OBJECTIVES: Patients who do not incorporate diet modifications in their therapy regimen are at an increased risk for uncontrolled hypertension and type 2 diabetes mellitus. The purpose of this study was to compare health care costs between type 2 diabetes mellitus (T2DM) patients newly initiating exenatide once weekly (exenatide QW), exenatide twice daily (exenatide QD), or lixagliptin (LIRA). METHODS: This administrative claims-based retrospective cohort study included patients if they had T2DM, were GLP-1RA-naïve, initiated a GLP-1RA between 2/1/2012-6/30/2012 (initialization date) and had continuous coverage from 1/1/2011 (baseline date) through the end of follow-up (12 months, depending on whether they entered the baseline period before or after the 6-month index period: follow-up). Outcomes included health care costs (Total=Diabetes-related/GLP-1RAs) and hospitalizations (Total=Diabetes-related).

CONCLUSIONS: Among patients newly initiating exenatide QW, exenatide, or LIRA, differences existed in health care costs and hospitalization in first 6 months of treatment. LIRA 1.8mg and 1.2mg were generally associated with the highest adjusted health care costs and odds of hospitalization, respectively.

PD841 HEALTH CARE RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH TREATMENT STAGES OF CHRONIC KIDNEY DISEASE AMONG TYPE 2 DIABETES MELLITUS PATIENTS

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OBJECTIVES: The goal of this study was to examine the health care resource utilization (HRU) and costs among T2DM patients with varying degrees of CKD using electronic health records (EHR) from 2008 to 2012. METHODS: This study used electronic health records from US integrated delivery networks from 2008 to 2012. Adult T2DM patients (first T2DM diagnosis index date) with continuous medical activity during the 6-month pre- and 12-month post-index period and lab values to determine CKD classification (eGFR <60mL/min/1.73m²). RESULTS: The estimated glomerular filtration rate and urine albumin to creatinine ratio (HCRU/CKD index) (2012-12) and compared to T2DM patients without CKD (no CKD). Unit cost approach was applied to derive medical encounter costs. Multivariate regression analyses were applied to derive medical encounter costs.