hoch dataset was also the source of the background patient characteristics. Costs and benefits were discounted at 5% and assessed from the Canadian perspective. Sensitivity analyses were performed. RESULTS: Both CANA 100 and 300 mg were dominant compared to SAXA 5 mg (lower net cost and greater quality-adjusted life-years [QALYs]). CANA 100 and 300 mg reduced costs ($375 and $771, respectively) and improved health (0.033 and 0.053, respectively) overall. Sensitivity analyses support these findings. CONCLUSIONS: These results suggest that using CANA in older individuals is cost-effective versus SAXA in Canada.

DBS59 EVALUATING THE COST OF BRINGING PEOPLE WITH TYPE 2 DIABETES MELLITUS TO MULTIPLE TARGETS OF TREATMENT IN CANADA Skragg1 B, Pinto H1, Hunt RA, Valentine WP1
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OBJECTIVES: The objective of the study was to determine the treatment of type 2 diabetes include maintaining tight glycemic control, minimizing the risk of hypoglycemia, controlling cardiovascular risk factors, and controlling body weight. The aim of the present analysis was to evaluate the cost per patient achieving a composite clinical endpoint. METHODS: We developed a cost-utility model based on a Markov model with hypertension and diabetes diagnoses and at least 2 fills for ACE-Is or ARBs plan.

DBS60 COST EFFECTIVENESS ANALYSIS OF DPP4 INHIBITORS Jimenez-Aranda P, Perez Bolde-Villarreal C, Pastor-Martinez V, Guarin D
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OBJECTIVES: We determined based on the acquisition cost of the different DPP4 inhibitors (DPP4i) in Mexico, the cost of daily treatment and performed a cost-effectiveness analysis having the percentage of patients with a HbA1c level less 7% calculating the number needed to treat for each treatment (NNT). METHODS: Due that there are no head to head studies between DPP4 therapies and with the goal of diminish confounding factors, we performed a search of clinical studies controlled with placebo in naive patients for DPP4 therapies available in Mexico (linagliptin, saxagliptin, vildagliptin and sitagliptin) five studies were included. According to the American Diabetes Association (ADA) and the American Association of Diabetes 2011, the endpoint was determined as control if the patient had a HbA1c less than 7 mg/DL. The follow up time was 24 weeks. NNT was calculated for each therapy, in the case of vildagliptin where two studies were included, the NNT was rendered. Using the data we calculated the mean cost-effectiveness ratio. RESULTS: The efficacy measured by the percentage of patients that reach a HbA1c less than 7 range from 25.3% to 42% in the IDPP4 group and from 11.6 to 24% in the placebo group. The NNT calculated for each IDDP4 are: sitagliptin 4.17, vildagliptin 7.74, and linagliptin 7.25. Conclusions: 1. The cost per patient achieving the composite endpoint. CONCLUSIONS: Linagliptin 1.2 mg and 1.8 mg was associated with lower cost of control (p-value) by the high prevalence of patients achieving the composite endpoint. A relatively low cost of control value was achieved for gliptinide, driven by low acquisition costs, despite relatively few patients achieving the composite endpoint.

DBS61 PHARMACOECONOMIC EVALUATION OF GLP-1 RECEPTORS AGONIST VERSUS DPP-4 INHIBITORS IN PATIENTS WITH TYPE 2 DIABETES: A SYSTEMATIC REVIEW Long E1, Pang Y2, Hu M3, Zhou N4
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OBJECTIVES: To evaluate the pharmacoeconomic outcome of GLP-1 receptors agonist vs DPP-4 inhibitor in patients with type 2 diabetes. METHODS: A systematic literature search of pharmacoeconomic studies on GLP-1 receptors agonist vs DPP-4 inhibitor was carried out in following databases: PubMed, Embase, Cochrane Library, and Google Scholar. Result of database search (DOCKS) (from the inception to April 2014). Two review authors independently applied the inclusion criteria, assessed trial quality, and extracted the data. The methodological qualities were evaluated by a scale of 26 items which developed based on 3 economic evaluation principles and guidelines (Drummond’s, Ramsey’s and Papaioannou’s), and the data were analyzed using descriptive analysis. RESULTS: According to the inclusion and exclusion criteria 6 randomized controlled clinical trials and modeling studies were selected. At the end of 12 weeks in the vildagliptin arm of the study, metformin, 1 study of exenatide+ metformin vs sitagliptin + metformin, and 1 study of exenatide vs sitagliptin. The methodological quality of them were scored 19-26(total score was 26). There were 2 meta-analysis which conducted a long-term simulation ≥35 years using CDM model, and 1 short-term CEA study. 4 studies used ICER and 2 used C/E as outcomes. Linagliptin is more cost-effective than sitagliptin because the ICER of linagliptin vs sitagliptin is $25742/QALY in USA, $9851/QALY in England and EUR32666/QALY in Spain. All the reported ICERs were below the implemented country-specific thresholds. The results of 2 studies of exenatide vs sitagliptin were opposite. CONCLUSIONS: Present published literature showed GLP-1 receptor agonist might be more cost-effective than DPP-4 inhibitor. But the conclusions remain to be confirmed further by more high quality studies.

DBS62 DETEIRMIN IN DIABETES TYPE 2 PATIENTS A COST-UTILITY ANALYSIS, COLOMBIA 2014 Contreras M1, Huerfano LM2, Paez ML3, Acero G2
1PhD (c) Public Health, National University of Colombia, Bogota, Colombia, 2Saulinata’s Foundation: Research center in economy, management and health technologies, Bogota, Colombia
OBJECTIVES: To develop a cost-utility assessment with insulin glargine vs. DPP-4 inhibitors (IDDP4) in Mexico, the cost of daily treatment and performed a cost effectiveness ratio help us to interpret the real cost of the treatment analized with the effectiveness ratio.

