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

**Methods:** Gonzalez L1,2, Pereira Monteverde A1, Garrido Leccia S1, Aíello E2, Gagliardino J2
1CENEXA - Centro de Endocrinología Experimental y Aplicada (UNLP-CONICET La Plata, Centro Colaborador OPS/OMS), Buenos Aires, Argentina. 2CENEXA - Centro de Endocrinología Experimental y Aplicada (UNLP-CONICET La Plata, Centro Colaborador OPS/OMS), Buenos Aires, Argentina.

**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 insulin costs. We forecasted the pharmacy budget for branded non-insulin AHAs in this hypothetical population. Results are presented as the difference in pharmacy budget, overall cost and per-member per-month (PMPM).

**Results:** The estimated pharmacy budget for branded non-insulin AHAs in this hypothetical health system was $353,524 for the first year, $503,311 for the second year and $71,902 for the third year. This analysis aims to determine, in International Units (IU), the somatropin volume 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 treatment with growth 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 Hypopituitarism of the Brazilian Health Ministry and a comparative analysis was done between presentations of 16IU or 36IU, that could be reduce the losses in an average of 97,5% and 87% respectively in month/patient, minimize the cost, optimize doses number and achieve more patient treatment, it is more advantageous because they take up less space for storage and for transportation.

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

**Methods:** This analysis aims to determine, in International Units (IU), the somatropin volume 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 treatment with growth 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 Hypopituitarism of the Brazilian Health Ministry and a comparative analysis was done between presentations of 16IU or 36IU, that could be reduce the losses in an average of 97,5% and 87% respectively in month/patient, minimize the cost, optimize doses number and achieve more patient treatment, it is more advantageous because they take up less space for storage and for transportation.

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

**Methods:** This analysis aims to determine, in International Units (IU), the somatropin volume 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 treatment with growth 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 Hypopituitarism of the Brazilian Health Ministry and a comparative analysis was done between presentations of 16IU or 36IU, that could be reduce the losses in an average of 97,5% and 87% respectively in month/patient, minimize the cost, optimize doses number and achieve more patient treatment, it is more advantageous because they take up less space for storage and for transportation.

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

**Methods:** This analysis aims to determine, in International Units (IU), the somatropin volume 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 treatment with growth 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 Hypopituitarism of the Brazilian Health Ministry and a comparative analysis was done between presentations of 16IU or 36IU, that could be reduce the losses in an average of 97,5% and 87% respectively in month/patient, minimize the cost, optimize doses number and achieve more patient treatment, it is more advantageous because they take up less space for storage and for transportation.

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