ECONOMIC BURDEN OF TYPE 2 DIABETES MELLITUS TREATMENT STRATEGIES: A COST CONSEQUENCE ANALYSIS OF SETAILGINTIN VS SULFONYLUREAS IN LOMBARDY REGIONS, Genovese S1, Torre E2, Baccetti F3

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 (CCA) was performed, giving an account of the different management strategies for Type 2 Diabetes Mellitus (T2DM), compared with sulfonylurea treatments. Sensitivity analysis was performed to assess the robustness of the model. The CCA was run over a 40-year time horizon. Costs and QALYs were discounted at 3.5% annually. Probabilistic sensitivity analysis (PSA) was performed.

METHODS: A CN of T2DM is VS SU (glicenbimemide) was carried out, on a cohort of 1000 diabetic patients treated over 20 years, with 1 eye blind.

The objective of this analysis was to evaluate the CE of IVT-AFL compared with ranibizumab is a cost effective treatment option when compared with ranibizumab for treatment of DME in Turkey. PDB53

The long-term cost-effectiveness of twice-daily exenatide with insulin glargine versus once-daily lixisenatide with insulin detemir in adult patients with type 2 diabetes in Russia.

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OBJECTIVES: To assess the cost-effectiveness of twice-daily (TD) 10 μg exenatide with insulin glargine (EXE) vs once-daily (QD) lixisenatide 1.2 mg or 1.8 mg both with insulin detemir (LIRA 1.2 or LIRA 1.8) in patients with type 2 diabetes mellitus (T2DM) from the payer perspective and time horizon was lifetime. All costs were discounted at 3.5% annually. Probabilistic sensitivity analysis (PSA) was performed.

RESULTS: The ICER of IVT-AFL versus ranibizumab was 10,866 TL/QALY. Years with 1 eye blind were 0.416 with IVT-AFL and 0.647 with ranibizumab, with a difference of 0.231 year in favor of IVT-AFL. The ICER was £ 9,000 (95% CI: £4,600; £13,400) per QALY gained with IVT-AFL and 7,295 ranibizumab. According to the results of the analysis, IVT-AFL is a cost-effective treatment option when compared with ranibizumab at a cost-effectiveness threshold of 26,415 TL (calculated threshold from developing country definition as 1-fold of annually mean income per capita, per the World Health Organization).

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