healthcare costs and all cause medical costs in either sample. CONCLUSIONS: This real-world study suggests that short-term weight loss is associated with attainment of HbA1c<7 levels and decreased diabetes-related costs in obese population with no prior CVD over subsequent 12 months.

PDB49
ECONOMIC BURDEN OF TYPE 2 DIABETES MELLITUS TREATMENT STRATEGIES: A COST CONSEQUENCE ANALYSIS OF SITAPLIGNITIN VS SULFONYLUREAS IN LOMBARDY REGION

OBJECTIVES: Type 2 diabetes mellitus (DM) represents an important public health issue and it is responsible for a significant epidemiologic and economic burden. A cost consequence analysis (CVA), aimed at assessing the economic perspectives, by leading to a saving in terms of HYPOS 136 (118 not severe and 18 severe) and 7 CV events. CONCLUSIONS: The analysis performed shows that SITA represents a sustainable and cost-saving alternative for the management of type 2 DM from both clinical and economic perspectives in Lombardy.

PDB50
COST-EFFECTIVENESS ANALYSIS OF EXENATIDE ONCE-WEEKLY VersUS DULAGLUTIDE, LIRAGLUITIDE AND LIXISENATIDE FOR THE TREATMENT OF TYPE 2 DIABETES MELLITUS: AN ANALYSIS FROM THE UK NHS PERSPECTIVE

The CE model is a Markov state transition model with 3-state health outcomes defined as: treated (T), untreated (UT) and death (D). The model was run over a 40-year time horizon. Costs and QALYs were discounted at 3.5% annually. Probabilistic sensitivity analysis (PSA) was performed. RESULTS: In all comparisons, EQW was associated with a QALY gain per patient; 0.046 (95% confidence interval [CI]: 0.036; 0.056) versus dulaglutide 1.5mg; 0.102 (95% CI: 0.093; 0.112) versus liraglutide 1.8mg; 0.043 (95% CI: 0.034; 0.052) versus lixisenatide 1.8mg and 0.074 (95% CI: 0.064; 0.083) versus lixisenatide 20ug. Cost per patient was lower for EQW than for dulaglutide 1.5mg (€3885; 95% CI: -€942; -€227) and lixisenatide 1.8mg (€2,085; 95% CI: -€2,143; -€2,028). EQW was therefore projected to dominate SITA from both clinical and economic perspectives in Lombardy.