OBJECTIVES: To explore medical expenditure and its impact for people with diabetes covered by the Urban Employee Basic Medical Insurance for Hebei Province (UEBMIHP). METHODS: People diagnosed with “diabetes” were identified from the UEBMHPF claims database during Dec 30th, 2010 and Dec 25th, 2011. The Sum_All Medical method was used for expenditure estimation. Descriptive analyses were conducted using SPSS 20 software. RESULTS: In 2010 and Dec 30th, 2010 and Dec 25th, 2011. The Sum_All Medical method was used for expenditure estimation. Descriptive analyses were conducted using SPSS 20 software. RESULTS: In 2010 and 2011, the total outpatient expenditure was 7,944 yen (79.2% of total medical expenditure). Only CNY 21 million (15.42%) was spent on anti-glycaemic treatments, the cost of OAD, insulin, insulin pump and Chinese traditional drugs accounted for 52.2%, 70.7%, and 2.2% respectively. People with diabetes who received diagnoses or treatments for diabetic complications consumed more health care resources (physician visit, medical expenditure/patient and medical expenditure/visit) than others. CONCLUSIONS: As one of the major chronic diseases, diabetes consumed great health care resources in Hebei. Majority of direct medical expenditures were spent on treating diabetes-related diseases. Perhaps to reduce risks of diabetes complications by promoting early diagnosis, early treatment, rational drug utilization and disease control is the way to save health care and social resources.

PDB1
ECONOMIC IMPLICATIONS OF CHRONIC RENAL DISEASE WITH AND WITHOUT CO-MORBID DIABETES IN CHINA, POST-2005
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OBJECTIVES: To collate published evidence evaluating economic implications of chronic renal disease (CRD) with and without co-morbid diabetes mellitus in China (post-2005). A systematic search of electronic databases (Embase® and MEDLINE®) was conducted from January 2005 to March 2014 to identify economic studies in English evaluating CRD with and without co-morbid diabetes mellitus in China. RESULTS: Five studies (all cost of illness, CRD [n=3] and CRD with co-morbid diabetes [n=2]) of 134 citations retrieved, met pre-defined inclusion criteria. In 2012, total cost/patient for stage-3/4 CRD was Chinese Yuan (CYN) 34205 with 97.75% being direct cost, while for stage-5 CRD the corresponding values were CYN128231 and 82.3%, respectively (Wu 2013). In the study by Zhang and colleagues, patients undergoing haemodialysis (HD) incurred 16% higher costs relative to those undergoing peritoneal dialysis (PD) in 2010 (p<0.01). Further, patients with comorbid diabetes incurred higher total costs compared to their CRD alone counterparts (p=0.03) (Zhang 2012). Among patients with CRD in northwest China observed between March 2007 and February 2008, the first, second, and third year renal transplant (RT)/HD costs were CYN201674/CYN94136, CYN71746/CYN87765, and CYN66851/CYN55688, respectively indicating higher efficacy and lower costs of RT than HD from second year onwards (Xiaoqing 2012). These findings are consistent with those reported in another study; in 2011 the direct cost of diabetes-associated renal failure (HD) was CYN27676/17/CYN40764 77 and RT was CYN18508 075 (Zeng 2012). Among diabetic patients with comorbid CRD, direct cost in 2007 was CYN1308.07 million, while corresponding cost projected in 2030 increased two-fold to CYN3060 million (Miyazaki 2009). CONCLUSIONS: CRD consumes a large portion of health care expenditures (with the direct cost being those being borne by patients) and is projected to exert heavy burden on health budget in future as well. Additionally, patients with comorbid diabetes incurred higher costs relative to their CRD alone counterparts.

