costs ($347) due to longer lifetimes, and had a direct medical cost reduction (-$1,716) due to improved glycemic control. CONCLUSION: The AUTONOMY Q1D titration algorithm offers a simple and effective approach to assist patients requiring basal-bolus therapy in adjusting their meal-time insulin dose. Results from our study indicate that compared to published delays in treatment modification or escalation, an adaptive daily titration algorithm can lead to better outcomes at lower costs.

PDB36

COST-EFFECTIVENESS ANALYSIS AND BUDGET IMPACT OF AN EXTENDED VERSUS IMMEDIATE RELEASE FORMULATION OF METFORMIN IN TYPE-2 DIABETES MELLITUS TREATMENT, FROM THE PERSPECTIVE OF THE BRAZILIAN PUBLIC HEALTH SYSTEM

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OBJECTIVE: The objective of this study was to evaluate differences in annual medical costs and costs per quality-adjusted life-year (QALY) gained among T2DM patients treated with dapagliflozin (dapa) compared with other antidiabetic drugs when only medical costs were considered. When drug costs were included, treatment with dapa remained either cost saving (vs. GLP-1 agonists and DPP-4 inhibitors) or cost-effective (vs. TZDs) vs. other antidiabetic drugs. Results from univariate and multivariable sensitivity analyses showed that the estimated cost differences were most affected by variations in weight and SBF changes, but were generally robust when model parameters were varied. CONCLUSIONS: In patients with type 2 diabetes only cost savings were considered. When drug costs were included, treatment with dapa was cost saving vs. daily dosage GLP-1 agonists, DPP-4 inhibitors, TZDs, and SUs. When drug costs were included, treatment with dapa was cost saving vs. daily dosage GLP-1 agonists and DPP-4 inhibitors and cost-effective vs. TZDs and SUs.

PDB40

EVALUATION OF THE ANNUAL COST OF MEDICINES USED IN TREATMENT OF TYPE 2 DIABETES MELLITUS IN INDIA

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OBJECTIVES: To compute the cost of medicines used in the treatment of T2DM and study the variation in the costs. METHODS: Indian Council of Medical Research (ICMR) and International Diabetes Federation (IDF) guidelines were used to understand the need for and the medications used in the treatment of T2DM. Results: Glimepiride 2mg OD is used as a secondary line treatment and its annual cost ranges between Rs 458-851. It shows maximum variation of 96% in the least-most cost. Likewise, third line treatment can be started either with a-Glucosidase inhibitor or DP4 inhibitor or Thiazolidine group of drugs. Annual cost of treatment with Pioglitazone 15mg was found to be Rs 365-2555. Among the third line category of drugs, Pioglitazone 15mg shows maximum variation of 600% in the least-most cost. Used as a fixed dose combination (FDC), Glimepiride-Metformin (1+500 mg) showed maximum price variation of 529%. It concluded that a maximum variation was observed in the least-highest cost of treatment with Glimepiride 2mg in the year 2014. Wide variation exists in the percentage price variation of same drug manufactured across the different brands.

PDB41

ECONOMIC BURDEN AND POOR QUALITY OF LIFE ASSOCIATED WITH ACRUOMEGALY IN THE UNITED STATES

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OBJECTIVES: To assess economic burden and quality of life (QoL) associated with acromegaly in the United States. METHODS: A web-based cross-sectional survey was conducted from August –October, 2014. Patient-reported information on acromegaly related economic burden and QoL was collected. The survey was distributed through mail and online to patients over the past 3 months included out-of-pocket cost, sick leave, absence, loss of job due to acromegaly, unemployment, assistance to perform household chores, and family member loss of income. The QoL was assessed by Acromegaly Quality of Life (AcroQoL) and EQ-5D questionnaires. Descriptive analysis was used. RESULTS: A total of 106 patients completed the survey (mean age: 46 years, females: 76%). The annualized office visits per patient to physicians, nurses and other health professionals was 11.8, 3.4 and 6.6 visits, respectively. The acromegaly patients had 0.7 emergency room visits, 0.3 hospital admissions and length of hospital stay of 1.8 days. Annualized healthcare out-of-pocket cost was $1,795/person. The average number of days unable to work was 34 days with estimated income loss $6,702/person-year. The average annual loss of income due to disability, unemployment, disability, household chores, and income loss of family members was $8,106, $10,653, $1,685, and $472/person, respectively. As compared with low-symptom group, symptom 0-3 (n=41), the high-symptom group with 4+ symptoms (n=65) had significantly higher costs by category (loss of job: $8,876 vs. $1,717, p<0.017, unemployment disability: $17,102 vs. $429, p<0.003; household chores: $540 vs. $233, p<0.003; family members’ loss: $128 vs. $23, p=0.028). The average EQ-5D index score and global score of AcroQoL was 0.62±0.23 and 71.0±22.39, respectively. Patients reporting 4+ symptoms had lower QoL scores as compared with those with fewer symptoms (EQ-5D SD: 0.53 vs. 0.75, p<0.001, AcroQoL: 27.38 vs. 56.43, p<0.001). CONCLUSIONS: Patients with acromegaly experienced high economic burden and poor quality of life.