controlling for age and gender effects on costs. Moreover, a propensity score matching analysis was used to test for robustness of the results. RESULTS: OAB patients caused additional annual costs of €772 compared to non-OAB patients. Patients treated with Oxybutynin had the lowest additional costs (€660) while patients treated with Tolterodine yielded the highest additional costs (€1,040). In the special case of 0.2 mg/day-Tolterodine treated with Solifenacin incurred the lowest additional costs (€1,142) and patients treated with the highest (€1,835). The lower treatment costs for Solifenacin are mainly driven by lower spending on medications. The costs related to lower pad use included in the models (p<0.01) and propensity score matching produced similar findings. CONCLUSIONS: This study examines the annual cost of six anticholinergics for the treatment of OAB. OAB patients who persisted on their index antimuscarinic therapy were categorized as persisters (n = 828). OAB patients who continued with Oxybutynin and OAB patients treated with Solifenacin have shown the lowest additional cost. For both patient groups Tolterodine is associated with the highest additional cost of treatment.

PUK12
REAL-WORLD DOSE EQUIVALENCY AND COST COMPARISONS OF CONVERSIONS BETWEEN SEVELAMER HYDROCHLORIDE/ CARBONATE AND LANTUS SOLARA

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OBJECTIVES: To determine the real-world dose equivalency of sevelamer hydrochloride/carbonate (SH/C) and lanthanum carbonate (LC) monotherapies, and compare the drug costs associated with various dosages of SH/C versus conversion to LC. METHODS: A chart review was evaluated retrospectively for patients receiving hemodialysis in the US, who converted in either direction between SH/C and LC monotherapies, yet had similar phosphate (P) levels over the observation period. The study compared mean post-conversion P levels 90 days following kidney conversion. Serum P and daily P binder doses were assessed across 30-60 day periods. Primary comparisons were based on data from the last month of each treatment period. For clinical equivalence, a mean difference of 0.5 mg/dL in serum P levels was identified as the threshold based on prescription fills and REDBOOK pricing (Sept 2013). RESULTS: A total of 303 patients met study criteria: 128 converted from SH/C (mean dose ~820 mg/day) to LC (~3400 mg/day) and 175 converted from LC (~3800 mg/day) to SH/C (~4600 mg/ day). The conversion between SH/C and LC was generally safe and well tolerated. On post-conversion, patients and dialysis staff were in favor of the change. CONCLUSION: This study includes patients who converted between SH/C and LC monotherapies in either direction maintained similar P levels in both conversion phases. LC was 2.27 times as strong as SH/C on an mg-to-mg basis and was associated with significantly lower P binder costs.

PUK13
HEALTH CARE COSTS AMONG PATIENTS WHO CONTINUE THERAPY OR SWITCH ANTIMUSCARINIC AGENTS FOR OVERACTIVE BLADDER

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OBJECTIVES: To compare health care costs among patients who continued therapy or switched antimuscarinic agents for overactive bladder (OAB). METHODS: Patients initiating antimuscarinic therapy from 1/1/2007-3/31/2012 diagnosed with OAB were categorized as persisters (n = 828). OAB patients who continued with Oxybutynin and OAB patients treated with Solifenacin have shown the lowest additional cost. For both patient groups Tolterodine is associated with the highest additional cost of treatment.

PUK14
MANAGEMENT OF ANEMIA AMONG CHRONIC KIDNEY DISEASE PATIENTS ON HEMODIALYSIS: A STUDY OF COST OF ILLNESS

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OBJECTIVE: To analyze the cost of illness in the management of anemia among chronic kidney disease patients on hemodialysis. METHODS: A prospective, observational study for a period 7 months was conducted after the approval of the protocol by the Ethics Committee. The patients on hemodialysis of both sexes aged between 18-75 years were enrolled in the management of anemia with erythropoietin. Baseline data and the number of units for EPO, Iron and Vitamin supplements were recorded and computed on weekly basis. Hemoglobin levels were recorded every month. The average cost incurred was calculated for 7 medical services. RESULTS: The need for lower pad use included in the model (p<0.01) and propensity score matching produced similar findings. CONCLUSIONS: This study examines the annual cost of six anticholinergics for the treatment of OAB. OAB patients who persisted on their index antimuscarinic therapy were categorized as persisters (n = 828). OAB patients who continued with Oxybutynin and OAB patients treated with Solifenacin have shown the lowest additional cost. For both patient groups Tolterodine is associated with the highest additional cost of treatment.

PUK15
THE SOCIAL COST OF CHRONIC KIDNEY DISEASE IN ITALY

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OBJECTIVES: To investigate the employee’s health insurance payment policy for stage-5 chronic renal failure patients treated with dialysis as well as stage-4 patients, analyze payment levels of the insurance and out-of-pocket medical expenses. METHODS: This cross sectional study included 8809 stage-5 chronic renal failure cases treated with dialysis and 14472 stage-4 cases in 6 provincial capital & vice provincial cities (Shenyang, Nanjing, Qingdao, Zhengzhou, Chengdu, Urumchi). The actual claim data of medical expenses and medical care utilization from 2008 to 2010 were collected. Descriptive analysis was applied to the data. The employee’s health insurance payment. The employees, their families and the productivity system mainly sustain the burden of the disease.

PUK16
MEDICAL EXPENSE BURDEN OF EMPLOYEE’S HEALTH INSURANCE PARTICIPANTS WITH CHRONIC RENAL FAILURE IN CHINA

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OBJECTIVES: To investigate the employee’s health insurance payment policy for stage-5 chronic renal failure patients treated with dialysis as well as stage-4 patients, analyze payment levels of the insurance and out-of-pocket medical expenses. METHODS: This cross sectional study involved 8809 stage-5 chronic renal failure cases treated with dialysis and 14472 stage-4 cases in 6 provincial capital & vice provincial cities (Shenyang, Nanjing, Qingdao, Zhengzhou, Chengdu, Urumchi). The actual claim data of medical expenses and medical care utilization from 2008 to 2010 were collected. Descriptive analysis was applied to the data. The employee’s health insurance payment. The employees, their families and the productivity system mainly sustain the burden of the disease.

PUK17
COST OF ILLNESS ANALYSIS OF DIALYSIS IN DIFFERENT REGIONS OF RUSSIA

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The employees, their families and the productivity system mainly sustain the burden of the disease.