LD33 THE ALBIGLUTIDE BUDGET IMPACT MODEL IPAD APPLICATION – A NEW, INTERACTIVE, USER-FRIENDLY PLATFORM DEMONSTRATING THE BUDGET IMPACT OF INCLUDING ALBIGLUTIDE IN MANAGED CARE FORMULARIES

**Objective:** To estimate the budget impact of adding albiglutide (BIA) to the formulary in a hypothetical managed care organization.

**Methods:** A budget impact analysis (BIA) model was developed to estimate the impact of adding albiglutide to the formulary. The model was designed to evaluate the incremental cost-effectiveness of albiglutide compared to current treatment options. The model included the following components:

- **Population:** A hypothetical managed care organization (MCO) with 1 million members.
- **Model Structure:** A Markov model was used to simulate the progression of T2DM patients over a 10-year time horizon.
- **Costs:** The model considered direct medical costs and indirect costs due to lost productivity.
- **Outcomes:** The outcomes were the incremental costs and incremental quality-adjusted life years (QALYs) gained.

**Results:**

- The baseline scenario predicted a budget impact of $71,902 at Year 1, $431,409 at Year 2, and $503,311 at Year 3. These budget impacts were calculated based on the incremental costs and benefits associated with the addition of albiglutide to the formulary.

**Conclusions:** The addition of albiglutide to the formulary was associated with a small increase in budget compared to current treatment options. However, the incremental QALYs gained were small, indicating a limited clinical impact.

**Implications:** The results suggest that the addition of albiglutide to the formulary may be cost-effective, but further research is needed to understand the clinical impact and potential cost savings.

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**References:**