showed that at a willingness-to-pay threshold of €20,000 per QALY, the proposed treatment pathway had a 100% probability to be cost-effective. CONCLUSIONS: The proposed alternative treatment sequence was shown to be a cost-effective treatment option in patients inadequately controlled with metformin alone within established UK cost-effectiveness thresholds.

PDB74  
**COST-EFFECTIVENESS ANALYSIS OF LIRAGLUTIDE VERSUS SITAGLIPTIN OR EXENATIDE IN TYPE 2 DIABETES MELLITUS IN SWEDEN**

**OBJECTIVES:** To evaluate the long-term cost-effectiveness of liraglutide versus sitagliptin or exenatide added to oral antidiabetic drugs mono- or combination therapy respectively to treatment with Type 2 Diabetes Model, a validated computer simulation model developed to determine the long-term health and economic outcomes of interventions in Type 2 diabetes, was adapted to the Greek health care setting. Patient and intervention effects were calculated based on published and local sources. All future outcomes were discounted at 3.5% per annum, and the analysis was conducted from the perspective of a third-party payer in Greece. **RESULTS:** Over a patient’s lifetime, treatment with liraglutide compared with sitagliptin or exenatide demonstrated an expected life expectancy of 0.19 (0.16) years and in discounted quality-adjusted life expectancy of 0.19 (0.16) years (QALYs), whereas therapy with liraglutide 1.2mg once daily gained incremental increases of 0.14 (0.23) years and 0.19 (0.16) QALYs respectively. As regards lifetime direct costs, liraglutide 1.2mg resulted in greater costs of €2797 (€1468) versus sitagliptin, and so did liraglutide 1.8mg compared with exenatide (€1302 (€1492)). Liraglutide 1.2 and 1.8mg doses were associated with incremental cost-effectiveness ratios of €15101 and €6818 per QALY gained respectively. **CONCLUSIONS:** Liraglutide is likely to be a cost-effective option for the treatment of Type 2 diabetes in a Greek setting.

PDB75  
**HEALTH ECONOMIC EVALUATION OF CANAGLIFLOZIN IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS IN SLOVAKIA**

**OBJECTIVES:** To evaluate the cost-effectiveness of canagliflozin versus comparators using Slovakia specific data, where available. **RESULTS:** The cost-effectiveness analyses indicated that canagliflozin 100mg in dual therapy, when compared with sitagliptin, was found to be cost-effective with an incremental cost-effectiveness ratio (ICER) of €14,930 per QALY gained. In triple therapy, when compared to sitagliptin, canagliflozin 100mg was found to be cost-effective with an ICER of €5,251 per QALY gained and in combination with insulin, canagliflozin 100mg was a dominant alternative compared to dapagliflozin with a cost saving of €118 (€62) and higher QALYs. One-way sensitivity analyses revealed that in the majority of scenarios considered canagliflozin remained cost-effective in the dual therapy, triple therapy, and add-on to insulin comparisons. **CONCLUSIONS:** Based on calculations performed using the CORE Diabetes Model, canagliflozin 100mg appear to represent a cost-effective option for the treatment of type 2 diabetes in Slovakia. Canagliflozin 100mg was found to offer greater health benefits than current available alternatives and to be a cost-effective treatment option when used in dual and triple therapy instead of sitagliptin or as an add-on to insulin instead of dapagliflozin.

PDB76  
**IS CANAGLIFLOZIN COST-EFFECTIVE COMPARED TO SITAGLIPTIN ACROSS MULTIPLE LINES OF TYPE 2 DIABETES MELLITUS (T2DM) THERAPY IN IRELAND?**

