of wound healing and amputation rates for becaplermin and non-becaplermin DFU patients at 2 years. Our data used in the analysis was derived from a propensity score match cohort of 24,898 subjects with DFU from the Curative Health Services database from 1998-2004 who were followed for 20 weeks. Primary outcomes of interest were ulcer-free weeks and rates of amputation. Lower-extremity amputations and becaplermin arm estimations were derived from the National Case Management Database and references and medical supply wholesalers. Total weekly costs per episode of DFU care were estimated from a large retrospective claims database. Transition probabilities for healing and amputations were derived from the aforementioned propensity score match cohorts. Ulcer recurrence was estimated from the medical literature. Utilization for becaplermin was calculated using the manufacturer’s recommended dosing algorithm. The economic perspective taken was that of the payer. Costs are reported in 2013 US dollars. RESULTS: Overall, 2,384 patients received becaplermin. Of those who received becaplermin, 33.5% healed at 20 weeks compared to 26.5% who did not receive becaplermin (p < 0.0001). In addition, the percent of patients requiring the insurer’s recombinant growth factor therapy was significantly (p < 0.0001) lower. Patients treated with becaplermin had substantially higher ulcer-free weeks compared to non-becaplermin patients (16.1 versus 12.5 weeks, respectively). Expected annual direct costs for DFU were $20,885 for becaplermin group compared to $20,285 for non-becaplermin. Conclusions: Bicaplermin was economically dominant over standard therapy, providing better outcomes at a lower cost in patients with DFU. In addition, becaplermin is more effective in wound healing and preventing amputation, thereby decreasing long-term costs for DFU. *Regranex®, Smith & Nephew Biotherapeutics, Fort Worth, Texas

**PDB65**

### EFFECTIVE-NESS OF SMALL INTESTINAL SUBMUCOSA EXTRACELLULAR MATRIX ON WOUND CLOSURE IN PATIENTS WITH DIABETIC FOOT ULCER

**Method:** The primary outcome of interest was ulcer-free weeks. Secondary outcomes included ulcer recurrence and the number of ulcer-free days. Analysis was performed using a propensity score match method. Results: Healing outcomes were driven by improved clinical outcomes. The economic perspective taken was that of the payer. Costs are reported in 2013 US dollars. RESULTS: The average WSA was $2,224 for SISEM and $6,508 for HF-DDS. Patients treated with HF-DDS incurred $2,949 for SISEM and $5,282 for HF-DDS. The primary outcome of interest was ulcer-free weeks. Transition probabilities for the Markov states were estimated from the clinical trial. Resource utilization was based on the treatment regimen used in the clinical trial. Costs were derived from standard cost references and medical supply wholesalers. The economic perspective taken was that of the payer. No cost discounting was performed due to the short duration of the study. RESULTS: Forty-two wounds closed in the SISEM group and 26 in the HF-DDS group, the age of ulcer closure was 36 days, while 11 wounds closed in the HF-DDS group (85%), with an average closure time of 41 days. No significant difference was found in the time to closure or in the percentage of wound closure between the two groups (p = 0.73). Expected direct costs per patient for DFU were $2,949 for SISEM and $5,282 for HF-DDS. Patients treated with HF-DDS incurred total treatment costs that were approximately 1.8 times higher than those treated with SISEM. The estimated cost per ulcer-free day was more than 1.5 times higher in the HF-DDS group than in the SISEM group. CONCLUSIONS: SISEM yielded similar outcomes at a lower cost compared to HF-DDS. OASIS®, Smith & Nephew Biotherapeutics, Fort Worth, Texas

