patients’ lifetimes. Duration of treatment was assumed to be 5 years, before switching to a basal insulin regimen. Changes were made to the base-case assumptions. First, the utility change per BMI unit gained (in patients with a BMI ≥ 25 kg/m²) was decreased from -0.01 to -0.005.1. Second, the treatment duration was increased from 5 to 10 years. All other variables were kept constant. RESULTS: In the comparative analysis with rosiglitazone, liraglutide was associated with a base-case incremental cost-effectiveness ratio (ICER) of €262 per QALY gained, which increased to €5754 per BMI utility changes and to €16,477 when the treatment duration was increased. Similar incremental cost-effectiveness ratios (€32,343 (BMI utility change) and €38,368 (10-year treatment)) and sitagliptin (€9,851 [base case] to €14,616 [BMI changes] and €17,089 [10-year treatment]). CONCLUSIONS: Increasing the treatment duration and decreasing the impact of BMI on quality of life increased the ICER of liraglutide versus comparators. Liraglutide was shown to be cost-effective in dual therapy (assuming a threshold of €20,000 per QALY gained) versus rosiglitazone and sitagliptin in all three scenarios (base case, BMI utility changes, and 10-year treatment).

THE ECONOMIC IMPORTANCE OF “METABOLIC MEMORY” IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS (T2DM) IN SWEDEN

The long-term economic consequences of saxagliptin compared to metformin (MET) were explored in a cost-effectiveness analysis (CEA) in Sweden. The analysis compared the effects of saxagliptin (2 mg once daily) and MET on HbA1c levels, costs, and quality-adjusted life-years (QALYs). The primary outcome was the incremental cost-effectiveness ratio (ICER) per QALY gained. The study concluded that saxagliptin was cost-effective compared to MET, with an ICER of €224 per QALY gained. This result was consistent with the “metabolic memory” hypothesis, which suggests that early metabolic control can influence long-term outcomes. The study also highlighted the importance of metabolic memory in the management of T2DM.

OBJECTIVES: The study aimed to evaluate the long-term economic consequences of saxagliptin (2 mg once daily) versus metformin (MET) in people with type 2 diabetes (T2DM). METHODS: A CEA was conducted using a Markov model with a 20-year time horizon. The model included health states for HbA1c levels, medical costs, and utility decrements. RESULTS: The ICER was €224 per QALY gained, which is well below the commonly accepted threshold of €50,000 per QALY gained. CONCLUSIONS: Saxagliptin is a cost-effective treatment option for people with T2DM, particularly those with early metabolic control.

LONG-TERM COST-EFFECTIVENESS OF LIRAGLUTIDE VS. SULFONYLUREA IN POLAND

This study evaluated the long-term cost-effectiveness of liraglutide (1.8 mg once daily) versus sulfonylurea (SU) in newly diagnosed type 2 diabetes mellitus (T2DM) patients in Poland. The study used a decision analytic model with a 20-year time horizon. The primary outcome was the incremental cost-effectiveness ratio (ICER) per quality-adjusted life-year (QALY) gained. The model included direct medical costs, health-state utility values, and clinical outcomes. The results showed that liraglutide was more cost-effective than SU, with an ICER of €2,244 per QALY gained. This finding supports the use of liraglutide as a first-line treatment for T2DM in Poland.

CONCLUSIONS: Liraglutide is a cost-effective first-line treatment option for newly diagnosed T2DM patients in Poland, with a favorable ICER compared to sulfonylureas.

THE COST-EFFECTIVENESS OF LIRAGLUTIDE IN PEOPLE WITH TYPE 2 DIABETES IN THE SLOVAK REPUBLIC

This study evaluated the cost-effectiveness of liraglutide (1.2 mg once daily) versus metformin (MET) in people with type 2 diabetes in the Slovak Republic. The study used a decision analytic model with a 20-year time horizon. The primary outcome was the incremental cost-effectiveness ratio (ICER) per QALY gained. The model included direct medical costs, health-state utility values, and clinical outcomes. The results showed that liraglutide was more cost-effective than MET, with an ICER of €3,950 per QALY gained. This finding supports the use of liraglutide as a first-line treatment option for people with type 2 diabetes in the Slovak Republic.

CONCLUSIONS: Liraglutide is a cost-effective treatment option for people with type 2 diabetes in the Slovak Republic, with a favorable ICER compared to MET.

THE COST-EFFECTIVENESS OF SAXAGLIPTIN VERSUS SULFONYLUREA (SU) IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS (T2DM) IN GERMANY

This study evaluated the long-term economic consequences of saxagliptin versus sulfonylurea (SU) in the treatment of type 2 diabetes mellitus (T2DM) in Germany. The study used a decision analytic model with a 20-year time horizon. The primary outcome was the incremental cost-effectiveness ratio (ICER) per QALY gained. The model included direct medical costs, health-state utility values, and clinical outcomes. The results showed that saxagliptin was more cost-effective than SU, with an ICER of €2,027 per QALY gained. This finding supports the use of saxagliptin as a first-line treatment option for people with type 2 diabetes in Germany.

CONCLUSIONS: Saxagliptin is a cost-effective treatment option for people with type 2 diabetes in Germany, with a favorable ICER compared to sulfonylureas.