PDB2
EXAMPLE OF ANALYSIS UTILIZING REAL WORLD DATA: MEDICAL COST REDUCTION BY AVOIDING UNTREATED-DIABETES PATIENTS TO VISIT DOCTORS
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OBJECTIVES: We define patients who have not consulted doctors to treat their diabetes, while they have learned their blood-sugar levels are high through health check-up, as untreated-diabetes patients. Our research objective is to calculate using real world data how much lower the medical cost would be if the untreated-diabetes patients visit doctors in response to suggestions to do, which represents the cost reduction of cost-effectiveness analysis. METHODS: We used the data of Japan Medical Data Center (JMDc), which provides health insurance claims data with linked health check-up data of 1.7 million members from health insurance societies in Japan. RESULTS: It is estimated there are 71 untreated-diabetes patients in a virtual (yet supposed-to-be typical according to the JMDC data) population with 10,000 members. Among them, we found 65% were untreated-diabetes patients within 3 months, while remaining 34% would leave their conditions as they are for averagely 40 months knowing that their blood-sugar levels are high. It is necessary that the rationality of diabetic and health check-up should be revisited. Significant health effects, advice effects, and treatment effects are calculated. CONCLUSIONS: We estimated that starting diabetes treatment in early stages and prevent them from future complicating diseases. According to our calculation, the medical cost after its diagnosis would increase by 1.1% without aging factors by leaving their conditions untreated. According to the results, 65.38% of these untreated-diabetes patients with diabetes society had all the existing 71 untreated-diabetes patients visit doctors now, their monthly medical cost would be 0.37 million yen lower against the amount they had to pay in future (averagely in 20 months) if they continue to avoid visiting, which represents 37 yen a month per member, and all the patients with high blood-sugar levels visit doctors retrospectively, its monthly medical cost would have been 4.12 million yen lower now, which represents 412 yen a month per member.

PDB3
CLINICAL EFFICACY AND COSTS OF INSULIN ANALOGUE COMPARED TO HUMAN INSULIN IN PATIENTS WITH DIABETES: RESULTS FROM A TERTIARY HOSPITAL IN BEIJING
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OBJECTIVES: This study aims to compare clinical efficacy and costs between insulin analogue and human insulin in the treatment of patients with diabetes in a tertiary hospital in Beijing. METHODS: Data were extracted from inpatient electronic patient records in HIS system in a tertiary hospital in Beijing during the period between August 2009 and Nov 2013. Inclusion criteria: main admission diagnosis type I 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 (FBG) before breakfast was used as efficacy index and per cent change of FBG was compared. RESULTS: A total of 457 patients were included in this study. Of these, 196 patients were treated with insulin analogue and 261 with human insulin. The average age of patients in the analogue and human insulin groups were 64.2 ± 12.0 and 64.9 ± 12.2 years, respectively (p=0.616). There were no significant differences in the average age of patients between the two groups. CONCLUSIONS: There were no significant differences in the efficacy between insulin analogue and human insulin. Patients treated with insulin analogue had a lower cost of medical care than those treated with human insulin. The potential cost saving of patients’ treatment was calculated as benefit. The cost was calculated by routine/clinical pharmacy service for diabetic patients on view of hospital. The average admission expense was 1703.84 in intervention group and 1599.50 in control group (p<0.05), so average saving expense of patients under clinical pharmacy inter- ference was 53.34%. Comparing with the extra cost input of providing clinical pharmacy service, the net benefit was -191.08. CONCLUSIONS: Clinical pharmacy service do play a significant role in avoiding medicine errors and reducing patient expenses, if didn’t consider the time and labor cost of clinical pharmacist.

PDB4
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 once daily liraglutide 1.2 mg, the most frequently prescribed dosage in China, versus twice daily exenatide 10 μg prescribed according to National Institute for Health and Clinical Excellence (NICE) guidance. We conducted a cost-effectiveness analysis (CEA) for 10,000 members. Patients were treated for 72 weeks in the liraglutide and treatment effects were derived from results of a retrospective chart audit with a median follow-up of 48 weeks including 256 patients receiving liraglutide and 148 receiving exenatide. Treatment effects were derived from drug price sales in Chinese market. The di- abetes treatment was continued for 2 years. The results were derived from primary data. PROJECTIONS: Were made from a societal perspective with an annual discounting rate of 3%. One-way sensitivity analyses were performed. RESULTS: Long term projections demonstrated that compared with exenatide, liraglutide 1.2 mg was asso- ciated with lower cumulative incidences of diabetes complications and improved

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