The diabetic peripheral neuropathy (DPN) is the most common diabetic complication. The economic $729.18.

The annual medical cost for DM related complications per patient with and without hospitalizations: Myocardial infarction $2482.32 and $1025.26, Angina $470.12 and $1453.63; Congestive Heart Failure $3433.08 and $1009.18; Stroke $3141.74 and $1401.46; Peripheral vascular disease $3348.11 and $1301.34; Neuroropathy $2226.86 and $854.38. Renal failure with Haemodialysis $11245.93 and Peritoneal dialysis $7802.03; Renal transplant $31772.50 with operation and $8934.27 for daily maintenance. The cost for Renal transplantation $296.79; Cataract operation $1579.72; Amputation $2072.22; Infected ulcer treatment: $3007.11; Neurohypoglycemia $1493.55; Major hypoglycemia $729.18. CONCLUSIONS: The medical costs for DM related complications are overwhelming compared with the costs of insulin and hypoglycaemic agents especially for those diabetic patients with major complications. Considering the high prevalence of diabetes and its complications diabetes poses substantial economic burden to the whole society in China.

PDB23 COST EFFECTIVENESS OF ANGIPRAX™ IN THE TREATMENT OF DIABETIC FOOT ULCERS IN IRAN

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OBJECTIVES: The primary objective of this study was to estimate the cost effectiveness of treating diabetic foot ulcers with ANGIPRAX™ plus good wound care (GWC) as compared with GWC alone in Iranian health care settings. The secondary objective was to analyse the effect of different treatment practices on the economical caring for diabetic foot ulcers. METHODS: A 6-month Markov computer simulation model was used to assess the cost effectiveness in Iran of treating diabetic foot ulcers with ANGIPRAX™ plus GWC versus GWC alone. Transition probabilities were taken from a prospective study of 20 patients and ANGIPRAX™ efficacy was based on 20-week healing rates in a recent meta-analysis of clinical trials involving 50 patients. Country-specific treatment cost data were collected in collaboration with local economic consultations and combined with the disease model to estimate the incremental cost per ulcer-free month gained. The model was then run using hypothetical low- and high-intensity resource usage profiles to investigate the economics of caring for diabetic foot ulcers. RESULTS: Over the course of 6-month, patients were treated received ANGIPRAX™ plus GWC were on average predicted to spend an additional 0.81 months (24% longer) free of ulcers and to experience a 9% lower risk of undergoing a lower extremity amputation than individuals who received GWC alone. Consequently, ANGIPRAX™ plus GWC was estimated to be net cost saving in Iran. CONCLUSIONS: ANGIPRAX™ may be a cost-effective treatment for neuropathic diabetic foot ulcers in a wide range of Iranian settings.

PDB24 COST-EFFECTIVENESS ANALYSIS OF PREGABALIN IN THE TREATMENT OF DIABETIC PERIPHERAL NEUROPATHY

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OBJECTIVES: The diabetic peripheral neuropathy (DPN) is the most common diabetic patients’ complication which is accompanied with substantial economic burden because of morbidity and mortality. In this study we tried to evaluate the cost effectiveness of pregabalin for treatment of diabetic neuropathic pain in Iran. METHODS: To evaluate the efficacy of pregabalin we designed a systematic review of published articles by searching on PubMed, Scopus and Google scholar. Our keywords were: “pregabalin”, “neuropathic pain”, “diabetic peripheral neuropathy”, etc. The pain score was the outcome of interest for evaluation of the treatment efficacy in peripheral neuropathic pain. For calculation of cost we only consider direct cost of treatment. RESULTS: Out of 8994, finally 5 articles were included in the study which met our inclusion criteria. All of these reports were Randomized Clinical Trial (RCT) of the comparison of pregabalin with placebo. Considering the efficacy extracted from the reports, pregabalin 75 mg/day and 150 mg/day didn’t have any significant efficacy in comparison with placebo thus the ICER for other treatments were calculated. In pregabalin 300 mg/day the ICER for the produced generic pregabalin was 0.27 dollar per day per pain score reduction and for imported Lyrica was 2.74 dollar per day per pain score reduction. The results for pregabalin 600 mg/day were 0.62 and 4.37 respectively. CONCLUSIONS: Our analysis indicated pregabalin 300 mg/day and 600 mg/day as cost effective treatments. About the inclusion of pregabalin into insurance positive list if the prescribers prefer to order pregabalin once a day (As we learned from the expert opinion) therefore only 300 mg and 600 mg dosage forms are eligible for including into the positive list.