and results in higher QALYs in comparison with sitagliptin 100 mg in dual therapy as add-on to metformin and in triple therapy as add-on to MET plus SU. In dual therapy, as add-on to MET, canagliflozin (100 mg and 300 mg weighted average 65: 35) has an average cost saving of 24 € and an average QALY gain of 0.036. In triple therapy as add-on to MET+SU, canagliflozin (100 mg and 300 mg weighted average 65: 35) has an additional cost of 171 €, from which an average QALY gain of 0.013 results. Sensitivity analysis suggests a likelihood of 59% of canagliflozin being cost-effective compared to sitagliptin in dual therapy and 59% in triple therapy at a willingness-to-pay of 30,000 € per QALY gained. Sensitivity analyses showed that canagliflozin is cost-effective also from a payer perspective and even when the time horizon, which is 30 years in the base case, is reduced to 10 years. **Conclusions:** Canagliflozin 100 mg and 300 mg will be a cost-effective alternative to sitagliptin in both dual and triple therapies, as add-on to MET or as add-on to MET+SU, respectively.

**PDB69**

**HEALTH ECONOMIC EVALUATION OF CANAGLIFLOZIN IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS IN FRANCE**

Granados D,1 Maurel F,2 Knudsen M,3 Troelsgaard A,4 Hernels M5

1Janssen, Paris, France, 2Janssen, Paris, France, 3Janssen, Hullerup, Denmark, 4Janssen A/S, Birkerød, Denmark

**Objectives:** Canagliflozin is a sodium glucose co-transporter 2 (SGLT2) inhibitor developed for the treatment of adult patients with type 2 diabetes mellitus (T2DM). To evaluate the cost-effectiveness of canagliflozin in dual therapy as add-on to metformin (MET) compared to sitagliptin, and in triple therapy (add-on to MET and sulfonylureas [SU]) compared to sitagliptin, liraglutide and a mixed strategy using French-specific data, where available. **Results:** In dual therapy, as add-on to metformin versus sitagliptin, canagliflozin (100 mg and 300 mg weighted average 50: 50) is associated with an incremental cost of 1,564 € and an average QALY gain of 0.013, which leads to an ICER of 30,154 €. In triple therapy canagliflozin (100 mg and 300 mg weighted average 50: 50) dominates sitagliptin with average saving cost of 1,009 € and average QALY gain of 0.096. Canagliflozin 100 mg and 300 mg is expected to be cost-saving (1,280 €) compared to liraglutide (discounted average liraglutide 1.2 mg/1.8 mg 0.710/0.29 based on French market research data) with incremental QALYs of -0.015. Canagliflozin (100 mg and 300 mg weighted average 50: 50) dominates a mixed strategy with liraglutide (52.5%) and sitagliptin (47.5%) average cost saving of 410 € and average QALY gain of 0.041. Sensitivity analyses showed that HbA1c and SBP treatment effects were key drivers of the cost effectiveness results. **Conclusions:** Canagliflozin 100 mg and 300 mg will be a cost-effective alternative to sitagliptin in dual therapy as add-on to metformin. In triple therapy as add-on to metformin and SU, canagliflozin dominates in comparison with a mix of patients treated with sitagliptin or liraglutide. Canagliflozin 100 mg or 300 mg is expected to be considered good value for money for the treatment of T2DM in France.

**PDB70**

**THE COST-EFFECTIVENESS OF EXENATIDE BO-DOSAGE INSULIN LYSINE PHLUP TID AS ADD-ON THERAPY TO TITRATED INSULIN GLARGINE IN PATIENTS WITH TYPE 2 DIABETES – AN ANALYSIS FROM THE SWEDISH HEALTH CARE PERSPECTIVE**

Gordon J,1 McEwan P,2 Charokopou M,3 Karamalis M,4 Hemels M,5 Klots M6


**Objectives:** To project the long-term costs and outcomes of sensor-augmented pump (SAP) with low glucose suspend (LSUS) versus insulin pump alone (CSII) alone for the treatment of type 2 diabetes in Hungary. **Methods:** The CORE Diabetes Model is a peer-reviewed, validated model, which employs standard Markov/ Monte Carlo simulation techniques to describe the long-term incidence and progression 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 (RCT) in Hungary). **Results:** The main scenario considered in this cost-effectiveness analysis was the comparison of sensor-augmented insulin pump (SAP) with low glucose suspend (LSUS) versus pump alone (CSII). The target population was hypo-prone type 1 diabetes patients with the analysis based on a deterministic microsimulation of 1,000 patients, using a 1 to 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. **Conclusions:** Using a payer’s perspective, our analysis showed that SAP (w LSUS) is cost-effective over a short term (1-5 year) time horizon in hypo prone patients with Type 1 Diabetes in Hungary (using a WTP threshold of 30,000 FIM).