and results in higher QALYs in comparison with sitagliptin 100 mg in dual therapy as add-on to MET.

**OBJECTIVES:** Two SGLT-2 inhibitors, CANA and DAPA, are recommended in the UK for use through an insulin-based treatment path. This study investigates the cost-effectiveness of using CANA or DAPA in combination with MET when evaluated in patients inadequately controlled with MET as add-on to it. The UK NICE CHOICE T2DM model was used to estimate 40-year outcomes and costs associated with using CANA (100mg or 300mg) versus DAPA 10mg in dual therapy. HBA1c efficacy estimations were obtained from head-to-head clinical trials evaluating CANA dual therapy (with MET) were used for parameters unavailable in the NMA. A broad set of sensitivity analyses were performed. RESULTS: Both doses of CANA were associated with more HbA1c improvement (0.18 & 0.07 for 100 & 300mg, respectively) and a higher cost (E201 & E394, respectively). The associated incremental cost-effectiveness ratios (ICERs) were £243 and £173, respectively, both below the willingness-to-pay threshold of £30,000 per QALY gained. CONCLUSIONS: SGLT-2 inhibitors reduce HbA1c, body weight, and blood pressure, and thus the risk of micro- and macrovascular complications. Economic simulations suggest that both doses of CANA are cost-effective versus DAPA in dual therapy treatment of T2DM (with MET) in the UK.

**PDB72**

**HEALTH-ECONOMIC COMPARISON OF SENSOR-AUGMENTED PUMP WITH LOW GLUCOSE SUSPENDED VERSUS INSULIN PUMP ALONE FOR THE TREATMENT OF TYPe 1 DIABETES IN HUNGARY**

**RESULTS:** The Incremental-Cost-Effectiveness-Ratio (ICER) for SAP vs. lUS was HUF 1,696,086 (€20,298) per Quality-Adjusted-Life-Year gained over a 1 year time horizon. Results were similar using a 5 year horizon (HUF 1,565,623 vs. €19,068) per QALY gained. Extensive sensitivity analyses showed the robustness of the results. **CONCLUSIONS:** Using a payer’s perspective, our analysis showed that SAP (w/ LGS) is cost-effective over a short-term (1-5 year) time horizon in hypoglycemia-prone patients with Type 1 Diabetes in Hungary (using a WTP threshold of €50,000 GY).

**PDB73**

**ECONOMIC ASSESSMENT OF DELAYING INSULIN TREATMENT THROUGH THE USE OF NEWER ANTI-DIABETIC AGENTS, DAPAFLIGLIZIN (FORXIGA®) AND EXENATIDE (BYDUREON®), BOTH AS ADD-ON TO METFORMIN; A COST-EFFECTIVENESS ANALYSIS FROM A UK NHS PERSPECTIVE**

**RESULTS:** Long-term economic simulations suggested the durability of the treatment effects of dapagliflozin and exenatide may delay the daily onset of insulin treatment by 5-6 years. Compared to the traditional clinical practice, treatment with dapagliflozin+metformin followed by exenatide+metformin was associated with an incremental benefit of 0.343 QALYs (95% CI: 0.239; 0.450) at an additional cost of €2,827 (95% CI: €2,352; €3,267), resulting in an incremental cost-effectiveness ratio of €8,233 per QALY gained. The PSA