Markov/Monte Carlo simulation techniques to describe the long-term incidence and prevalence of diabetes-related complications. It was used to simulate disease progression in a cohort of patients with baseline characteristics (mean age 18.6 years, duration of diabetes 12 years, mean HbA1c 7.5%) and clinical outcomes (severe hypoglycaemic event rates; Quality of Life, HbA1c) taken from a recent randomised controlled trial (Ly et al, 2013). An economic model and clinical data was used. The main scenario considered in this cost-effectiveness analysis was the comparison of sensor-augmented insulin pump (SAP) with low glucose susceprt (LGS) versus insulin pump alone (CSI). The target population was type 1 hypo-prone diabetes patients with the analysis based on a deterministic micro-simulation of 1,000 patients, using a 5 year time horizon. Direct costs were calculated from a third-party payer perspective. Discount rates of 3% per annum were applied to both costs and clinical outcomes. RESULTS: The cost-effectiveness ratio (ICER) for SAP vs LGS (vs CSI) was €17,893 per Quality-Adjusted-Life-Year gained over a 5 year time horizon. Results were similar across a 1 to 10 year time horizon. Using a 5% discount rate the cost- effectiveness ratio was reduced due to the higher utility of the results. CONCLUSIONS: Using a payer’s perspective, our analysis showed that SAP (w LGS) is cost-effective over a short term (5 year) time horizon in hypo-prone Type 1 Diabetes patients in Slovakia (using a WTP threshold of 1x [€18,000] or 3x [€54,000] Slovak GDP).

PDB81
THE COST-EFFECTIVENESS OF CANAGLIFLOZIN IN COMBINATION WITH METFORMIN IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS IN POLAND

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OBJECTIVES: To evaluate the cost-effectiveness of canagliflozin, an active inhibi- tor of sodium glucose co-transporter – 2 (SGLT2) in dual therapy as add-on to metformin compared to sitagliptin and glimepiride. Canagliflozin in clinical trial results showed effective glucose reduction, along with other benefits in diabetes treatment including weight loss and SBF reduction. Cost effectiveness analyses were performed within the public setting with the acceptance of guidelines of Polish HTA Agency (PolIAHTA). METHODS: The IMS CORE Diabetes Model was used to evaluate the cost-effectiveness of canagliflozin versus the reference arms. A microsimulation of 1,000 patients was simulated with a 5 year time horizon. Direct costs were reported in Polish zloty and an annual discount rate of 5% and 3.5% were applied on costs and effects respectively. RESULTS: In dual therapy as add-on to metformin, canagliflozin 100 mg dominates sitagliptin with average cost savings of €25,601 per QALY gained, an average QALY gain of 0.075, an average cost savings of €27,109 per patient treated and an average ICER of €36,000 per QALY gained. In case of glimepiride, canagliflozin 100 mg dominates glimepiride with average cost savings of €1,907 per QALY gained, an average QALY gain of 0.005, an average cost savings of €2,709 per patient treated and an average ICER of €39,400 per QALY gained. CONCLUSIONS: Canagliflozin in dual therapy with metformin would be a more efficient use of health care resources in the Polish setting.

PDB82
THE COST-EFFECTIVENESS OF INTERVENTIONS AIMED AT DECREASING THE NUMBER OF AMPUTATIONS AMONG PATIENTS WITH T2DM IN RUSSIA

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OBJECTIVES: To evaluate the cost-effectiveness of interventions aimed at decreasing the number of amputations among patients with diabetic foot ulcers (DFU) in Russia. METHODS: We have modeled the changes in the annual outcomes (minor and major amputations) and costs (services provided in outpatient clinics and hospitals, medications, orthopedic shoes and prosthetic devices and services provided in case of amputations) from the perspective of public health and social care. Two interventions were assessed: preventive services for patients with the very high risk of DFU (additional outpatient visits for foot care and orthopedic shoes) and provision of care for DFU patients at hospital by multidisciplinary foot care team (MDT). The current number of amputations and costs among DFU patients in Russia was assessed on the basis of published Russian data and experts’ survey. The expected effectiveness of interventions was derived from the international publications. Costs were estimated on the basis of reimbursement rates in public medical insurance and the latest Negotiation of health care. RESULTS: The current number of amputations among DFU patients at the current rate of hospitalizations will require additional annual spending of €32,520, and the expected annual number of major amputations is expected to increase by 41. The ICER for this intervention is €78,839 per DFU patient lifetime amputation, which is almost 2 times higher than the costs associated with major amputation at the current moment. For the preventive services, if all patients are compliant, additional costs per patient are slightly lower (~ €10,216, but is still above the cost of major amputation. CONCLUSIONS: Both interventions require considerable additional budget spending. Preventive measures, if all the patients follow the recommendations, are more cost effective than introduction of hospital MDT.

PDB83
THE COST-EFFECTIVENESS OF CANAGLIFLOZIN COMPARED WITH LIRAGLUTIDE IN TREATMENT OF TYPE 2 DIABETES INADEQUATELY CONTROLLED WITH METFORMIN AND SULFONYLUREA IN FRANCE

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OBJECTIVES: Canagliflozin is a sodium-glucose co-transporter 2 (SGLT2) inhibitor used in treatment of patients with type 2 diabetes mellitus (T2DM). The objective is to estimate the cost-effectiveness of canagliflozin (100mg once daily and 300mg once daily) compared with liraglutide in combination with metformin and sulfonylurea (SU) (for the treatment of T2DM inadequately controlled with metformin and SU in France). METHODS: The IMS CORE Diabetes Model was used to project clinical and economic outcomes for patients with T2DM treated with canagliflozin or lira- glutide, each in combination with metformin and SU. Since direct trial data were not available, the relative treatment effects on HbA1c, SBF and BMI for liraglutide 1.8mg in combination with metformin (T2DM) were derived from a Network Meta-analysis (NMA) of treatment effects at 26 weeks. This study is limited by the absence of direct or indirect data on the effect of liraglutide 1.2mg in combination with metformin in T2DM. Additionally, patient compliance was estimated from NMA treatment effects at 26 weeks for liraglutide 1.2mg were estimated using the dose-response relationship from a NMA based on treatments in combination with metformin only. French market share data were used to weight the results of liraglutide 1.8mg and 1.2mg. RESULTS: Canagliflozin 100mg once daily when compared with liraglutide (1,388 €); incremental QALYs were estimated to be –0.035. Canagliflozin 300mg was dominant, with cost savings of 1,411 € and relatively small incremental QALY gain of 0.003. CONCLUSIONS: These results found that liraglutide 100mg or 300mg of liraglutide as add-on to metformin...