**OBJECTIVES:** To evaluate the cost-effectiveness of canagliflozin versus sitagliptin—a recommended and widely used dipeptidyl peptidase-4 inhibitor (DPP-4)—in (a) dual (with metformin), triple (with metformin and sulphonylurea) and add-on to basal insulin treatment (with or without other anti-hyperglycaemic agents) therapy lines in Ireland. **METHODS:** The Economic and Health Outcomes Model of T2DM (ECCHO-T2DM) [using updated UKPDS 82 mortality and risk equations] was used to simulate lifetime outcomes and costs of patients on dual therapy with canagliflozin (adapted to reflect the use of insulin basal in Ireland) or sitagliptin 100mg. Patient characteristics and treatment effects were sourced from head to head randomized clinical trials for dual and triple therapy. For add-on to insulin therapy simulations, treatment effects were sourced from a network meta-analysis. Costs were localised and inflated to 2013 euros. Utilities were sourced from the literature. Both costs and outcomes were discounted at 5%. **RESULTS:** Incremental costs, QALYs and ICERS for canagliflozin vs. sitagliptin were €1,360, 0.059 QALYs and €23,118 per QALY, respectively, in dual therapy; €158, 0.093 QALYs and €1,172 per QALY, respectively, in triple therapy; and €550, 0.068 QALYs and 8,047 per QALY, respectively, in add-on to insulin. In all three scenarios, canagliflozin was cost-effective compared to sitagliptin with average cost savings of 556 NOK and an average QALY increase of 0.080. In triple therapy as add on to metformin canagliflozin appears to dominate sitagliptin with average cost savings of 556 NOK and an average QALY increase of 0.059. In triple therapy as add on to metformin canagliflozin is cost-effective versus SU, with an incremental cost-effectiveness ratio (ICER) of 79,309 NOK and an incremental cost of 5,775.80 NOK and an average QALY gain of 0.0756. As add on to insulin canagliflozin appears to dominate placebo with an incremental cost saving of 13,506 NOK and an incremental QALY of 0.080. In triple therapy as add on to metformin and SU canagliflozin appears to dominate sitagliptin with average cost savings of 556 NOK and an average QALY gain of 0.021. **CONCLUSIONS:** Canagliflozin is associated with cost savings and QALY gain compared to sitagliptin in dual therapy as add-on to metformin and in triple therapy as add-on to metformin and SU. Canagliflozin will be a cost-effective alternative to SU in dual therapy as add on to metformin. Adding canagliflozin to insulin will be cost-effective compared with placebo i. e. it is cost-effective to add canagliflozin treatment rather than not.

PDB77  
**THE COST-EFFECTIVENESS OF CANAGLIFLOZIN VERSUS SITAGLIPTIN IN PATIENTS WITH TYPE 2 DIABETES (T2DM) FAILING TO ACHIEVE GLYCAEMIC CONTROL ON METFORMIN MONOTHERAPY IN IRELAND**

**OBJECTIVES:** To evaluate the cost-effectiveness of canagliflozin versus comparators using Norwegian-specific data, where available.

**RESULTS:** Canagliflozin is a novel oral agent for the treatment of T2DM that inhibits sodium-glucose co-transporter 2 (SGLT-2), a mechanism that is complementary to other anti-hyperglycaemic drug classes, including insulin. SGLT2 inhibition leads to inhibition of glucose reabsorption and urinary glucose excretion, thereby reducing blood glucose, weight, and blood pressure. An economic (cost-effectiveness) evaluation of new technologies versus routine care is required prior to uptake in Ireland to ensure good value-for-money. This study evaluates the cost-effectiveness of canagliflozin compared with liraglutide 1.2mg once daily, metformin, and exenatide 10mcg in combination with metformin from the payer perspective in the Irish health care setting.

**METHODS:** Cost-effectiveness analysis of Canagliflozin was adapted to the Greek health care setting. Patient and intervention effects were calculated based on published and local sources. All future outcomes were discounted at 3.5% annually.

**RESULTS:** In the base case, canagliflozin was associated with incremental cost savings of €3,382 compared to liraglutide 1.2mg. It was also associated with a 0.022 more years and 0.092 more adjusted life years (QALYs), suggesting that canagliflozin dominates liraglutide. Results were driven by lower acquisition costs for canagliflozin. Sensitivity analyses indicated that the dominance observed was robust to changes in assumptions, such as the cost of canagliflozin 100mg in dual therapy (add-on to metformin) in the Irish setting. These results suggest that canagliflozin represents good ‘value for money’ in treating these patients, compared to a routinely used GLP-1 agonist.

PDB78  
**HEALTH ECONOMIC EVALUATION OF CANAGLIFLOZIN IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS IN NORWAY**

**OBJECTIVES:** To evaluate the cost-effectiveness of canagliflozin versus comparators using Norwegian-specific data, where available. **RESULTS:** In the base case, canagliflozin was associated with incremental cost savings of €3,382 compared to liraglutide 1.2mg. It was also associated with a 0.022 more years and 0.092 more adjusted life years (QALYs), suggesting that canagliflozin dominates liraglutide. Results were driven by lower acquisition costs for canagliflozin. Sensitivity analyses indicated that the dominance observed was robust to changes in assumptions, such as the cost of canagliflozin 100mg in dual therapy (add-on to metformin) in the Irish setting. These results suggest that canagliflozin represents good ‘value for money’ in treating these patients, compared to a routinely used GLP-1 agonist.

PDB79  
**HEALTH-ECONOMIC COMPARISON OF SENSOR-AUGMENTED PUMP WITH LOW SUGAR SUSPEND VERSUS INSULIN MINUS ONE FOR THE TREATMENT OF HYPO-PRONE TYPE 1 DIABETES IN SLOVAKIA**

**OBJECTIVES:** To project the long-term costs and outcomes of sensor-augmented pump (SAP) with low sugar suspend (LGS) versus insulin pump alone (CSI) for the treatment of hypo-prone Type 1 diabetes in Slovakia. **METHODS:** The CORE Diabetes Model is a peer-reviewed, validated model, which employs standard