypothetical cohorts of obese Chinese patients with IGT, either managed with diet control (n = 100) or diet control plus orlistat (n = 100), were projected over a two-year period. The probabilities of IGT-to-DM progression in the orlistat plus diet group and the diet only group were estimated from a published study in a non-Chinese and a westernized Chinese population, respectively. Direct medical costs of management of type 2 diabetes were estimated from a public budget perspective. RESULTS: The estimated rates of IGT-to-DM conversion were 1.9% for the orlistat plus diet group and 8% for the diet only group. The total costs of DM management at the end of the first and second years were estimated to be HK$8,187 and HK$23,390 ($HK 7.8 = $US 1) for the orlistat group. In the diet only group, the costs of DM management were HK$34,469 in year one and HK$100,123 in year two. The cost avoidance associated with orlistat therapy were calculated to be HK$26,282 and HK$75,092 per 100 patients at the end of the first and second years, respectively. CONCLUSIONS: Results of the present study suggest positive economic impacts of weight-reduction therapy in a hypothetical Chinese population with IGT in the prevention of type 2 diabetes.

OPTIMIZATION OF DIABETES MANAGEMENT IN GERMANY USING A COMPUTER BASED OUTCOME PROGNOSIS MODEL
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OBJECTIVES: Optimization of type 2 diabetes intervention strategies in Germany based on stepwise prognoses