PDB11 PREVALENCE AND OUTCOME OF INSULIN ANALOGUE TREATMENT COMPARED BETWEEN GERMANY, UK AND FRANCE
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OBJECTIVES: National databases of antidiabetic medications have been introduced, but details of their use are not well known. In Germany, several measures have been undertaken to limit the usage of analogues in T1D and T2D patients. The aim was to assess the usage patterns of short acting (SA) and basal analogue (BA) insulin in primary care in Germany compared to UK and France. METHODS: Computerized patient data from general medicine practices (IMS Disease Analyzer, 01/2007 to 12/2009) throughout Germany, UK, and France have been analyzed on treatment rates and outcome. RESULTS: In 2009, 10,792 insulin patients in France, 20,244 in UK, and 100,138 in Germany were analyzed. The dominance of BA and SA treatments was differing by country and diabetes type (Germany: SA insulin in T2D 40.8% vs. UK 95.8% and France 92.3%). Treatment of T1D with analogous insulin is in higher compared to T2D (Germany: 56.1% BA in T2D vs. 66.3% in T1D; 40.8% SA in T2D vs. 74.3% in T1D). Usage share of analogous insulins increased over the 3-year period in all three countries (T2D patients, Germany: BA usage 47.6% in 2007 vs. 56.1% in 2009; UK: 80.0% in 2007 vs. 83.0% in 2009, France 82.2% in 2007 vs. 88.5% in 2009). The analysis of HbA1c values in UK and Germany revealed a higher share of patients with unconstrained HbA1c values (>7.0) for population treated with analogues (70.8% in UK vs. human insulin (68.4%) vs. OAD (42.9%). Increase hints to high unmet medical need in human insulin usage and shift to analogues.
CONCLUSIONS: Despite several health political measures in Germany favoring human insulins, the prevalence of both SA and BA insulin usage for diabetes patients continuously increased in Germany in line with UK and France from 2007 to 2009 to meet medical need by higher analogue usage.

PDB12 TIME TO OPIOID USE AMONG COMMERCIALLY-INSURED PATIENTS WITH DIABETIC PERIPHERAL NEUROPATHIC PAIN WHO INITIATED DULOXETINE VERSUS OTHER TREATMENTS—A PROPENSITY SCORE MATCHING
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OBJECTIVES: Diabetic peripheral neuropathic pain (DPNP) is often managed using opioids which are subject to tolerance and dependence issues. Newer classes of medications have been approved for DPNP; however, published findings assessing utilization of opioids following treatments with these agents are limited. This retrospective cohort study compared the subsequent use of opioids between commercially insured DPNP patients initiating duloxetine treatment versus other standard of care (SOC) therapies. METHODS: DPNP patients aged 18 to 64 who initiated duloxetine or other SOC treatments (tricyclic antidepressants, venlafaxine, gabapentin, pregabalin) between March 1, 2005 and December 31, 2005 were selected. Initiation was defined as a 90-day period without available study medication. The initial dispense date for the study medication was defined as the index date. Selected patients had no opioid coverage during the 90 days prior to the index date, and no depression, neurtalgia, or epilsonal day treatment in the 12-month pre-index period. Duloxetine and SOC patients were matched via propensity scoring (1:1 ratio), controlling for demographics, comorbidities, prior health-care utilization and costs, and prior medication history. Opioid utilization and health-care costs over the 12-month post-index period were compared between study cohorts. RESULTS: A total of 113 patients in each of the duloxetine and SOC cohorts were matched. Duloxetine-treated patients were less likely to use any opioids versus SOC-treated patients (52.2% vs. 79.6%, P < 0.01) over the 12-month post-index period. Compared with SOC patients, duloxetine patients had, on average, 110 days delay in opioid use, two fewer prescriptions dispensed, 32 fewer days on opioids, and 2064 mg lower morphine equivalent dosage (all P < 0.01) over the 12-month post-index period. Duloxetine patients also had significantly lower total ($19,408 vs. $30,470, P < 0.01) and outpatient costs ($7,606 vs. $15,272, P < 0.01). CONCLUSIONS: Among commercially insured DPNP patients, duloxetine treatment appears to be associated with delayed and reduced opioid utilization and lower health-care costs than SOC therapies.

PDB13 COSTS OF TYPE 2 DIABETES MELLITUS (T2DM) TREATMENT IN THE BRAZILIAN PRIVATE HEALTH-CARE SYSTEM (PHS)
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BACKGROUND: Despite the progress of clinical trials, clinicians and decision-markers often lack knowledge on how to better promote health-care delivery to patients with T2DM in clinical practice. Outcome research studies can provide effectiveness and economic analysis in actual practice in order to improve clinical performance. OBJECTIVES: To describe the resources used and the costs associated with outpatient treatment of T2DM in the Brazilian PHS. METHODS: This is a cross-sectional analysis of 383 T2DM outpatients treated in five cities by various health plans. Data were collected using info from the previous year by interviewing patients using a validated questionnaire complemented by medical chart review. Direct costs included expenses associated with medications, diagnostic tests, procedures, blood glucose test strips, and medical and direct professional visits. Nonmedical direct costs included expenses with diet and glucose home monitoring. Indirect costs were not assessed. RESULTS: The group had a mean age of 60.5 ± 9.6 years and a mean duration of diabetes of 12.2 ± 8.7 years. Annual outpatient cost of T2DM care was R$10,645.78 per patient, being R$9,534.58 for direct medical costs and R$5,111.20 for nonmedical costs. Costs escalated as duration of disease increased (R$8796.68 per patient < 9 years vs. R$13,231.74 > 19 years of disease; P < 0.05). Those patients with associated microvascular and macrovascular complications (n = 18%) have higher costs (R$1,755.12 per patient) compared to those without complications with microvascular (R$897.38 per cost) or complications with both microvascular and macrovascular complications (R$8726.13 per patient; n = 8.1%), or no complications (R$824.53 per patient; n = 41.5%). Annual per patient expenses included medications (R$542.94), blood glucose home monitoring (R$314,016.22), private health professional visits (R$4,264,04), and health plans products (R$78,111.20). Baseline characteristics were similar among analogues, use of insulin analogues, treatment showed an increase in use of long-acting insulin analogs. Of these analogues, insulin glargine is most often initiated and seems to be well-received by patients. Further results will be presented based on a longer follow-up period including differences in HbA1c level dependent dosing and trends in cost development for insulin analogs over time. Also, the potential feature of “channeling” will be investigated.