**PDB66**

### ADDING VILDAagliptin TO STANDARD CARE IN PATIENTS WITH TYPE 2 DIABETES IN COLOMBIA: A COST-EFFECTIVENESS ANALYSIS

**Objective:** The primary outcome of interest was ulcer-free weeks. Secondary outcomes included ulcer recurrence and the number of ulcer-free days. Analysis was performed using a propensity score match method. Results: Healing outcomes were driven by improved clinical outcomes. The economic perspective taken was that of the payer. Costs are reported in 2013 US dollars. RESULTS: The average WSA was $2,224 for SISEM and $6,508 for HF-DDS. Patients treated with HF-DDS incurred $2,949 for SISEM and $5,282 for HF-DDS. The primary outcome of interest was ulcer-free weeks. Transition probabilities for the Markov states were estimated from the clinical trial. Resource utilization was based on the treatment regimen used in the clinical trial. Costs were derived from standard cost references and medical supply wholesalers. The economic perspective taken was that of the payer. No cost discounting was performed due to the short duration of the study. RESULTS: Forty-two wounds closed in the SISEM group and 26 in the HF-DDS group, the age of ulcer closure was 36 days, while 11 wounds closed in the HF-DDS group (85%), with an average closure time of 41 days. No significant difference was found in the time to closure or in the percentage of wound closure between the two groups (p = 0.73). Expected direct costs per patient for DFU were $2,949 for SISEM and $5,282 for HF-DDS. Patients treated with HF-DDS incurred total treatment costs that were approximately 1.8 times higher than those treated with SISEM. The estimated cost per ulcer-free day was more than 1.5 times higher in the HF-DDS group than in the SISEM group. CONCLUSIONS: SISEM yielded similar outcomes at a lower cost compared to HF-DDS. OASIS®, Smith & Nephew Biotherapeutics, Fort Worth, Texas

**PDB67**

### COMPARATIVE COST-EFFECTIVENESS OF BECAPLERMIN GEL ON WOUND HEALING IN PATIENTS WITH DIABETIC FOOT ULCER: CHANGES IN WOUND SURFACE AREA

**Method:** The primary outcome of interest was ulcer-free weeks. Secondary outcomes included ulcer recurrence and the number of ulcer-free days. Analysis was performed using a propensity score match method. Results: Healing outcomes were driven by improved clinical outcomes. The economic perspective taken was that of the payer. Costs are reported in 2013 US dollars. RESULTS: The average WSA at baseline was 2.2 centimeters squared. At 20 weeks in the clinical study the becaplermin group demonstrated a statistically higher probability of complete wound closure compared to the GWC group (p = 0.015) at 50% versus 35%, respectively. Given the reported WSA reduction rates, becaplermin treated DFU were expected to close 100% at 27 weeks while the GWC group reached an expected 88% reduction in WSA at 52 weeks. When costs were compared by wound closure rates, the cost per 1 centimeter reduction in WSA was $1,285 in the becaplermin group compared to $3,446 in the GWC group. The total expected direct cost of DFU care across the 1-year time horizon was estimated at $6,702. The GWC group cost to $2,827 in the becaplermin group. CONCLUSIONS: DFU patients treated with becaplermin experienced better clinical outcomes than those treated with GWC alone. As a result of the improved outcomes becaplermin demonstrated economic dominance over GWC providing better outcomes at a lower direct cost.

**PDB68**

### COMPARATIVE COST-EFFECTIVENESS OF METFORMIN-BASED ORAL HYPOGLYCEMIC THERAPY IN POPULATION-BASED DATABASE

**Objective:** The primary outcome of interest was ulcer-free weeks. Secondary outcomes included ulcer recurrence and the number of ulcer-free days. Analysis was performed using a propensity score match method. Results: Healing outcomes were driven by improved clinical outcomes. The economic perspective taken was that of the payer. Costs are reported in 2013 US dollars. RESULTS: The average WSA was $2,224 for SISEM and $6,508 for HF-DDS. Patients treated with HF-DDS incurred total treatment costs that were approximately 1.8 times higher than those treated with SISEM. The estimated cost per ulcer-free day was more than 1.5 times higher in the HF-DDS group than in the SISEM group. CONCLUSIONS: SISEM yielded similar outcomes at a lower cost compared to HF-DDS. OASIS®, Smith & Nephew Biotherapeutics, Fort Worth, Texas

**PDB69**

### VALUE IN HEALTH 17 (2014) A1-A295