association between average costs and rate of SU use was not significant. Other therapy classes were associated with increased costs with the exception of premixed insulin, meglitinides and amylinomimetics (no significant association) and thiazolidinediones (weight gain and hypoglycemia association).

CONCLUSIONS: Use of SU could potentially increase complications in type 2 diabetes.

PDB98
A LONGITUDINAL EVALUATION OF DIABETES MANAGEMENT IN COMMERCIALLY INSURED PATIENTS IN THE UNITED STATES

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OBJECTIVES: Many patients on antidiabetics do not reach the ADA-recommended A1c level (<7%). This cross-sectional analysis monitored A1c levels and diabetes-related complications among commercially insured US patients receiving antidiabetics. METHODS: Patients aged ≥18 years, diagnosed with T2DM, with ≥1 oral antidiabetic or insulin fill and continuous pharmacy and medical health plan enrollment for 2008, 2009, 2010, or 2011 were selected from the HealthCore Integrated Research Database, an integrated claims dataset representing a large national health insurer. Characteristics and outcomes were assessed descriptively. RESULTS: We identified 265,411 patients for 2008, 266,104 for 2009, 264,220 for 2010 and 229,079 for 2011. Electronic A1c lab results were available for 22.2% of patients. In 2008 48.2% of patients had an A1c <7%, the percentage of patients achieving this target decreased through 2011 with only 44.5% achieving an A1c <7%. The percentage of patients with an A1c ≥9% increased from 15.3% in 2008 to 17.2% in 2011. Mean A1c was 7.47, 7.55, 7.50, and 7.62 for the years 2008, 2009, 2010, and 2011, respectively. An analysis of the self-reported medication data revealed that patients with an A1c <7% were more likely to have neuropathy (7.1% vs. 10.5%), retinopathy (8.0% vs. 12.3%), or amputations/ulcers (1.6% vs. 2.7%), compared to patients with an A1c ≥7% (P<0.001). In 2011 average A1c for patients with Alc <7% was 6.64, for patients with Alc ≥7% was 7.97 versus 7.59; for retinopathy, 7.89 versus 7.59; and for amputations/ulceration, 8.13 versus 7.61. CONCLUSIONS: These results suggest that diabetes management in the US over the past four years has worsened in this sample of commercially insured patients, with potentially adverse outcome 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: Diabetes FORWARD (DF) is a practice-based research network (PBNR) focused on Type-2 Diabetes (T2DM) health technology assessment (HTA) and health service research (HSR) in the United States, and a large commercial health plan population with T2DM. This study assessed pharmacotherapy and electronic health record (EHR) practices with electronic medical records (EMR) and enriched with supplementary patient- and provider-reported information. Recruitment is currently 9% of goal, with interest in early evaluations of how the DF source population compares to Medicare and other T2DM populations. CONCLUSIONS: About 56% of the adult T2DM population are adults with T2DM receiving pharmacotherapy, and other criteria previously reported. We examined the T2DM cohort of the DF-EMR, the DF population enrolled between March 2009 and September 2013 (DF), and members with continuous enrollment through 2011 in a large commercial health plan (LHP). We reviewed preliminary descriptive information to inform future analyses of patient subgroups and outcomes among populations in these data sources. RESULTS: DF-EMR source population (n=187,991) and DF patients (n=935) varied from LHP (n=719,041) in ways to be expected from sources created for different purposes. DF-EMR and DF had slightly greater proportions of males versus LHP, respectively (48.1 and 43.6 vs. 47.4 and 47.4 versus 87.2%; Medicare, 41.9 and 39.8 respectively (48.1 and 43.6 vs. 54.2%), and a US geographic distribution skewed from LHP (n=719,041) in ways to be expected from sources created for different populations. This descriptive assessment begins to investigate the potential applicability of findings across populations from such important complementary data sources.

PDB100
A FOCUS ON REAL LIFE DATA CONCERNING ANTIDIABETIC DRUGS: THE EXPERIENCE OF AIFA MONITORING REGISTRY

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OBJECTIVES: Type 2 diabetes is the most common metabolic disease in Italy and in developed countries. It is the sixth leading chronic disease by diffusion with a crude prevalence of 4.9%. It is estimated that about 3,000,000 Italians suffer from this pathology. In the last decade, the new class of incretin-based therapies entered the arena, but their place in therapy remains difficult to determine because of limited long-term clinical data on both effectiveness and safety, and the high cost of therapy. Both injectable glucagon-like peptide-1(GLP-1) receptor agonists (exenatide and liraglutide) and oral-inhaled inhibitors of dipeptidyl peptidase-4 (DPP-4) inhibitors showed a significant improvement in glycemic control especially when combined with metformin, similar to other second-line therapies, but additional advantages with respect to weight gain and overall hypoglycemia. In 2008 AIFA initiated a Monitoring Registry which collecting and monitoring the safety and the efficacy profiles of new antidiabetic drugs. METHODS: Data collected from the Monitoring Registry from 2008 to 2011 were used. An estimation of drug use and expenditures, NH expenditures and median cost for patients were calculated for the antidiabetic drugs which entered in the Registry. RESULTS: AIFA Antidiabetic Monitoring Registry enrolled 135,954 patients for the period of observation. 79,211 patients (58%) were treated with DPP-4 (vildagliptin and sitagliptin), 15,532 patients (11%) with metformin and 56,743 patients (42%) with GLP-1 analogues (liraglutide and exenatide) with an economic NHS burden on Registry respectively equal to 48,646,000 and 62,070,000 EUROS. CONCLUSIONS: The safety and efficacy profiles of drugs monitored in the Italian real-world clinical practice are similar to those recorded during phase 2-3 registration clinical trials. Data collected through Registry allows performing a cost-effectiveness analysis and a cost-impact for NHS besides both the monitored drugs among them and the other therapeutic treatments.