costs ($14,380 vs. $9,800 respectively, p<0.05). CONCLUSIONS: Diabetes patients with consistently high medication adherence to oral medications or having a history of an HbA1c test over a five-year period had lower medical costs and lower inpatient and emergency room costs than their counterparts.

PDB93 CLINICAL CHARACTERISTICS, QUALITY MEASURE ATTAINMENT, AND DIABETES-RELATED HEALTH CARE COSTS IN ELDERLY VERSUS OVERALL PEOPLE LIVING WITH TYPE-2 DIABETES MELLITUS (T2DM) RECEIVING METFORMIN (MET) AND SULFONYLUREA (SU)
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OBJECTIVES: To characterize type 2 diabetes mellitus (T2DM) patients’ newly initiating insulin therapy with an insulin pen and quantify their health resource utilization (HRU) and total health care costs. METHODS: Adult patients with at least one new claim for an insulin pen between January 2006 and September 2010 were selected from the Truven Health MarketScan Research Databases. Of the 903,163 adults with T2DM (2007-2011) were used to identify a sample receiving MET+SU. The index date was defined as the first dispensing of MET+SU after 6 months of eligibility. Clinical characteristics were assessed during baseline and quality measure attainment, defined as no values above specific thresholds (HbA1c <8%, body mass index [BMI] <30 kg/m², blood pressure [BP] <140/90 mmHg, low-density lipoprotein cholesterol [LDL-C] <100 mg/dL), was evaluated during a 12-month landmark period after the index date. Association between quality measure attainment and diabetes-related costs, i.e., hospitalization, ambulatory care, emergency department, and outpatient prescriptions. The study was cross-sectional, observational study. Subjects were recruited from Endocrinology clinic of a public tertiary care hospital. Subjects with duration of diabetes (≥6 months) were considered to be NDD. VPT measure costs were done to assess adherence to OAD, and one prescription for an oral antidiabetic drug. Frequency and cost of enrollment for 12 months after the index insulin pen claim, with a diagnosis of T2DM and one prescription for an oral antidiabetic drug. Total health care costs were examined using logistic regressions and generalized linear regression models, respectively. RESULTS: Of the total sample population (N=13,365), 22.4% had non-polypharmacy, 39.3% had minor, 25.3% had moderate, and 13.0% had major polypharmacy. The polypharmacy cohort had significantly higher all-cause health care costs (non-polypharmacy: $7,485, moderate: $10,155, major: $13,972, all p<0.05) and adherence to OADs (non-polypharmacy: 42.0%, minor: 61.3%; moderate: 73.9%; major: 78.3%; all p<0.05) during the post-index period compared to their non-polypharmacy counterparts. When comparing non-polypharmacy to polypharmacy were $1,602 (minor), $5,808 (moderate), and $13,447 (major) when compared with non-polypharmacy cohort. A higher level of polypharmacy was associated with a higher likelihood of adherence than the non-polypharmacy cohort (minor: OR=2.8, 95% CI=1.99-2.40; moderate: OR=3.85, 95% CI=3.43-0.99; major: OR=4.70, 95% CI=4.07-5.43). CONCLUSIONS: Polypathy was common and associated with high economic burden among patients with T2DM. The study association between polypharmacy and adherence to OAD further investigation of the behavioral mechanisms.

PDB95 PREVALENCE AND RISK FACTORS OF DIABETIC PERIPHERAL NEUROPATHY IN TYPE 2 DIABETES MELLITUS OUT-PATIENTS
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OBJECTIVES: The primary objective was to assess the prevalence of DN using Vibration Perception Threshold (VPT) using biothesiometer considered as the gold standard. METHODS: The study was to compare the prevalence between Known Diabetics (KD) and Newly Detected Diabetics (NDD), assess the neuropathy prevalence pattern and identify any modifiable risk factors associated with occurrence of DN among diabetics. RESULTS: The study was cross-sectional, observational study. Subjects were recruited from Endocrinology clinic of a public tertiary care hospital. Subjects with duration of diabetes (≥6 months) were considered to be NDD. VPT measures were done to assess neuropathy (negative test results). The prevalence of neuropathy was graded into three groups based on VPT score as mild (20-24.99 V), moderate (25-39 V), and severe (≥39 V). 791 subjects were included in a random sampling basis which includes 638 KD and 153 NDD. Multivariate analysis was performed for assessing independent risk factors associated. RESULTS: The median duration of diabetes was found to be 6 (2 -12) years. 300 subjects were found to have DN accounting for 37.9% (95% CI: 34.5-41.4) prevalence. Higher prevalence was observed in KD compared to NDD (43.7% Vs 13.7%, p<0.001). The prevalence of mild neuropathy was 10.4%, moderate neuropathy was 18.9%, and severe neuropathy was 8.6%. Regression analysis was shown age (p<0.001), female gender (p<0.001), duration of diabetes (p<0.001), dyslipidemia (p=0.008) and presence of other microvascular complication (p<0.001) to be associated with DN occurrence among diabetics. CONCLUSIONS: This cross-sectional study shows the prevalence of DN to be 37.9%. Severe neuropathy was be 8.6% who were at the risk of foot ulceration or lower limb amputation. DN was associated significantly with increasing age, early onset of diabetes, female gender and dyslipidemia.

