OBJECTIVES: To compare units per day per claim (units) and costs per day per claim (costs) of comparable insulin products by Eli Lilly and Company (LLY) and Novo Nordisk (NN), adjusting for baseline patient differences, in state Medicaid claims data. METHODS: Claims for comparable LLY or NN insulin for patients with continuous coverage for ≥6 months before their first observed insulin claim (baseline) were identified from Missouri (MO: 1/1/2011-3/31/2012) and New Jersey (NJ: 1/1/2011-3/31/2012) de-identified Medicaid claims data. Units and costs were estimated using generalized estimating equation models, accounting for baseline demographics, select comorbidities, and antidiabetic medication use. RESULTS: Claims for 23,325 MO and 7,949 NJ Medicaid patients were analyzed. Compared with NN insulin users, LLY insulin users were significantly younger, had lower rates of comorbidities, and higher rate of baseline antidiabetic medication use. Compared with NN insulin users, LLY insulin users were associated with significantly lower for comparable LLY vs. NN insulin (MO: $5.7 vs. $6.1, P = 0.0009) and LLY vs. NN insulin (NJ: $4.6 vs. $5.5, P = 0.0001). CONCLUSIONS: In both MO and NJ Medicaid, the units of comparable LLY and NN insulin in years evaluated were similar for patients with similar claims histories; however, the overall cost was significantly lower for comparable LLY vs. NN insulin.

PDB132 EXPENDITURE AND UTILIZATION TRENDS OF THE ANTIDIABETIC AGENTS IN QATAR (2007-2012)
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OBJECTIVES: In Qatar, over 20% of the population has diabetes. While this is considerable and is associated with a high consumption of antidiabetic drugs, there does not seem to be any published reports discussing the utilization and expenditure of antidiabetics in Qatar. This project sought to assess the trends of utilization and expenditure of antidiabetic drugs at Hamad Medical Corporation (HMC), the major health provider in Qatar, over time. METHODS: The study was from the HMC perspective, retrospectively obtained antidiabetics utilization and expenditure data from HMC drug utilization database (2007-2012). Defined Daily Doses were used as the utilization unit. Data were organized according to drug, concentration, drug class, and hospital, and year. Descriptive statistics were used to illustrate distributions of variables, and cross-tabulation was used to provide comparison of frequency data, used to generate data tables and charts as appropriate. RESULTS: The utilization and expenditure of antidiabetic drugs increased over time. The increase in utilization started in 2008 that was consistent with the increase in population. The common trend however, is considerably higher. Sulfonylureas and biguanide drug classes were utilized the most, whereas Dipeptidylpeptidase-4 inhibitors were associated with the highest expenditure increase at the eight hospitals of HMC. This increase in utilization of drugs was consistent with the expenditure pattern. CONCLUSIONS: This study suggests the increasing utilization and expenditure trends are considerable and it may consider the impact of these increases on adherence and long-term outcomes. The early prescription pattern of patients receiving CANA in routine clinical practice. Clinical and demographic characteristics as well as treatment history are summarized. METHODS: This retrospective cohort study used data from a large US health plan for commercial and Medicare Advantage enrollees with T2DM filling a prescription for CANA between market entry on April 1 and June 30, 2013. Analysis included demographics, first observed dosage, and inpatient and emergency-care services (AHAs) preceding a CANA prescription, and A1c level proximal to initiation, where available. The diabetes complications severity index (DCSI) was used to capture baseline health status. RESULTS: In this sample of patients receiving CANA (n=1088), 44% were female, geographically skewing toward the South (62%). The average age was 56 years. Approximately 48%, 30%, 5% of CANA prescriptions could be attributed to primary care physicians, endocrinologists, and other specialists, respectively. The most common A1c dose was 100mg (71%). The mean (SD) number of other T2DM drug classes at baseline was 1.66(1.0) with oral AHA (41%) and GLP-1 (17%) being the most common. Multivariable regressions (logistic for adherence, Cox proportional hazards for persistence) compared outcomes among index GLP-1RAs, adjusting for potential confounding from treatment initiation. Multivariable regressions (logistic for adherence, Cox proportional hazards for persistence) compared outcomes among index GLP-1RAs, adjusting for potential confounding from treatment initiation. CONCLUSIONS: This study characterizes adherence differences among patients initiating a GLP-1RA in routine clinical practice immediately after CANA became available in the US. This early prescription pattern indicates CANA was prescribed by primary care physicians and endocrinologists across a range of A1C levels and following a variety of AHAs.

