BUDGET IMPACT ANALYSIS OF THE INTRODUCTION OF SAXagliptin AS A TREATMENT OPTION TO PATIENTS WITH T2D IN THE PHS

ECONOMIC OUTCOMES OF THREE INSULIN THERAPY PROTOCOLS IMPLEMENTED IN A SURGICAL INTENSIVE CARE UNIT

THE HEALTH CARE COSTS OF LONG-ACTING INSULIN ANALOGS COMPARED WITH NPH INSULIN IN PATIENTS WITH TYPE 2 DIABETES USING A BASAL REGIMEN: A DANISH PERSPECTIVE

IMPACT OF NOVOLOG EXTENDED DRUG STABILITY ON HEALTH PLAN EXPENDITURES FOR INSULIN AND SUPPLIES IN PUMP USERS

Abstracts

without saxagliptin, which increased by US$2,812,671 during this period, reaching US$77,249,307 in year 3. Total costs in scenario with saxagliptin, however, remained stable around US$74,000,000/year. Introduction of saxagliptin is expected to be economical to the PHS, with savings of US$3,048,812 in year 3. Annual savings per patient were impacted by the introduction of saxagliptin correspond to 8% of pharmaceutical costs at year 3. Sensitivity analysis demonstrated that saxagliptin price is the most impactful parameter in the model, and a 25% increase over its price would still generate savings around US$2,110,000 to the PHS. CONCLUSIONS: Introduction of saxagliptin as a therapeutic option to patients with T2D in the PHS will save pharmaceutical costs at year 3. Sensitivity analysis demonstrated that saxagliptin price was considered to be equal to the sitagliptin price. The market share of the different drugs was based upon market studies and data provided by Bristol Myers Squibb. The budget impact is reported in terms of annual treatment costs and monthly costs per person per month (PMPM). Finally, a one-way sensitivity analysis was carried out. RESULTS: The net budget impact estimated from the introduction of saxagliptin was US$2,077 for the first year, US$3,377 for the second year and US$9,230 for the third year; the accumulated net budget impact was US$15,648. The PMPM result was US$0.0002, US$0.0004 and US$0.0008 for each year respectively. The accumulated impact in the total annual budget for antidiabetics was 0.07%. DM2 prevalence changes ± 50% derived an accumulated net budget impact of US$23,326 to US$7,942; a slight saxagliptin price decrease (-2%) generates a negative budget impact of US$338, US$1,133 and US$2,390 for each year respectively. CONCLUSIONS: The budget impact of adding saxagliptin in a population of one million affiliates of the Argentinean social security is minimal in patients with DM2.

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OBJECTIVES: Hyperglycemia in the hospital setting is associated with increased adverse outcomes and costs. The objective of this study was to assess three insulin infusion protocols, conventional sliding scale (CSS) protocol, intensive insulin treatment (IIT) protocol, and basal insulin infusion (BII) protocol in critically-ill patients of a surgical intensive care unit (SICU). METHODS: This observational, retrospective, cohort study included adult patients admitted to the SICU between January 1, 2005 and December 31, 2007. Clinical measures and total SICU charges were evaluated for patients admitted over 48 hours. When patients had two consecutive blood glucose (BG) levels >200 mg/dl, the CSS protocol was initiated. The BII protocol was initiated when two consecutive BG levels were between 121 and 150 mg/dl, and the IIT protocol was initiated when BG was >150 mg/dl. Descriptive, one-way analysis of variance and chi square analysis were conducted. RESULTS: The cohort of 112 patients was extracted (24 BII, 29 IIT, and 49 CSS). No significant differences in age, race, gender, BMI, admission diagnosis and receipt of vasopressors, steroids or antibiotics were found among groups. There were no significant differences in mean (SD) SICU costs between groups [CSS: $97,880 ($114,729); BII: $119,095 ($111,791); IIT: $161,876, ($222,786)]. Number of patients who experienced hypoglycemia (BG <60 mg/dl) were significant higher in the IIT group compared to the BII and CSS groups (58.6%, 41.7% and 22.0%, respectively, p = 0.001). More patients were mechanically ventilated in the IIT group compared to the BII and CSS groups (75.9%, 66.7% and 33.9%, respectively, p = 0.001). No significant differences were found in SICU and hospital mortality rates, SICU and hospital length of stays, and blood transfusion receipt, among the three groups. CONCLUSIONS: The basal insulin infusion protocol can reduce adverse events like hypoglycemia and mechanical ventilation with no significant changes in SICU costs compared to intensive or sliding scale insulin therapies.