two different quarters between 01/01/2006 and 12/31/2008. A patient was consid-
ered to have never had T2DM in 2006 if she/him had not been diagnosed with T2DM in 2006 and 2007, secondly, he/she had not received oral anti-diabetics in 2006/2007, and thirdly, he/she had received oral anti-diabetics in 2006/2007. RESULTS: In our sample, a total of 254,523 patients had T2DM. The prevalence of T2DM was 4.69 % (women: 3.36%; men: 6.08%). The incidence of T2DM in age of these T2DM patients were male. The incidence of T2DM in our sample was 4.889 cases per 1,000 person-years in men and 2.863 cases in 1,000-person years in women. T2DM prevalence/ incidence strongly depended on gender and age. Whereas the T2DM prevalence in both men and women were below 0.9% in all age groups <40 years, it increased up to 25.17% (men)/25.64% (women) in the second-age highest group, 85-90 years.

CONCLUSIONS: A comparison of the distribution of AF prevalence/incidence in our population with that in already published studies shows that our figures are comparable. As diabetes duration strongly predicted poor control, prioritization of treatments need to be targeted to this population.

A COMPARISON OF THE COSTS FOR TREATING CENTRAL PRECOCIOUS PUBERTY DURING THE FIRST YEAR WITH LEUPROLIDE ACETATE INJECTABLE AND HOMESTRIN ACETATE IMPLANTS

OBJECTIVES: Central precocious puberty (CPP) is generally treated with gonadotropin releasing hormone ( GnRH) agonists. The objective was to compare the costs first year treatment of monthly leuprolide acetate injections and once-a-year-his- trenil acetate implants. METHODS: Two retrospective cohort studies were conducted using datasets derived from the Thomas Reuters’ MarketScan® Multi-State Medicaid Database (2003-2007) and the MarketScan® Commercial Database (2005-2009). Inclusion criteria were 2 claims with target diagnoses occurring 30 or more days apart, enrollment for 3 months before first treatment, and continuous en-
mrollment for 12 months after first treatment. A probabilistic patient flow model was developed using estimates for treatment patterns and costs for products, office visits, and monitoring therapy. RESULTS: A total of 4802 Medicaid and 7391 Com-
mercial beneficiaries age 12 years or younger were identified as diagnosed with CPP. 323 Medicaid and 383 Commercial beneficiaries met the inclusion criteria and were used with leuprolide acetate or homestrin acetate implants. Medical pa-
tients compliant with leuprolide (13+ treatments/year) had an average of 14.8 and 14.0 treatments, respectively. Fifty-three percent of Medicaid and 54% of Commer-
cial patients were non-compliant and averaged 9.2 and 7.7 treatments, respec-
tive. Cost for treating 100 patients was simulated using existing levels of non-
compliance and an assumption that all patients should be compliant. Based on current levels of non-compliance, costs for histrelin implants were 1.9% lower in Medicaid and 6.5% higher in Commercial plans- however, when based on full compli-
cance, costs for histrelin implants were 12.9% lower in Medicaid and 12.1% lower in Commercial plans. CONCLUSIONS: With current levels of non-compliance with GnRH agonists, costs for CPP treatment is similar in Medicaid and slightly less

DIABETES/ENDOCRINE DISORDERS – Cost Studies

OBJECTIVE: Diabetes mellitus is a syndrome characterized by chronic hypergly-
cemia with absolute or relative deficiencies of insulin and/or in its action. The National Health System (SUS), through the pharmaceutical assistance must ensure medications and supplies needed for the monitoring of capillary blood glucose of diabetic patients, defined by ministerial decree. The aim of this study is to evaluate the financial impact of inputs for monitoring capillary blood glucose in relation to medical products for treatment of diabetes mellitus in the state of Minas Gerais in 2011. METHODS: Survey distribution and financial cost through the computer-
ized management of pharmaceutical assistance (SIGAF) in the State of Minas Gerais in 2011 of oral antidiabetics (glibenclamide 5 mg and metformin hydrochlo-ide) and products for individualized management of pharmaceutical assistance (SIGAF) in the State of Minas Gerais in 2011. RESULTS: The costs for regular and NPH Insulin in 2011 were U$8,320,793.31, with oral antidiabetic agents was U$2,032,284.77, as with reagent strips for monitoring blood glucose level was U$6,978,321.99. The total spending on these medicines per patient was U$58,321.60 and that the cost of test strips correspond to approximately 67.5% of this value. CONCLUSIONS: These results demonstrate that the costs of inputs for monitoring of blood glucose have a significant financial impact on the State diabetes program. Moreover, they suggest the need for research regarding the reasonableness of the use of these inputs by patients. Education strategies, such as the pharmaceutical guidance for patients who perform self-monitoring blood glucose levels, aid in the proper use of these inputs and can avoid any waste.

A COMPARISON OF THE COSTS FOR TREATING CENTRAL PRECOCIOUS PUBERTY DURING THE FIRST YEAR WITH LEUPROLIDE ACETATE INJECTABLE AND HOMESTRIN ACETATE IMPLANTS

OBJECTIVES: Central precocious puberty (CPP) is generally treated with gonadotropin releasing hormone (GnRH) agonists. The objective was to compare the costs of the first year treatment of monthly leuprolide acetate injections and once-a-year-histrelin acetate implants. METHODS: Two retrospective cohort studies were conducted using datasets derived from the Thomas Reuters’ MarketScan® Multi-State Medicaid Database (2003-2007) and the MarketScan® Commercial Database (2005-2009). Inclusion criteria were 2 claims with target diagnoses occurring 30 or more days apart, enrollment for 3 months before first treatment, and continuous en-
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