to extremely high daily dose results (skewed distribution). The anomalies were addressed by conducting several analyses. The primary analysis included quantities from 6-27 ml/day and calculated mg/day DACON values as <0.6, 0.6-1.5, 1.5-2.1, 2.1-1.8, and >1.8. Sensitivity analyses were conducted for: (A) all values, (B) quantity values “corrected” by corresponding price, (C) quantities corresponding exactly to 1.8 and 2.1 mg/day, (D) quantities with calculated DACONs between 0.6 and 1.8. Additional analyses were performed on excluded patients (N=30,098). RESULTS: On average, patients were 55 years old, 53% female, 60% from FPO plans. Comorbidities included cardiovascular disease (48%), cardiovascular disease (21%), obesity (10%), and neuropathy (9%). The DACON for primary analysis was 1.64 (94% at 1.2 mg/day; 64.2% at 1.8 mg/day). A sensitivity analysis of all positive claims (A) produced a DACON of 1.97 with 3% of claims >1.8 mg/day; additional DACON analyses were 1.63(0), 1.64(0), and 1.91(0). DACON primary analysis and all value (A) analyses on liraglutide patients not meeting inclusion criteria were 1.65 and 1.95. CONCLUSIONS: Careful inspection of claims data distributions should guide methods used to arrive at reasonable, compelling findings as data for people as DACON Liraglutide’s DACON in use with type 2 DM ranged from 1.59 to 1.64.

PDB87 HEALTH CARE UTILIZATION AND DIRECT ECONOMIC BURDEN OF DIABETES PATIENTS UNDER ONE URBAN HEALTH INSURANCE SCHEME OF CHINA Chen W., Lou Z.

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OBJECTIVES: The objective of the study was to measure the health care utilization and direct economic burden of diabetic patients covered by urban employee basic medical insurance (UEBMI) in urban China. METHODS: All diabetic patients enrolled in urban basic medical insurance from 2008-2010 were included in the research. Data included patient personal information, complications and co-morbidities (CCs), service utilization, total medical expense and price reimbursed by the scheme. Adverse drug reaction was also investigated. RESULTS: There were 1695, 1824, and 2088 diabetic patients treated in the schemes from 2009 through 2011, respectively. The proportion of patients who used 38% each year, aged 58 years, with a mean PDC for about 80%. The percentages of chronic CCs increased year by year. Neuropathy, hypertension, and cardiovascular and cerebrovascular diseases were the top three CCs, accounting for 53.83%, 51.63%, and 28.40% in 2011, respectively. 63%-65% of patients received only oral glucose-lowering treatments. Each patient had the average of 30 outpatient visits and 1.5 hospitalization stays each year. In three years, average medical expense per patient was RMB 15,387, 16,817 and 18,714, respectively, less than 30% of total medical costs. CONCLUSIONS: Chronic CCs in diabetic patients brought higher medical service utilization. Direct economic burden and service utilization increased year by year. Medicines was the main expense, but used for other purposes rather than glycemic control. The ratio of use of medicines and CCs monitoring and manage should be promoted in China.

DIABETES/ENDOCRINE DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PDB88 EXAMINING A THRESHOLD OF ADHERENCE TO ORAL HYPOGLYCEMIC AGENTS RELATING TO CLINICAL OUTCOMES IN DIABETES: A TREE-STRUCTURED SURVIVAL MODEL Le-Gaick W., Donohue J.M., Thorpe J.C., Perera S., Marcom Z.A.

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OBJECTIVES: A number of quality improvement efforts for chronic diseases are linked to adherence. This research investigates whether adherence is actually higher for all-cause hospitalization in year 2, and empirically identify a series of covariate-to-service utilization increases year by year. Direct economic burden and service utilization increased year by year. Medicines was the main expense, but used for other purposes rather than glycemic control. The ratio of use of medicines and CCs monitoring and manage should be promoted in China.

PDB89 DIABETES PATIENTS ARE MORE ADHERENT THAN PLANS REALIZE Morris L., Dockery J.D.

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OBJECTIVES: Many retailers offer low cost generic prescriptions, which may mean Medicare patients pay cash for at least some of the plan’s total prescription costs. However, it is unknown whether patients benefit more from their prescription adherence. This research investigates whether adherence is actually higher than that reported in the Medicare Advantage Star Ratings. METHODS: Adheris®, receives a nationally representative sample of prescription data, collected directly from retail pharmacies, containing roughly 40% of all U.S. retail prescription volume and 130 million unique patient IDs. The HIPAA-compliant, longitudinal data captures all prescriptions filled at the pharmacy, including all payment methods. The study cohort selected all patients filling one or more prescriptions in the oral diabetes category between January and September 2013. Patients were observed through December 2013. Exclusion criteria used by CMS for the 2013 Part D Diabetes medication adherence and persistence measure did not include patients with no claims in their adherence metric. This study included patients with diabetes, acute-phase persistence with no claims in their adherence metric. This research investigates whether adherence is actually higher than that reported in the Medicare Advantage Star Ratings. OBJECTIVES: To measure the average cost of care among users of brand antidepresants, while the average cost among users of generics was $73.2. Among persistent patients, the average cost among users of brand antidepresants was $461.4, while the average cost among users of generics was $70.80. CONCLUSIONS: In this population of adult patients with diabetes, adherence to antidepresant therapy was higher among patients prescribed SSRI medications, while treatment costs differed substantially among those prescribed brand versus generic medications.

PDB90 DIABETES PATIENTS ARE MORE ADHERENT THAN PLANS REALIZE Farr A.M., Sheehan J., Curkendall S.M., Smith D.M., Johnston S.S., Kalsekar A.

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OBJECTIVES: Dipeptidyl peptidase-4 (DPP-4) inhibitors (DPP-4i) are a class of oral anti-diabetic medications approved to lower blood glucose in patients with type 2 diabetes (T2DM). This analysis compared adherence and persistence over 1-year of saxagliptin or sitagliptin in patients who were initiated saxagliptin or sitagliptin (index drug) between 1/1/2009-1/31/2012 with no prior antidiabetic medications. The analysis included 27,845 saxagliptin and 29,204 sitagliptin patients. There were significant differences in adherence between the two treatments, with saxagliptin patients demonstrating higher adherence than sitagliptin patients. RESULTS: As of 1/31/2012, 6,616 patients had not discontinued the index drug. Saxagliptin patients were more likely to continue the index drug than sitagliptin patients (61% vs. 58%, p<0.01). The mean monthly adherence rate was higher for saxagliptin patients than for sitagliptin patients (86.8% vs. 81.9%, p<0.01). Saxagliptin had higher adherence rates across all periods of time post-initiation, with saxagliptin patients demonstrating higher adherence rates in all time periods compared to sitagliptin patients. Conclusions: This analysis found that saxagliptin patients were more adherent than sitagliptin patients, as measured by the metric of mean monthly adherence rate. These results are consistent with previous studies that have demonstrated higher adherence to saxagliptin compared to sitagliptin. However, it is unclear whether these differences in adherence are clinically meaningful or whether they are due to differences in treatment effect or other factors. Future research is needed to further investigate the clinical implications of these differences in adherence between saxagliptin and sitagliptin.