SAXAGLITON/METFORMIN EXTENDED-RELEASE (XR) FOR THE TYPE 2 DIABETES (T2DM) TREATMENT IN VENEZUELA: A BUDGET IMPACT ANALYSIS

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OBJECTIVES: To estimate the budget impact of the use of saxagliptin/metformin XR fixed-dose combination compared to the current treatment of people with T2DM, in Venezuela.

METHODS: We used an MS Excel-based budget impact model assuming coverage of one million people in the health care system of Venezuela with a 3-year time horizon. DM prevalence was obtained from published literature. Pharmaceutical expenses of oral antidiabetic agents (OADs) were analyzed excluding or including the cost of OADs that would be on formulary. Results are presented as the difference in pharmacy budget, overall costs. Publically available estimates of 2012 market shares of the branded AHAs and diabetes prevalence were used to calculate the total annual budget for oral antidiabetic agents represented an increase of 2.36% for the introduction of saxagliptin/metformin XR combined was VEF$503,807 for the first year, VEF$1,183,333 for the second year and VEF$1,353,554 for the third year; the cumulative net budget impact was VEF$3,040,703. PMPM was VEF$0.04, 8.74%.

RESULTS: The analysis' time horizon was 5 years, using a diabetes prevalence of one million people in the health care system of Venezuela, assuming coverage of one million people in the health care system of Venezuela, 1.14% 2.65% and 3.0% for the 1st, 2nd and 3rd year, respectively. The budget impact is done as part of the sensitivity analysis.

CONCLUSIONS: The results show the positive budget impact for the introduction of saxagliptin/metformin XR all over the OADs. 2.65% and 3.0% for the 1st, 2nd and 3rd year, respectively. The budget impact is done as part of the sensitivity analysis.

PDB31 BUDGET IMPACT ANALYSIS OF UTILIZING CANAGLIFLOZIN (CANA) FOR THE TREATMENT OF TYPE 2 DIABETES MELLITUS (T2DM) IN AN UNITED STATES HEALTH PLAN

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OBJECTIVES: CANA, an SGLT2 inhibitor, is a recently approved oral antihyperglycemic agent (AHA) for the treatment of adults with T2DM. As the prevalence and cost of T2DM are increasing, health plan formulary managers are seeking to identify cost-effective treatments to help manage the escalating healthcare costs. The objective of this study was to use a modified version of the Janssen Health Economics Modeling (HEM) model into an app that would allow for modeling simulations to be run on an iPad and other mobile devices.

METHODS: A budget impact model was built according to the public and evidence-based guidelines and demonstrated the budget impact of introducing albiglutide for the treatment of T2DM. The BIM was designed in a way to allow patients to self-manage the condition by using a user interface for interactive discussions about the value of albiglutide with US payers.

RESULTS: The budget impact analysis for T2DM would have a minimal budgetary impact.

CONCLUSIONS: The app version of the albiglutide BIM is a useful, complementary tool to the excel-based BIM. The app maintains its functionality according to ISPOR and AMCP recommendations.

PDB32 BUDGET IMPACT ANALYSIS OF INSULIN ANALOGUES FOR TYPE 1 DIABETES: THE CASE OF CANADA IN A PUBLIC HEALTH SYSTEM (SUS)

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OBJECTIVES: To estimate the budget impact of the use of insulin analogues for T1DM in Brazil. Treatment costs still impressive, considering that analogues’ values reach 10 times the usual amounts of human insulins, fact that did not happen in other countries where they are already covered.

PDB33 THE ALBIGLUTIDE BUDGET IMPACT MODEL IPAD APPLICATION – A NEW, INTERACTIVE, USER-FRIENDLY PLATFORM DEMONSTRATING THE BUDGET IMPACT OF INCLUDING ALBIGLUTIDE ON MANAGED CARE FORMULARIES

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OBJECTIVES: The budget impact model (BIM) is recognized as a useful tool to help payers assess the economic value of new medicines approved for use. Although they are not considered as robust as cost effectiveness models, they do allow for short-term estimates of pharmacy impact and potential costs/offsets with the inclusion of additional costs/offsets with the inclusion of additional new medicines.

METHODS: Using an iPad platform, new medicines and technologies can be added to the model. Users can change treatment patterns and impact pharmacy budgets.

RESULTS: The iPad application with albiglutide for treatment of Type 2 Diabetes (T2D). We describe the methods for the iPad application with albiglutide for treatment of Type 2 Diabetes (T2D). The iPad application for treatment of T2DM would be a useful tool for payers to assess the economic value of new medicines approved for use with US payer customers to inform access and reimbursement decisions for albiglutide.

CONCLUSIONS: An excel-based BIM estimating the 1-5 year impact of including albiglutide on formulary compared to other available GLP-1RAs was developed as per guidance from AMCP and following ISPOR good research practices. Given the increased use and demand for apps, we transformed the excel model into an app that would allow for modeling simulations to be run on an iPad and other mobile devices.

PDB34 SOMATROPIN DOSE ANALYSIS FOR TREATMENT OF HYPOTHIOTHIRATINUM IN PUBLIC BRIZILIAN HEALTH SYSTEM (SUS)

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OBJECTIVES: This analysis aims to determine, in International Units (IU), the somatropin volume waste of presentations with 4 IU and 12 IU compared to 16 IU and 36 IU, when used for treatment of Turner Syndrome and for children with growth disorders due to deficiencies of growth hormone. METHODS: The amount waste per month was analyzed, in IU, from the dosage indicated in the Project of Clinical Protocol Guideline (PCG) for Hypothiothiratum of the Brazilian Health Ministry and a comparative analysis was done between presentations of 4 IU, 12 IU and 36 IU.

RESULTS: The average loss per treatment/month (Turner Syndrome and children with growth disorders) were 18.36 IU, 12 IU, 0.08 IU and 2.01 IU presentations with 4 IU, 12 IU and 36 IU presentations, respectively. CONCLUSIONS: The volume waste of presentations of 16 IU and 36 IU, that could be reduce the losses in an average of 97.5% and 87% respectively in month/patient, minimize the treatment cost, optimize doses number and achieve more patient benefit; it is more advantageous because they take up less space for storage and for transportation.

PDB35 IMPACT OF DIABETES IN FAMILY HEALTH SPENDING IN BRAZILIAN POPULATION

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OBJECTIVES: To estimate the impact of the cost of diabetes mellitus (DM) in Brazil based on the ratio (“R”) of health care expenses of households with at least one person using medication for diabetes to those without diabetes medication use. METHODS: We utilized data from the Family Budget Study (POF – Pesquisa de Orçamentos Familiares), a representative sample of 59.548 households investigated in 2008-2009 by the Brazilian Institute of Geography and Statistics (IBGE). The data were analyzed using Microsoft Excel and R (version 3.0.2).

RESULTS: The expenses increased with increasing household income. Overall, for Brazil, the ratio “R” adjusted through regression analysis for the age and sex distribution of the Brazilian population and including insulin users was 1.81 (95%CI 1.69-1.95), indicating that expenses were 81% greater in households where diabetes was present than in those without. The expenses with the purchase of medicines to treat diabetes increase with increasing income. CONCLUSIONS: Health care expenses are notably greater in Brazilian households having family members with diabetes.

PDB36 DIET MODIFICATION IN PATIENTS WITH DIABETES AND ITS ASSOCIATION WITH HEALTH CARE UTILIZATION AND EXPENDITURE

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OBJECTIVES: Does diet modification in patients with diabetes and its association with health care utilization and expenditure?