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Objectives: Once-weekly semaglutide 2.4 mg, a glucagon-like peptide-1 receptor agonist (GLP-1 RA), is approved for weight management in adults with obesity, or overweight and ≥1 weight-related condition. However, limited real-world evidence on clinical outcomes of these patients exists. The aim of this real-world study is to understand the impact of semaglutide 2.4 mg on weight loss in patients in the US. ***Methods:*** This non-interventional, observational, retrospective cohort study used data from the IQVIA Ambulatory Electronic Medical Record linked to Longitudinal Access and Adjudication Data. Patients ≥18 years with ≥1 filled prescription of semaglutide 2.4 mg between June and September 2021 (earliest prescription date defined as index date), and with weight and/or body mass index (BMI) at the index date +/- 30 days were included, with baseline demographic and clinical characteristics reported for the 6-month pre-index period. The primary endpoint was to assess change in weight from baseline to end of the 6-month follow-up period, calculated as percentage weight loss, and proportion of patients achieving ≥5%, ≥10%, and ≥15% weight loss. ***Results:*** Of the 111 patients, 85.6% were female; mean (standard deviation [SD]) age was 47.3 (10.1) years; 81.1% had third-party insurance coverage. Mean (SD) baseline BMI and weight were 37.5 (5.4) kg/m^2 and 105.0 (20.1) kg, respectively. Mean (SD) reduction in weight from baseline to the end of the 6-month follow-up period was 10.2 (6.3) kg, equating to a weight loss of 9.8%. Weight loss of ≥5% was achieved by 87 (78.4%) patients, ≥10% by 53 (47.7%) patients, and ≥15% by 24 (21.6%) patients. ***Conclusions:*** In this real-world, retrospective study, patients treated with semaglutide 2.4 mg achieved mean weight reduction at 6 months (~10%) consistent with that observed at similar time points in clinical trials. Longer follow-up is needed to determine whether real-world results will continue to approximate clinical trial results beyond 6 months.

CO191
CLINICAL EFFECTIVENESS AND COST-ANALYSIS OF NEW ORAL ANTIDIABETICS IN A COHORT OF TYPE 2 DIABETIC PATIENTS FROM A CARDIOVASCULAR RISK PROGRAM IN COLOMBIA

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Objectives: Between 2015 and 2019, a private health insurer in Colombia started using two new groups of oral antidiabetics: iDPP4 (sitagliptin, vildagliptin, saxagliptin, linagliptin) or iSGLT2 (dapagliflozin, canagliflozin and empagliflozin). The objective was to analyze clinical outcomes and costs of patients in the year before and after the new medication was introduced. ***Methods:*** All adult patients (18 years of age or older) who were prescribed any of the drugs of interest, had information of the year prior to initiation and had a follow-up of at least a year after prescription were included. Clinical variables (glycated hemoglobin, severe side effects, hospitalizations) were obtained from electronic medical records. Direct medical costs from a third-party payer perspective (the health insurer) were converted from Colombian pesos (COP) to US dollars (USD) at official exchange rate for 2028 (1 USD = 2,957 COP). ***Results:*** Of a total of 46,618 type 2 adult diabetic patients, 18,323 fulfilled inclusion criteria. All antidiabetics were effective: the median decrease in glycated hemoglobin was 1.05 for iSGLT2, and 0.81 for iDPP4. Proportion of patients that accomplished ≤7.0 HbA1c also improved, from 14% to 36.2% for iSGLT2, and from 17% to 38.5% for iDPP4. There was no difference in mortality rate between both groups. The annual weighted cost to decrease glycated hemoglobin by 1% for iSGLT2 was USD 422, and USD 330 for iDPP4. In the iSGLT2 group there was a reduction in hospitalization rates (number needed to treat- NNT: 44) and and in the incidence of coronary heart disease (NNT: 46). In the iDPP4 group NNTs were larger for hospitalization (NNT: 178) but also decreased incidence of acute renal failure (NNT: 631). ***Conclusions:*** Both pharmacological groups were effective, with no significant increase in side effects. Clinical results in this cohort are consistent with those published in clinical trials and meta-analyses.

