of risk factors, and smoking status. Patients with 24 risk factors account for 71.7% of current glycemic control group, while this value reached 84.3% in the uncontrolled group (P < 0.0001). CONCLUSIONS: In one out of seven patients with DM2 and poor glycemic control, none action to intensify treatment has been taken during the past 2 years. Patients without current glycemic control have more than two times higher clinical inertia than the controlled ones. Intensification of treatment is twice as common in patients currently uncontrolled (85.1% vs. 44.9%).

PDB19
BUDGET IMPACT ANALYSIS OF SAXAGLIPTIN FOR THE TREATMENT OF TYPE 2 DIABETES IN MEXICAN POPULATION AT PEMEX
Juan-Garcia A1, Martinez-Rivera G1, Anaya P2, Donato BM3
1Bristol-Myers Squibb, Mexico City, Mexico; 2AstraZeneca, Eda de Milis, Mexico; 3Bristol-Myers Squibb, Wallingford, CT, USA
OBJECTIVES: Diabetes affects approximately 8 million people in Mexico and is the first cause of death in the country. Ninety percent of all diabetes is classified as type II diabetes (T2DM). Saxagliptin, a DPP-4 inhibitor, is one of a class of drugs orally administered for treatment of T2DM. Petroleos Mexicanos (PEMEX) health-care system covers approximately 45,977 patients diagnosed with T2DM. The objectives of this study are to: 1) analyze the current utilization and expenditure for oral anti-diabetics (OADs) by PEMEX; and 2) evaluate the budget impact of saxagliptin for treatment of T2DM population. METHODS: An MS Excel-based budget impact model of the total population diagnosed with T2DM in PEMEX was used. OAD usage was based on the total amount purchased, by the Institution in 2009. The prices of medications were taken from the published price listing by PEMEX (2009). The following OAD classes were included in the analysis: pioglitazone, rosiglitazone, vildagliptin, and saxagliptin. Pharmaceutical expenses of OADs were considered excluding other medical costs. The time horizon was 3 years and the assumptions of the model including market dynamics were estimated by Bristol Myers Squibb. The budget impacts were reported in terms of additional annual total costs. Results are presented in US dollars with an exchange rate of $1.34 MXN. RESULTS: The usage of saxagliptin in PEMEX represents savings to the institution of US$51,332 for the first year of use, with increases in savings for year two and year three US$102,910 and US$151,441 respectively. The impact of saxagliptin on the budget was primarily driven by the gradual substitution of pioglitazone, rosiglitazone, and vildagliptin with saxagliptin over the 3-year of analysis. CONCLUSIONS: The budget impact of adding saxagliptin as a treatment option for T2DM patients reveals that the accumulated savings for PEMEX for the estimated timeframe is around US$ 313,485.

PDB20
A PHARMACOECONOMIC MODEL FOR ADJUVANT TREATMENT IN A SMOKING CESSATION INTERVENTION IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE
Kadavallil M1, Pirangut B2, Ulus P3, Ozdemir B4
1Pfizer Pharmacuticals, Istanbul, Turkey; 2Omega Contract Research Organization, Ankara, Turkey
OBJECTIVES: The present model was aimed to demonstrate the annual cost of the smoking-related diseases in patients with type 2 diabetes mellitus (DM) and chronic obstructive pulmonary disease (COPD), and to establish the budget that would be saved with varenicline (nicotinic receptor partial agonist) reimbursement by the government. METHODS: The model was carried out in two contexts: the costs of the smoking-related diseases and exacerbations in patients with type 2 DM and COPD were estimated in smoking conditions, and varenicline use. The model was constructed on the basis of two scenarios: 906,470 COPD patients and 3,8 million type 2 DM patients. RESULTS: Approximately 3.8 million type 2 DM patients and 2.0 million COPD patients in Turkey of which 23% and 48% were considered to be smokers, respectively. RESULTS: According to the model, the ratio of patients willing to quit smoking was estimated as 35% in type 2 DM group and 54% in COPD group. Of those, 20% (n = 6,300) type 2 DM patients and 30% (n = 17,238) COPD patients were assessed to use varenicline. The annual cost of the smoking-related diseases and exacerbations was calculated as 72,400 million USD according to the 43,341 events; the unit direct costs for myocardial infarcts, stroke, and congestive heart failure were calculated as US$2,123,55, US$1,793,76, and US$1,412,33, respectively, in type 2 DM patients, whereas it was US$1,67,55 in COPD patients. After varenicline use, the government would save US$9.47 million per year by 5608 preventable events. Moreover, the annual cost of varenicline was estimated to be US$2,36 million for 80,238 patients. Accordingly, the total cost of the smoking-related diseases and exacerbations would be US$13.99 million for the first year. CONCLUSIONS: Varenicline reimbursement decreases the annual cost of the smoking-related diseases and exacerbations in patients with type 2 DM and COPD.

PDB21
COMPARISON OF COSTS OF THE INSULIN TREATMENT OF TYPE 2 DIABETES MELLITUS WITH INSULIN GLARGINE AND INSULIN DETEMIR
Alvarez Guisaoa F1, Mauricio Puente D1, Garcia Coscolon T2, Rubio Teres C2
1Center of Health La Calzada, Gijon, Asturias, Spain; 2Vilanova Arnu, Hospital, Lleida, Spain
OBJECTIVES: Large published data suggested that some patients initiating with the recommended once-daily detemir administration require twice-daily dosing to optim-