adherence to medication (with insufficient local information). CONCLUSIONS: Sulfonylureas were used at more than half of the patients and these medications are cost-effective alternatives as second-line treatment for DM2 patients that require oral antidiabetics in Colombia. Patient adherence requires further local research.

PDB66 COST-EFFECTIVENESS ANALYSIS OF EXENATIDE TWICE DAILY (BID) VERSUS INSULIN IN ADULTS WITH TYPE 2 DIABETES MELLITUS INADEQUATELY CONTROLLED BY ORAL THERAPIES Deng C1, Gu S2, Shao H3, Dong W4, Zhao Y5, Shi L1

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OBJECTIVES: To evaluate the cost-effectiveness of exenatide twice daily (QD) versus insulin glargine once daily (QD) as add-on therapy in Chinese type 2 diabetes patients not well controlled by oral anti-diabetic (OAD) agents. METHODS: The Cardiff model was populated with the data synthesized from three head-to-head randomized controlled trials (RCTs) comparing exenatide and insulin glargine as add-on therapies to oral therapies in the Chinese population. The Cardiff model generated outputs including macroworld and microvascular complications, diabetes-specific mortality, costs and quality-adjusted life years (QALYs). Cost and QALYs were estimated with time horizon of 40 years at a discount rate of 3% from the societal perspective. RESULTS: Compared with insulin glargine plus OAD treatments, patients on exenatide BID plus OAD gained 1.88 QALYs at an incremental cost saving of Chinese Renminbi (RMB) 114,555 ($, i.e., cost saving of RMB 610/78/QALY). The cost-effectiveness results were robust to various sensitivity analyses including probabilistic sensitivity analysis. The variables with the most impact on incremental cost-effectiveness ratio included UB16 level at baseline, healthcare utilizations decrement and BMI at baseline. CONCLUSIONS: Compared with insulin glargine QD, exenatide BID as add-on therapy to OAD is a cost-effective treatment in the Chinese patients inadequately controlled by OAD treatments.

PDB67 COST-EFFECTIVENESS OF THE DIABETIC TREATMENT IN ITALY: THE ROLE OF VILDAGLITIN VS. OTHER THERAPEUTIC OPTIONS IN PATIENTS WITH TYPE 2 DIABETES WITH RENAL INSUFFICIENCY Torre F1, Columbus GM1, Bruno GM2, Nutilento MC1, Di Matteo S3

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OBJECTIVES: Diabetes mellitus type 2 is a chronic disease, with many issues both in terms of pharmacotherapy and therapy adherence. It is steadily increasing in line with the increase of the aging population. For this reason, diabetes could be considered an emergency also for its economic burden. METHODS: We performed a cost minimization analysis to evaluate the impact of different treatments on patients with type 2 diabetes, kidney failure, on dialysis, from moderate to severe stage, who failed monotherapy with metformin. We considered direct costs and indirect costs: the resources consumed in providing facilities and those used to counter the negative effects of the different treatments, and production losses of patients. RESULTS: We compared the following hypoglycemic molecules: Pioglitazone (15, 30), Repaglinide (0, 5, 1, 2), VilDaglitin® and Linaglitin®. Repaglinide and metformin, we consider our reference, were compared with human, Basal analogs and Fast analog. An analysis of the direct medical costs of treatment and loss of production shows an average annual cost per patient patient < 3.000 € and a mean difference of costs of 1.005.63 - 1.098.34, with differential costs rather small. For hypoglycemic strategies between > 174 and > 203. The cost for the management of hypoglycemia is greatest with the insulin treatment but with a limited impact on the total cost of health care and treatment. The loss of working days due to treatment and to hypoglycemic episodes have a considerable impact (71% of the total costs). The total cost related to a treatment with of VilDaglitin is in line with that of other strategies. Furthermore VilDaglitin has a lower economic impact, if taken into account indirect costs. CONCLUSIONS: The cost analysis of therapy applied to diabetes demonstrates that the use of VilDaglitin represents a choice, that is economically favorable if we consider the whole diabetic population costs, including renal insufficiency patients.

PDB68 COST-EFFECTIVENESS OF INCREASING THE INFLUENZA VACCINATION RATE IN ADULTS WITH TYPE 2 DIABETES IN TURKEY Macabe B1, Akin L1, Caliskan Z2, Altmur S1, Saltam F1

