were driven by drug and treatment costs associated with myocardial infarction. The total cost of saxagliptin/metformin XR group over 30 years was lower than SU plus MET treatment group (US$ 14,454.25 vs. US$ 14,735.16). Treatment with saxagliptin/metformin XR resulted in a greater number of quality-adjusted life years (QALYs) and life-years gained (LYG) than the SU combination (10,203 vs. 9,955 and 12,217 vs. 12,177 for each, respectively). Cost and health outcomes were discounted 3% in Argentina and Chile, respectively. Deterministic and probabilistic sensitivity analyses were also performed. RESULTS: The group treated with saxagliptin/metformin XR had fewer non-fatal events and episodes of hypoglycemia than the SU plus MET treated group. The model also predicted a lower number of fatal macrovascular events for the saxagliptin/metformin XR group (159 vs. 162). In both treatment groups the costs

**PDB59 COST-EFFECTIVENESS OF CLOSTRIDIAL COLLAGENASE OINTMENT ON WOUND CLOSURE IN PATIENTS WITH DIABETIC FOOT ULCER**


**OBJECTIVES:** To evaluate the cost-effectiveness of using canagliflozin in dual therapy (plus metformin) compared to sitagliptin and glimepiride, and in triple therapy compared with metformin monotherapy in Argentina and Chile. In both countries, the total cost of the dapagliflozin cohort was higher than the SU combination (10,203 vs. 9,955 and 12,217 vs. 12,177 for each, respectively).

**PDB60 HEALTH ECONOMIC EVALUATION OF CANALIGLIFLOZIN IN THE TREATMENT OF TYPE 2 DIABETES IN BELGIUM**

Jzaneta M.1, Woffels V., Knudsen M.S.1, Troelsgaard A.1, Hennum M.1

**METHODS:** The IMS CORE Diabetes Model was used to evaluate, based on head-to-head clinical trials, the cost-effectiveness of canagliflozin (assuming 70/50 dose distribution for the 100mg and 50mg respectively) versus the alternative treatments, assuming Belgian-specific data, where available. Costs were obtained from official sources, literature and the IMS Hospital Disease Database and are reported in 2013 Euro (€). An annual discount rate of 3% was applied on costs and 1.5% on effects.

**RESULTS:** The cost-effectiveness analyses indicate that both canagliflozin treatment strategies were cost-effective when compared to sitagliptin plus metformin. The incremental cost effectiveness ratio (ICER) was €1,062 QALY gained (with an incremental cost effectiveness ratio (ICER) of €1,062 and 0.070 additional QALYs gained) with a 20-year time horizon. The probability of cost-effectiveness at a willingness-to-pay threshold of €50,000 per QALY gained is 90% and 100% for the canagliflozin and metformin arms, respectively.