EVALUATING THE LONG-TERM COST-EFFECTIVENESS OF LIRAGlutide 1.2 mg AND EXENAtide in PaTIENTS WITH TYPE 2 DiABETES Mellitus

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OBJECTIVES: To evaluate the long-term economic and health outcomes associated with twice daily exenatide (versus once daily liraglutide 1.2 mg) in patients with type 2 diabetes mellitus treated at a provincial hospital in Sichuan, China.

METHODOLOGY: A cost-effectiveness analysis was conducted. The average length of stay was 13.82 days in intervention group and 14.79 days in control group (P=0.05). Average 337 minutes (5.6 hours) was spent in daily clinical pharmacy services in intervention group. The cost of routine pharmacy services in control group was 724.95 million yen (for average 49 days in intervention group and 47 days in control group). The total medical costs were CNY 11,305 vs CNY 10,693 (P=0.057), and total drug costs were CNY 5,198 vs CNY 4,199 (P=0.186), in insulin analogue and human insulin cohort, respectively. CONCLUSIONS: Insulin analogue treatment for patients experienced with secondary failure in GPG before breakfast compared to human insulin treated patients, while total outpatient and drug costs showed no significant difference between the two cohorts. Should data permits, HBA1c data should be included in further analysis in the future.

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PHARMACOECONOMICS EVALUATION OF CLINICAL PHARMACY SERVICE FOR INFANT PATIENTS

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OBJECTIVES: To evaluate the cost, cost-effectiveness and cost-benefit of clinical pharmacy service for diabetic patients on view of hospital. METHODS: A prospective study was conducted at a provincial hospital in Sichuan, China. Patients with a diagnosis of diabetes were enrolled in the study from Aug 2011 and Nov 2013. Inclusion criteria: main admitting diagnoses were type I diabetes or type II diabetes; insulin analogue or human insulin were used during hospital stay. Exclusion criteria: combination use of insulin analogue and human insulin. Fasting blood-glucose (FG) before breakfast was used as efficacy index instead of glycated hemoglobin (HbA1c). The primary outcome was average saving expense of patients under clinical pharmacy intervention, which represents 37 yen a month per member.

METHODS: Patients were divided into intervention group(121) and control group(122) randomly when admitted. Intervention group equipped a clinical pharmacist providing clinical pharmacy service excepting the virtual control group. Clinical pharmacy service. The times of avoiding medicine errors were counted as effectiveness, the saving of patients’ expenses was calculated as benefit. The cost was calculated by routine/clinical pharmacy service spending. Cost-effectiveness and cost-benefit analysis were conducted. RESULTS: The average length of stay was 13.82 days (P=0.05). Average 337 minutes (5.6 hours) was spent in daily clinical pharmacy services in intervention group. The cost of routine pharmacy services in control group was 724.95 million yen (for 49 days in intervention group and 47 days in control group). The total medical costs were CNY 11,305 vs CNY 10,693 (P=0.057), and total drug costs were CNY 5,198 vs CNY 4,199 (P=0.186), in insulin analogue and human insulin cohort, respectively. CONCLUSIONS: Insulin analogue treatment for patients experienced with secondary failure in GPG before breakfast compared to human insulin treated patients, while total outpatient and drug costs showed no significant difference between the two cohorts. Should data permits, HBA1c data should be included in further analysis in the future.