CO192
PRIMARY CARDIOVASCULAR EVENT RISK ASSOCIATED WITH NONALCOHOLIC STEATOHEPATITIS AMONG US ADULTS, NHANES 2017-2020

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Objectives: In nonalcoholic steatohepatitis (NASH), the extent of fibrosis is reported to be associated with risk of progression to liver-related morbidity and mortality. In addition, cardiovascular disease (CVD) is recognized to be a leading cause of mortality in patients with NASH. This analysis estimated the risk of a primary cardiovascular (CV) event associated with NASH and the variation in risk across fibrosis stages. ***Methods:*** A cross-sectional analysis was conducted using the 2017-March 2020 National Health and Nutrition Examination Survey (NHANES) cycle. Participants with presumed NASH were identified as those with steatosis (controlled attenuation parameter ≥302 dB/m), without other causes of liver disease (hepatitis B/C, excess alcohol consumption), and with FibroScan+AST (FAST) score ≥0.48, using liver-stiffness and steatosis measurements via vibration-controlled transient elastography. The 10-year probability of a primary CV event was estimated by applying the Framingham Heart Study 2008 risk equations for a first coronary heart disease event, cerebrovascular event, peripheral artery disease, or heart failure, among participants without history of CVD. Probabilities were summarized and compared with/without presumed NASH and by fibrosis stage (liver-stiffness measurement [kPa] of <8.2 for F0-F1, 8.2-13.5 for F2-F3, and ≥13.6 for F4). ***Results:*** Among NHANES participants with complete data for the analysis and aged 30-74 years, N=122 and N=4,139 were included with/without presumed NASH. The weighted proportion (unweighted count) across fibrosis stages F0-F1, F2-F3, and F4 was 26% (30), 36% (43), and 38% (49), respectively. Mean (SE) 10-year probability of a primary CV event was 9.3% (0.20%) without NASH versus 12.0% (1.04%) with NASH (p=0.01). The probability increased at higher fibrosis stages of presumed NASH, from 8.9% (1.32%) in F0-F1 to 13.1% (1.31%) in F2-F4. ***Conclusions:*** Predicted primary CV event risk was estimated to be statistically significantly higher among US adults with versus without presumed NASH. Furthermore, the risk increased at higher fibrosis stages.

CO193
REPLICATION OF MINI-SENTINEL SAXAGLIPTIN STUDY ASSESSING ACUTE MYOCARDIAL INFARCTION USING ELECTRONIC MEDICAL RECORD NETWORK

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Objectives: In 2009, the US Food and Drug Administration (FDA) initiated a routine prospective surveillance study using the Mini-Sentinel (M-S) program to assess potential signals of acute myocardial infarction (AMI) with use of saxagliptin, an antihyperglycemic drug of the dipeptydal-peptidase 4 (DPP-4) inhibitor class, designated for the treatment of type 2 diabetes, compared with sitagliptin, pioglitazone, second-generation sulfonylureas, and long-acting insulin. ***Methods:*** We utilized the TriNetX federated network of de-identified health data to identify saxagliptin users from August 2009-August 2014. TriNetX identified 28,387 potential saxagliptin patients using RxNorm terminology occurring on or after August 1, 2009. We also identified 4 separate comparator cohorts of sitagliptin, pioglitazone, second-generation sulfonylureas, and long-acting insulin patients. Users of saxagliptin and comparators were analyzed per the widely available M-S protocol and were 1:1 propensity score-matched to adjust for potential confounders. Hazard ratios (HR) were evaluated for significance using 95% confidence intervals (CI). ***Results:*** 28,387 saxagliptin patients, 372,998 sitagliptin patients, 161,233 pioglitazone patients, 953,970 second-generation sulfonylureas patients, and 1,264,555 long-acting insulin patients were identified. The adjusted HR with 95% CI was 0.98 (0.895,1.077) in the comparison with sitagliptin, 1.07 (0.971,1.174) in the comparison with pioglitazone, 0.88 (0.809,0.97) in the comparison with second-generation sulfonylureas, and 0.74 (0.683,0.817) in the comparison with long-acting insulin. None of the pairwise comparisons suggested an increased risk of AMI for saxagliptin users. ***Conclusions:*** Using the M-S protocol and analysis with an electronic medical record network data source, there was no statistically significant increased risk of AMI found among saxagliptin users compared with sitagliptin, pioglitazone, second-generation sulfonylureas, and long-acting insulin. These findings were consistent with those of the FDA M-S saxagliptin study.

CO195
INCIDENCE AND PERSISTENCE OF POST-COVID-19 CONDITIONS IN THE YEAR FOLLOWING INITIAL DIAGNOSIS

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Objectives: Long-COVID, the persistence of various symptoms after COVID-19 infection, is still not fully understood. This study evaluated the incidence and chronicity of post-COVID-19 conditions using administrative claims, which provide a large, generalizable sample, to provide insight into the scope of long-COVID in the United States. ***Methods:*** Patients newly diagnosed with COVID-19 from 4/1/2020-3/31/2021 were identified in the Merative™ MarketScan® Commercial and Medicare databases. The first COVID-19 diagnosis served as the index date and patients were continuously eligible for 12-months pre- and post-index. Incident conditions were defined as a new diagnosis (no pre-period diagnoses) for one of 17 conditions of interest in the first 60-days of the post-period. Among patients with an incident condition, chronicity of the condition was assessed over the remaining post-period (long-term conditions). ***Results:*** The sample included 503,742 patients; mean±SD age was 39.5±16.5 and 46% were male. The most common incident conditions were respiratory symptoms (24.1%), fatigue (7.3%), muscle pain (6.0%), and headache (5.9%). Among patients with each of these conditions, long-term persistence was observed in 21.9% for respiratory symptoms, 36.8% for muscle pain, 18.3% for fatigue, and 16.0% for headache. Fewer than 5% patients evidenced incident anxiety, mood disorders, myocarditis, sleep disorders, or pulmonary embolism; however, among these patients, over 40% had long-term persistence of the condition. Among patients with long-term conditions, sleep disorders (248±98 days), mood disorders (239±96 days), anxiety (236±95 days), respiratory symptoms (233±92 days), and asthma (230±93 days) had the longest average durations of persistence, evidenced by continued claims over the post-period. ***Conclusions:*** With the continued presence of COVID-19 an understanding of the risk of long-term symptoms is needed to help