CD patients incurred significantly higher inpatient ($4,688 vs. $1,139, p < 0.001) and service costs incurred were higher for CD patients, compared to comparison patients, but was not statistically significant. CONCLUSIONS: Comparing patients in the U.S. Medicare program had a higher burden of illness in terms of health care resource utilization and costs, compared to those without a CD diagnosis.

PDB103
THE POTENTIAL VALUE OF ONGOING SUPPORT IN TYPE-1 DIABETES MELLITUS WITHIN A MICRO-SIMULATION MODEL OF THE TREATMENT PATHWAY: AN ECONOMIC EVALUATION FROM A SPANISH HEALTHCARE PERSPECTIVE.

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OBJECTIVES: The Dose Adjustment For Normal Eating (DAFNE) structured education programme is shown to be effective both in terms of clinical outcomes and cost-effectiveness, with the treatment of Type 1 Diabetes (T1DM). DAFNEPlus aims to extend the DAFNE 5-day curriculum based on psychological and sociological findings in DAFNE, input from DAFNE graduates and emerging knowledge around behavioural science and technological developments. The current suggested primary endpoint is for the DAFNE programme to achieve either, (a) a reduction of at least 0.5% in HbA1c, or (b) to have an HbA1c below 7.5% (58.5 mmol/mol), at 12 months. This paper undertakes pre-trial what-if cost-effectiveness analyses concerning the DAFNEPlus programme, which aim to be useful both in the design of the intervention itself and of the proposed method.

METHODS: The Sheffield Type 1 Diabetes Policy Model is an individual patient-level simulation model of T1DM. It includes long-term microvascular (retinopathy, neuropathy and nephropathy) and macrovascular (myocardial infarction, stroke, revascralization and angina) diabetes-related complications and acute adverse events (severe hypoglycaemia and diabetic ketoacidosis). Econometric methods were used to obtain the transition probabilities for responders in this model. DAFNEPlus was considered as cost-effective if the additional spending on the intervention would be limited to €255-€575 per person per year, depending on the assumptions of length of maintenance period for the HbA1c benefit and the target HbA1c responder endpoint (70% in total) being achieved in the future trial. To achieve a more favourable cost-effectiveness probability of 80%, for example, the additional per person per year cost should be restricted to €935-€574 range. CONCLUSIONS: Pre-trial modelling has enabled a clear understanding of the threshold range for the annual cost of DAFNEPlus, which is still being designed, in order to be considered as cost-effective at the £20,000/QALY threshold.

PDB104
THE COST-EFFECTIVENESS OF SAXAGLIPTIN WHEN ADDED TO METFORMIN AND SULFONYLUREA IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS IN SPAIN

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OBJECTIVES: In patients with type 2 diabetes mellitus (T2DM), when blood glucose is not adequately controlled by the combination of metformin (MET) and sulphonylurea (SU), the clinician has to choose between adding a third oral drug or starting insulin therapy. The objective of this study was to assess the cost-effectiveness in the Spanish setting of adding saxagliptin (SAXA) to MET and SU, compared to adding basal insulin therapy (BAS). A micro-simulation model of the T2DM treatment pathway was developed to model the progression of individuals with T2DM from diagnosis to death. The model considered: (a) all individuals belonging to the ‘all SIADH’ population tolvaptan was associated with reduced costs (SEK 5,778) and higher QALYs (0.168; 95%CI: -0.007; 0.417). At a willingness-to-pay threshold of €104,000, saxagliptin was found to dominate DPP4i with a willingness to pay of €104,000, and cost savings (vs DPP4i) alternative in Spain in combination with insulin for patients who are inadequately controlled with insulin treatment regimens.

PDB106
THE COST-EFFECTIVENESS OF TOLVAPTAN FOR THE TREATMENT OF HYPOADRENALISM SECONDARY TO SYNDROME OF INAPPROPRIATE ANTIDIURETIC HORMONE SECRETION

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OBJECTIVES: Tolvaptan is a selective vasopressin V2-receptor antagonist indicated for the treatment of adult patients with hyponatraemia (HN) secondary to syndrome of inappropriate antidiuretic hormone secretion (SIADH). To date there have been no phase 3 trials assessing the cost-effectiveness of tolvaptan in this indication. The aim of this study was to evaluate the cost-effectiveness of tolvaptan versus no active treatment (NAT) from a Swedish societal perspective.

METHODS: The economic evaluation considers a hypothetical population of microl- and macro-vascular complications, along with diabetes-specific and all-cause mortality. The perspective of the Spanish health care payer was adopted over a lifetime horizon. Costs and utilities were assigned to the appropriate model parameters to calculate total Quality-Adjusted-Life-Years (QALYs) and total costs. Deterministic and probabilistic sensitivity analyses were conducted.

RESULTS: Compared to tolvaptan, patients added to insulin alone, was associated with 0.698 incremental QALYs (95%CI: 0.442; 1.211) at an additional cost of €1,508 (95%CI: €611; €1,517), resulting in an incremental cost-effectiveness ratio (ICER) estimate of €2,159/QALY. Saxagliptin add-on to insulin, being associated with slightly less costs (+15; 95%CI: +913; +553) and higher QALYs (0.168; 95%CI: 0.007; 0.417). At a willingness-to-pay threshold of €104,000, saxagliptin was found to dominate DPP4i with a willingness to pay of €104,000, and cost savings (vs DPP4i) alternative in Spain in combination with insulin for patients who are inadequately controlled with insulin treatment regimens.