PDB97 HEALTH CARE COSTS AND CLINICAL OUTCOMES ASSOCIATED WITH RATES OF SULFONYLUREA USE BY PHYSICIANS
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OBJECTIVES: To study the association between rates of sulfonylureas (SU) use at a physician’s practice and average health care costs and complication rates among the physician’s patients with type 2 diabetes mellitus (T2DM). METHODS: We performed a retrospective group-level analysis on a sample of 7,905 patients 21-90 years of age (80% Hispanic), aged 18-64 with an incident T2DM diagnosis between 2007 and 2011. We regressed physician-level monthly complication rates (cardiovascular, lower extremity, ophthalmic, renal, neuropathy, and hypoglycemia) and average health care costs on 3-month lagged physician-level SU use controlling for use of 10 other T2DM medications in each physician’s practice, and patient and practice characteristics. Costs were estimated using a generalized linear model with log link to account for compounding SU use. RESULTS: SU use was associated with lower rates of lower extremity, ophthalmic, and renal complications relative to no drug use (p<0.05). For each complication class, we identified the best performing SU regimen using a stepwise proportional hazards regression and compared SU users to non-SU users. The study associations with higher complication rates, the
association between average costs and rate of SU use was not significant. Other findings. OADs prescribed on the discharge date were evaluated and considered for their cost-impact for NHS by comparing both the monitored drugs among them and the other therapeutic treatments.

PDB98

A LONGITUDINAL EVALUATION OF DIABETES MANAGEMENT IN COMMERCIALLY INSURED PATIENTS IN THE UNITED STATES

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BACKGROUND: The experience of diabetes management in the US over the past four years has worsened in this sample of commercially insured patients, with potentially adverse cost consequences. Diabetes-related complications were more common in patients with worse diabetes control. As more than half of patients had A1c levels above the ADA recommendation, the study highlights the unmet need for improved glycemic control.

PDB99

PERSPECTIVES ON COMPLEMENTARY DATA SOURCES IN DIABETES HEALTH TECHNOLOGY ASSESSMENT: AN ENROLLING PRACTICE-BASED RESEARCH NETWORK AND A LARGE COMMERCIAL HEALTH PLAN

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OBJECTIVES: To describe the demographic and clinical characteristics, diabetic medication use and glycemic control among diabetic nursing home residents with moderate to severe chronic kidney disease (CKD). OBJECTIVES: To describe the demographic and clinical characteristics, diabetic medication use and glycemic control among diabetic nursing home residents with moderate to severe chronic kidney disease (CKD).

RESULTS: Of the 1005 long-stay diabetic NH residents, 338 (33.6%) had moderate to severe CKD. CKD residents were on average 74.4 ± 11.1 years old and majority of them were females (59.8%). Common comorbidities included hypertension (69.2%), depression (77.8%) and anemia (56.2%). 72.8% of the residents received oral antidiabetic drugs (OAD) or glucagon-like peptide-1 agonists, and a lower proportion received insulin (61.8%). The most commonly used OAD was sulfonylurea (62.2%), followed by metformin (33.3%). The average HbA1c was 7.0 ± 1.5; 59.8% had HbA1c <7%, 19.2% had HbA1c >7% and ≤8%, 11.8% had HbA1c >8% and ≤9%, and 9.2% had HbA1c >9%. The majority of them were females (59.8%). Common comorbidities included hypertension (69.2%), depression (77.8%) and anemia (56.2%). 72.8% of the residents received oral antidiabetic drugs (OAD) or glucagon-like peptide-1 agonists, and a lower proportion received insulin (61.8%). The most commonly used OAD was sulfonylurea (62.2%), followed by metformin (33.3%). The average HbA1c was 7.0 ± 1.5; 59.8% had HbA1c <7%, 19.2% had HbA1c >7% and ≤8%, 11.8% had HbA1c >8% and ≤9%, and 9.2% had HbA1c >9%.

CONCLUSIONS: The prevalence of moderate or severe CKD is high in long-stay diabetic nursing home residents. Less than half (42.9%) of the residents received oral antidiabetic drugs (OAD) or glucagon-like peptide-1 agonists, and a lower proportion received insulin (61.8%). The most commonly used OAD was sulfonylurea (62.2%), followed by metformin (33.3%). The average HbA1c was 7.0 ± 1.5; 59.8% had HbA1c <7%, 19.2% had HbA1c >7% and ≤8%, 11.8% had HbA1c >8% and ≤9%, and 9.2% had HbA1c >9%.

CONCLUSIONS: The prevalence of moderate or severe CKD is high in long-stay diabetic nursing home residents. Less than half (42.9%) of the residents received oral antidiabetic drugs (OAD) or glucagon-like peptide-1 agonists, and a lower proportion received insulin (61.8%). The most commonly used OAD was sulfonylurea (62.2%), followed by metformin (33.3%). The average HbA1c was 7.0 ± 1.5; 59.8% had HbA1c <7%, 19.2% had HbA1c >7% and ≤8%, 11.8% had HbA1c >8% and ≤9%, and 9.2% had HbA1c >9%.