healthcare costs or all-cause medical costs in either sample. CONCLUSIONS: This real-world study suggests that short-term weight loss is associated with attainment of HbA1c<7% levels and decreased diabetes-related costs in obese population with no prior CVD over subsequent 12 months.

PD849
ECONOMIC BURDEN OF TYPE 2 DIABETES MELLITUS TREATMENT STRATEGIES: A COST CONSEQUENCE ANALYSIS OF SATIAGLITIN VS SULFONYLUREAS IN LONG-TERM REGISTRY STUDY

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, including both direct and indirect costs have been considered. Epidemiologic and effectiveness perspectives by considering 12 and 36 months time horizons. Direct (drug, automation, and associated with an incremental cost-effectiveness ratio of GBP7,367 per QALY gained. CONCLUSIONS: Liraglutide was associated with improved quality-adjusted life expectancy versus exenatide (9.17 versus 9.16 quality-adjusted life years [QALYs]) and lixisenatide (9.17 versus 9.16 QALYs). When compared with liraglutide 1.2, liraglutide was the dominant strategy, i.e. less costly ($484) and more effective. When compared to liraglutide 1.8, liraglutide was less costly ($1,500), but less effective. The incremental cost-effectiveness ratio (ICER) for liraglutide 1.8 vs exenatide was estimated at $100,941 per QALY gained, that more than willingness-to-pay (WTP) threshold for Russia in 2014 $36,373. In this case more cost-effective strategy was EXE with insulin glargine. CONCLUSIONS: At WTP threshold of $36,373/QALY exenatide is likely to be a cost-effective option for the treatment of T2DM in a Russian setting.

PD850
COST-EFFECTIVENESS ANALYSIS OF EXENATIDE ONCE-WEEKLY VERSUS DULAGLUTIDE, LIRAGLUrine AND LXISENATIDE FOR THE TREATMENT OF TYPE 2 DIABETES MELLITUS: AN ANALYSIS FROM THE UK NHS PERSPECTIVE

The CN analysis shows that SITA-metformin vs glibenclamide was the most cost-effective strategy, reflecting a higher utility of time horizon, as higher drug costs of SITA are offset by - lower glycemic control, complications and durability costs resulting in a saving of almost 19.00 from RHS perspective - lower productivity loss related to major cardiovascular and to HYPOS, leading to a saving of about £100.00 from societal perspective. Also, SITA vs SU would provide, from both perspectives, -236 not severe and -54 severe HYPOS and 34 CV events. The analysis performed over 12 months time horizon shows that SITA-metformin represents a sustainable alternative from both RHS and societal perspectives, by leading to a saving in terms of HYPOS 136 (118 not severe and 18 severe) and 7 CV events. CONCLUSIONS: The analysis performed shows that SITA represents a sustainable and cost saving alternative for the management of type 2 DM from both clinical and economic perspectives in Lombardy.

PD851
THE COST-EFFECTIVENESS (CE) OF INTRAVITREAL AFLICEPTER (IVT-AFL) IN THE TREATMENT OF DIABETIC MACULAR EDEMA (DME) IN TURKEY

The objective of this analysis was to evaluate the CE of IVT-AFL compared with ranibizumab in DME in Turkey. METHODS: The CE model is a Markov state transition model that has 3 separate phases (efficacy, maintenance, rest of life) chosen to adequately reflect the typical vision changes in a treated DME patient. The model features 64 health states for every combination of study/nonstudy eye, and a health state transition matrix based on the study and nonstudy eye, respectively. Incremental cost-effectiveness ratios (ICER) were calculated per QALY and years with 1 eye blind. Analyses were with insulin glargine. CONCLUSIONS: Liraglutide 1.2mg may be a cost-effective treatment option when compared with ranibizumab for treatment of DME in Turkey.