OBJECTIVES: Patients who do not incorporate diet modifications in their therapy regimen may experience an undesirable escalation in blood glucose levels, leading to hyperglycemia and chronic complications. The objective of this study is to investigate the prevalence of diabetic patients who incorporate diet modification in their therapy, and its association with health care utilization and expenditures for the U.S. civilian noninstitutionalized population. Our study was compared with a quasi-experimental design approach. Subjects included were patients who reported being diagnosed with diabetes and reported the treatment of diabetes with diet modification. From 2011 Medical Expenditure Panel Survey, weighted inferential statistics were used to test the effect of diet modification on the variables associated with health care use and expenditures. All analyses were accomplished by taking into consideration MEPS sample adjustments using SAS 9.3. RESULTS: There were estimated 21.8 million (21%) did not include diet modification in their therapy. For total health care expenditures, those who did not include diet modification had 1,58% higher total expenditure (894.009) with those who included diet modifications (M = 10,63, SE = 487.25), t (172) = 25.26, p <.0001. Moreover, total inpatient expenditure for those who did not include diet modification (M = 8,003, SE = 497.3) and patients who included diet modification (M = 5,68, SE = 251.45), revealed a significant difference between the groups; t (172) = 12.93, p<.0001. CONCLUSIONS: The study findings indicated that diabetic patients with diet modification had significant lower utilization and expenditures. Regulating diet is extremely important for people who have diabetes. It can be very effective in preventing or postponing the progression of diabetes, and subsequently managing the cost and utilization associated with it.

PDB37 TREATMENT OF BRAZILIAN CHILDREN WITH GROWTH HORMONE DEFICIENCY AND TURNER SYNDROME: IMPLICATIONS OF A DATA-DRIVEN APPROACH TO GUIDE DECISIONS
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OBJECTIVES: To compare costs of two delivery systems (pen vs. vials/syringes) of recombinant human growth hormone (rhGH) in Brazilian GH deficient patients. METHODS: A budgetary impact model was developed to calculate total cost based on product waste (difference between prescribed dose and actual delivered dose), based on dosing increments for pens [Pfizer Genotropin 16UI and 36UI – P16 and P36, respectively] and a fixed-percent waste described in the literature for vials ( Ipsen, Genentech). For each of the three GH products, total acquisition costs were calculated based upon total milligrams delivered, for pediatric and adult patients. Dose was 0.03mg/kg/day (highest for low or high responders). The study sample included 1,610 Brazilian patients with GHD and by 6.7% for patients with TS, representing the highest adjusted health care costs and odds of hospitalization, respectively.

PDB40 COMPARATIVE COST ANALYSIS FOR TREATING GROWTH HORMONE DEFICIENCY IN BRAZIL: PEN VSURSYNGES
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OBJECTIVES: To compare the costs of two delivery systems (pen vs. vials/syringes) of recombinant human growth hormone (rhGH) in Brazilian GH deficient patients. METHODS: A budgetary impact model was developed to calculate total costs based on product waste (difference between prescribed dose and actual delivered dose), based on dosing increments for pens [Pfizer Genotropin 16UI and 36UI – P16 and P36, respectively] and a fixed-percent waste described in the literature for vials (Ipsen, Genentech). For each of the three GH products, total acquisition costs were calculated based upon total milligrams delivered, for pediatric and adult patients. Dose was 0.03mg/kg/day for children and 0.5mg/day for adults. It was compared between both public and private payer perspectives. RESULTS: For children, calculated waste was 2.56% and 6.9% for P16 and P36, respectively, for adults, it was 0% for both versions. Waste for vials was fixed in 23% for all scenarios. From the public payer perspective, total costs per treatment year was BRL 44,857.67 for P16, P36, V4 and V12, and waste cost was BRL 586.80, BRL 502.01, BRL 927.76 and BRL 627.49 in children; for adults, total cost per treatment-year was BRL 735.99, BRL 628.05, BRL 185.04 and BRL 0.38 for P16, P36, V4 and V12, respectively and waste cost was BRL 10.00, BRL 0.00, BRL 192.56 and BRL 156.51. From the private payer perspective, total cost per treatment year was, respectively, BRL32,027.03, BRL32,526.11, BRL43,164.19 and BRL41,858.67 for P16, P36, V4 and V12, and waste cost was BRL 586.80, BRL 502.01, BRL 927.76 and BRL 627.49 in children; for adults, total cost per treatment-year was BRL 81,040.05, BRL 64,56.59, BRL 64,60.64 and BRL 43,749.97 for P16, P36, V4 and V12, respectively and waste cost was BRL 10.00, BRL 0.00, BRL 152.73 and BRL 481.15. CONCLUSIONS: For pediatric and adult patients, rhGH administration through pens was less costly, and had less waste than vials/syringes, from both public and private perspectives. P36 use was the best option in this analysis.

PDB41 HEALTH CARE RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH MULTIPLE STAGES OF CHRONIC KIDNEY DISEASE AMONG TYPE 2 DIABETES MELLITUS PATIENTS
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OBJECTIVES: To evaluate the cost of type 2 diabetes mellitus (T2DM) patients with varying degrees of CKD using administrative data and electronic health records from US integrated delivery networks from 2008 to 2012. Adult T2DM patients (first T2DM diagnosis index date) with continuous medical activity during the 6-month pre- and 12-month post-index period and lab values used to classify (KDIGO) T2DM, CKD1-5 stages were collected. METHODS: The study sample was identified using electronic health records from US integrated delivery networks from 2008 to 2012. Adult T2DM patients (first T2DM diagnosis index date) with continuous medical activity during the 6-month pre- and 12-month post-index period and lab values used to classify (KDIGO) T2DM, CKD1-5 stages were collected. METHODS: This retrospective study was conducted using 3Truven Health Analytics, Santa Barbara, CA, USA
RESULTS: The study sample included 1,610 Brazilian patients with GHD and by 6.7% for patients with TS, representing the highest adjusted health care costs and odds of hospitalization, respectively.