PDB133 TRENDS OF THE UTILIZATION AND COST OF PRESCRIPTION MEDICATIONS AMONG DIABETES PATIENTS IN THE UNITED STATES: 1987 TO 2010
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OBJECTIVES: Management of A1c (A), blood pressure (B) and cholesterol (C) levels is essential to reduce the risk of diabetic complications. In the past two decades, the results of landmark trials have led to increasingly aggressive treatment regimens and thus more intensive use of glucose-lowering, anti-hypertensive and lipid-lowering medications for patients. We examined the trends of the use and cost of the three types of drugs among diabetes patients in the U.S. between 1987 and 2010. METHODS: Using the 1987 National Medical Expenditure Survey (n=22538), and the Medical Expenditure Panel Survey in years 1997-98 (n=57602) and 2009-10 (n=44885), we estimated the utilization and expenditures of ABC-control-related prescription medications among self-reported diabetes patients at the 3 time points. Within each drug type, usage was measured by the number of medication classes patented and the ownership of each drug and the total number of prescription medication encounters. Cost was measured by the payments from all payers, and presented in 2012 dollars. RESULTS: Between 1987 and 2010, the number of glucose-lowering drug users increased from 18% to 60% in index GLP-1RA gap ≥60 days in index GLP-1RA during follow-up). Multivariable regressions (logistic for adherence, Cox proportional hazards for persistence) compared outcomes among index GLP-1RAs, adjusting for potential confounding from treatment initiation. Multivariable regressions (logistic for adherence, Cox proportional hazards for persistence) compared outcomes among index GLP-1RAs, adjusting for potential confounding from treatment initiation. CONCLUSIONS: This study characterizes adherence differences among patients initiating a GLP-1RA in routine clinical practice immediately after CANA became available in the US. This early prescription pattern indicates CANA was prescribed by primary care physicians and endocrinologists across a range of A1C levels and following a variety of AHAs.

PDB136 TRENDS OF THE UTILIZATION AND COST OF PRESCRIPTION MEDICATIONS AMONG DIABETES PATIENTS IN THE UNITED STATES: 1987 TO 2010
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OBJECTIVES: Management of A1c (A), blood pressure (B) and cholesterol (C) levels is essential to reduce the risk of diabetic complications. In the past two decades, the results of landmark trials have led to increasingly aggressive treatment regimens and thus more intensive use of glucose-lowering, anti-hypertensive and lipid-lowering medications for patients. We examined the trends of the use and cost of the three types of drugs among diabetes patients in the U.S. between 1987 and 2010. METHODS: Using the 1987 National Medical Expenditure Survey (n=22538), and the Medical Expenditure Panel Survey in years 1997-98 (n=57602) and 2009-10 (n=44885), we estimated the utilization and expenditures of ABC-control-related prescription medications among self-reported diabetes patients at the 3 time points. Within each drug type, usage was measured by the number of medication classes patented and the ownership of each drug and the total number of prescription medication encounters. Cost was measured by the payments from all payers, and presented in 2012 dollars. RESULTS: Between 1987 and 2010, the number of glucose-lowering drug users increased from 18% to 60% in index GLP-1RA gap ≥60 days in index GLP-1RA during follow-up). Multivariable regressions (logistic for adherence, Cox proportional hazards for persistence) compared outcomes among index GLP-1RAs, adjusting for potential confounding from treatment initiation. Multivariable regressions (logistic for adherence, Cox proportional hazards for persistence) compared outcomes among index GLP-1RAs, adjusting for potential confounding from treatment initiation. CONCLUSIONS: This study characterizes adherence differences among patients initiating a GLP-1RA in routine clinical practice immediately after CANA became available in the US. This early prescription pattern indicates CANA was prescribed by primary care physicians and endocrinologists across a range of A1C levels and following a variety of AHAs.