DBS63 PREVALENT AND TREATMENT OF GUTINOURNARY CONDITIONS AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS Griess K1, Cai H2, Yu K1, Kutri E1, Sander S1, Hareendran A1
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OBJECTIVES: To assess the prevalence of and predictors associated with genitourinary (GU) conditions among patients with type 2 diabetes mellitus (T2DM) and to use these prevalence findings to evaluate pathways patients presenting with GU conditions may occur. METHODS: An internet-based survey was conducted in July 2014. The sample recruited from YouGov PollingPoint Panel in the U.S. included 2,000 adults with T2DM diagnosed by a physician for at least one year and treated with a T2DM medica- tions. Participants who reported a GU condition (urinary tract infection [UTI] and/or genital infection [GI] including genital yeast infection, bacterial vaginosis/vaginitis [BV], and balanitis) in the past 12 months were asked to complete survey questions about their GU conditions. Descriptive analysis and logistic regressions were performed.

CONCLUSIONS: 399 participants (20%) experienced at least one GU condition in the past 12 months; 309 (15.5%) reported UTI and 169 (8.5%) reported GI condition. The most common GI condition was BV. The 12-month prevalence of GU conditions included: higher HbA1c level (i.e. >8% Hba1c ≥7% vs. < 7%), OR [95% CI] = 1.41 [1.05, 1.90], female vs. male (2.78 [2.16, 3.58]), and more comorbid conditions (1.23 [1.05, 1.43]). Among respondents reporting GU conditions, 82.4% sought professional care. Female vs. male (2.00 [1.08, 3.70]), chronic vs. acute infections (2.83 [1.35, 5.94]), and more comorbid conditions (i.e. vs ≥5 more comorbid conditions, 0.14 [0.04, 0.47]) were associated with higher odds of seeking professional care. The prevalence of GU conditions among patients with T2DM experienced GU conditions in the past 12 months, among whom 17% did not seek professional care. Predictors observed in this study could help physicians and health plans to identify those patients at high risk of GU conditions whose condition may potentially advance to professional care to better manage these conditions among the T2DM population.

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

DBS64 IMPACT OF A PHARMACIST TELEPHONE INTERVENTION ON PREVENTING MEDICATION DISCONTINUATION IN GATION PATIENTS WITH DIABETES IN A MEDICARE ADVANTAGE PLAN Wang X1, Serna G2, Henges C3, Eissen EJ1, Chung N4, Fleming M5, Aboghosh SH1
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OBJECTIVES: To examine the effect of a pharmacist telephone intervention on pre- ventures medication discontinuation of ACE-Is or ARBs among non-adherent hypertensive patients with diabetes enrolled in a Texas-based Medicare Advantage plan. METHODS: The health plan medical claims data was used to identify patients with hypertension and diabetes diagnoses and at least 2 fills for ACE-Is or ARBs between January 2013- October/2013. Patients who failed to refill their medication for more than 7 days consecutively were consid- ered non-adherent and contacted by a pharmacist by phone. Multivariate logistic regression was conducted to assess the intervention effect on medication discontinu- nation during the 6 months post-intervention. The outcome variable was a categorical variable of continuing (yes) vs discontinuation (no). Major independent variable
was intervention (yes/no). Other control variables included were demographics, physical and mental health status, CMS Risk Score, Charlson morbidity index and number of other medications. **RESULTS:** In total, 138 hypertensive diabetic patients, non-adherent to ACE-Is/ARBs (PDC<0.80) were identified. Among these patients, 73 patients switched to either drugs classes for treating diabetes and hypertension. After exclusion of those who switched 53 patients were included in the final sample. Pharmaceutical adherence was maintained in the treatment group with 100% of patients using the medications on time. A major determinant of adherence was the frequency distribution of sample demographic characteristics at baseline. A multiple logistic regression model compared adherence among the GLP-1RAs, adjusting for potential confounders. Cross-validation statistics were as follows: C-statistics (95% CI) 0.690 (0.670, 0.71) and 0.74 (0.71, 0.77). The model correctly predicted 70% of the patients (2,070/2,993) and the discrimination was 0.71 with a Hosmer-Lemeshow goodness-of-fit p<0.05. **CONCLUSIONS:** Future research should investigate the impact of behavior modifications which may increase adherence to diabetes medications among elderly patients with diabetes. A total of 23 providers (mean age: 56 years, female: 48%) completed the survey, including physicians (52%), nurses or nurse practitioners (43%) and research coordinators (5%). Most worked at academic hospitals (78%). Their specialties included endocrinology & metabolism (70%), neuroendocrinology (8%) and the majority of them (67%) had more than 10 years of experience (range: 5–40 years) treating acromegaly. 75% of them were concerned about the barriers to pharmaceutical treatment adherence. The greatest concerns were side effects (10%), financial issues (9%), and the therapy being too complicated or inconvenient to patients (8%). Seventy percent (5 MDs and 11 nurses) had encountered patients with symptoms that became worse toward the end of an injection cycle, 80% of physicians adjusted the treatment algorithm accordingly. Nineteen nurses had if any complications with any of the GLP-1RAs injections, 67% of them raised concerns of which the most common were side effects (e.g. pain, erythema, hematoma), and time loss due to injections. When considering what all, physicians and nurses with SSA injections (n=21) would consider offering an oral therapy to patients if it had comparable efficacy and safety to the current long-acting SSA treatments. The top three barriers were: inability to achieve adequate maintenance therapy were: 1) clinical guidelines, 2) out-of-pocket cost for the patients, and 3) lower medical costs. **CONCLUSIONS:** Study results indicated that treatment side effects, financial issues, and inconvenience were the leading barriers to treatment adherence from the healthcare provider perspective.