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OBJECTIVES: Influenza triggers high risk of complications in patients with diabetes: influenza vaccination is safe and effective in diabetic patients. In Turkey, the prevalence of influenza among the adult population below 65 years in 2011/2012 season is 27.6%. We estimated the impact of increasing the influenza vaccination coverage rate of adults aged >18 years with type 2 diabetes in Turkey to 20%. METHODS: A decision-analytic model was adapted to Turkey using data derived from published sources. Based on the literature, patients with diabetes have a 6-fold increase in influenza-related hospitalization and 3-fold increase in influenza-related mortality compared to healthy individuals. Direct medical costs and indirect costs due to productivity loss were included in the societal perspective. Costs were calculated in Turkish Lira (TRY) (0.43 per US dollar in 2014). A one-year horizon was set to reflect influenza seasonality. RESULTS: Increasing the influenza vaccination coverage rate to 20% is predicted to cost $2.10 177 influenza cases, 2.357 hospitalizations, and 238 deaths. Associated influenza costs avoided were estimated to be TRY 8.4 million, while the cost of vaccination would be more than TRY 8.4 million. The incremental cost-effectiveness ratio (ICER) was estimated at TRY 64/QALY, which is below the GDP per capita and very cost-effective. Factors most influencing the ICER were excess hospitalisation rate, inpatient cost, vaccination costs and length of hospitalization. Increasing increasing vaccination coverage rate to above 20% was also estimated to be very cost-effective. CONCLUSIONS: Increasing the influenza vaccination coverage rate for adults with type 2 diabetes in Turkey to 20% or higher would be very cost-effective. To reduce influenza burden in diabetic patients, an integrated care approach is needed and all stakeholders need to cooperate to increase the vaccination coverage rates to WHO recommended levels.

PDB69 COST-UTILITY ANALYSIS OF INSULIN ANALOGUES COMPARED WITH MULTIPLE DIFFERENT TREATMENTS FOR THE TREATMENT OF 18 YEARS OLD OR OLDER PATIENTS WITH TYPE 1 DIABETES MELLITUS IN COLOMBIA Roselli D1, Quiltian H2, Gomez AM2, Garcia Peña AA3, Arciniegas J2, Iragorri N2, Mantilla E3, Gonzalez-Restrepo C2

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OBJECTIVES: Insulin analogues offer certain advantages over regular human insulin. Our objective was to describe disease progression and treatment patterns in PEG+ (PASI) patients and was associated with QALY gain of 0.02. The difference in QALYs result from the tumor reduction achieved with PASI as well as the drop-out rate due to liver toxicities occurring in PEG+ (PASI) patients. The model was designed by interdisciplinary expert panels, with drug prices and costs of interventions or adverse events were estimated using offical tariff manuals and databases. Univariate and probabilistic sensitivity analysis were performed. RESULTS: Despite certain clinical advantages, insulin analogues gain, on average, very few QALYs (from 0.02 to 0.1 depending on scenario). With this result, the average ICER for short-term insulin would be 78,900, while long duration insulin analogues have an ICER of 94,550. Results were highly sensitive to price of medication, as well as to durability or costs of hypoglycemic events. CONCLUSIONS: Given the assumptions and limitations of our model, insulin analogues would not be considered cost-effective within the Colombian healthcare system compared with multiple daily injections for adult patients with DM1.

PDB70 COST-EFFECTIVENESS OF PASIRETIDE LONG-ACTING IN A TREATMENT OF ACROMEGALY IN AFRICAN IN AFRICAN ECONOMIC EVALUATION BASED ON FINNSH AURIA BIOPANK DATA ON HEALTH CARE RESOURCE UTILIZATION Hahl P1, Kurki S2, Mattiessen T3, Snicker K1

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OBJECTIVES: The objective is to describe disease progression and treatment patterns in PEG+ (PASI) patients with inadequately controlled acromegaly. Acromegaly is characterized by biochemical control will impact disease progression and treatment pathways and estimate the economic efficiency of pasireotide long-acting (PASI) in a treatment of acromegaly in Finland. The model is compared to pegvisomant (PEG+SSA) in patients with inadequately controlled acromegaly. METHODS: A 5-state Markov model describing the disease progression and management of acromegaly was created. The model analyzes an estimation of how biochemical control associated with PEG+ is translated into Quality Adjusted Life Years (QALYs), costs and subsequently incremental cost-effectiveness ratio. Transition probabilities were determined by clinical trial data (study 2402) in 6 month cycles. Achievement of control has an impact on quality of life, mortality risk and prevalence of comorbidities, whereas achievement of tumor reduction will have an impact on quality of life. Utilities for each health state were derived from the 2402 trial and the literature. The annual visit, monitoring and comorbidity costs were estimated by treatment response and were based on patient level data (n=66) from Auria biobank. The analysis was undertaken from health care payer perspective using 30-years time horizon. RESULTS: PASI dominated PEG+SSA treatment strategy in 8% was associated with more than 100,000 lower costs compared to PEG+SSA. This is primarily driven by the lower pharmaceutical cost PEG+SSA patients were on average 0.19 more years in biochemical control compared with PEG+SSA and was associated with QALY gain of 0.02. The difference in QALYs result from the tumor reduction achieved with PASI as well as the drop-out rate due to liver toxicities occurring in PEG+SSA strategy. CONCLUSIONS: PEG+ provides a valuable addition to the treatment options for patients with acromegaly and can achieve mortality as well as morbidity improvements in a cost-effective way in Finland.

PDB71 ECONOMICS ANALYSIS OF DAPAFLIGINILOZONIUS TO COMPARE TO SULFONYLUREA IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS IN SPAIN: COST OF ACHIEVING COMPOSITE ENDPOINTS Cagiel M, Cortes L, Astranezco, Madrid, Spain

OBJECTIVES: Evaluate the cost analysis of fix dose combination of dapagliflozin plus metformin (DAPA+MET) compared with glipizide plus metformin (SU+MET) in the treatment of type 2 diabetes mellitus during one year. METHODS: A ran-