each drug, as well as lab and imaging tests, were collected with the Delphi tech-
niques. Antihypertensive drugs in type 2 diabetes patients currently on
metformin-based treatment achieving HbA1c change from baseline
and Public Hospital specialized units. Local unit cost data were collected from
officially published sources (Ministry of Health and Social Insurance Funds).
One way sensitivity analyses were performed to test the results. RESULTS: Lanre
toed Autogel reduced the risk of acromegaly treatment by ±2.8% per patient
during the 30-year time horizon. 93% of the savings were attributed to the reduction
in drug acquisition and administration costs. Discount rate was the most influential
parameter in the sensitivity analysis. The total cost of treatment was analyzed in
Greece, including lab and imaging tests, over a 5-year time horizon was estimated
to range between ±2.92 and ±2.22 million, with a 30% and 60% market share for
Lanreto Autogel. Therefore, doubling Lanreto Autogel’s share would lead to savings of €781,604
in Greece. In comparison with Octreotide LAR may result in a reduction of the total cost in the
management of acromegaly in Greece.

PD897
THE OPPORTUNITY OF TREATING TYPE II DIABETES WITH DPP4i: AN ECONOMIC EVALUATION VERSUS CONVENTIONAL TREATMENT IN THE ITALIAN SETTING

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OBJECTIVES: To compare dipeptidyl-peptidase 4 inhibitors (DPP4i) and sulfonylurea (SU) for the treatment of type II diabetes mellitus in terms of economic impact and considering both the Italian National Health System (NHS) and the societal perspec-

METHODS: The economic evaluation was performed as a model-based cost-
iminisation analysis for the comparison DPP4i and SU as second line therapy, in add-on or monotherapy, over a year period. Clinical data to be included in the model were selected from literature review and the opinion of a panel of clinical experts. Resources used were quantified and valued adopting costs and tariffs related to drugs and health care. A 1,000 case Monte Carlo simulation, established control groups, incidence of hypoglycaemic events, macrovascular complications and the switch to insulin therapy. One-way sensitivity analyses for model inputs were conducted. RESULTS: Due to the higher cost for drug acquisition made the adoption of DPP4i more costly than SU for the Italian NHS. This
to range between 1,500 and 2,500 per QALY gained. Sensitivity analyses showed that the ICER was somewhat sensitive to the price of resources and the weight utility decrement, and most sensitive to assumptions on relative risk parameters. When no relative risk reduction on MI or other-cause mortality was assumed, the ICER was €17,543 per QALY and €17,053 per QALY, respectively. When

PD898
COST-MINIMISATION ANALYSIS OF SAXAGLIPTIN COMPARED TO SIATLIGLINTIN AND LINAGLIPTIN AS TRIPLE THERAPY IN COMBINATION WITH METFORMIN AND A SULPHONYLUREA IN THE TREATMENT OF TYPE 2 DIABETES MELLITUS FROM A UK HEALTH CARE PERSPECTIVE

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OBJECTIVES: To evaluate the cost of using the dipeptidyl-peptidase-4 inhibitor (DPP4i) saxagliptin (SAX) add-on to tri-weekly insulin aspart combined with metformin therapy in combination with metformin and sulphonylurea (met-SU) for the treatment of patients with type 2 diabetes mellitus (T2DM) who are inadequately controlled on metformin monotherapy. Methods: A Markov indirect treatment compar-

ations (ITCs) were performed with regards to the key T2DM outcomes of HbA1c, weight and hypoglycaemia compared to sitagliptin and linagliptin. The ITCs found no statistically significant differences between saxagliptin compared to either sita-
liglentin or linagliptin in terms of effectiveness (as measured by HbA1c change from baseline), and saxagliptin was found to be at least as safe as the other therapies. Therefore, a cost-minimisation analysis over a 1-year time horizon was developed from a UK health care perspective. Drug costs were considered in the model, sourced from the British National Formulary (BNF; September 2013). The application of an annual discount rate of 3.5% and use of a longer time horizon (up to 5 years) were explored in a scenario analysis. RESULTS: Saxagliptin was associated with a yearly cost of €440.80 per patient. The yearly cost per patient for sitagliptin was €432.38, and the yearly cost per patient for linagliptin was also €432.38, based on drug costs.

Saxagliptin has similar costs compared to the other DPP4i’s. Applying the annual discount rate and using a longer time horizon, saxagliptin was associated with cost-savings of €573.43 per patient over 5 years compared to both sitagliptin and linagliptin. CONCLUSIONS: Saxagliptin as triple therapy in combination with met-SU was shown to be a cost-saving treatment option from a UK health care reference perspective for patients with T2DM who are inadequately controlled on met-SU alone. The cost-saving per patient over 5 years was modest, although this may be important in a large patient population.

PD899
COST-EFFECTIVENESS OF SITAGLITIN VS SULPHONYLUREA AS AN ADD-ON THERAPY TO METFORMIN IN PATIENTS WITH TYPE 2 DIABETES IN A BELGIUM SETTING

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OBJECTIVES: Assess the cost-effectiveness of sitagliptin versus sulfonylureas as an add-on to metformin to manage type 2 diabetes patients currently on
metformin who are achieving HbA1c goal in Belgium. METHODS: We employed a previously published individual-level simulation model that incorporated risk

mathematical equations/algorithms from the UKPDS Outcomes Model (68) to predict the long-term costs and clinical outcomes associated with treatment strategies. Sensitivity analyses were performed on risk factors and side effects was based on clinical trials, observational studies, systematic reviews and meta-analyses of relevant RCTs, as well as the most recent findings on the potential benefit of DPP4 on other-cause mortality and cardiovascular disease outcomes in type 2 diabetes mellitus. The model was projected to cost €1,022 more than a sulfonylurea-based treatment strategy per patient lifetime, with the majority of excess costs from prescription drugs. Life expectancy was 0.077 years greater per patient on a sitagliptin-based strategy compared to a sulfonylurea-based strategy. The discounted gain in QALY was 0.082 years with the sitagliptin-based strategy, driven by better hypoglycaemia, weight, and MI risk profile. The estimated ICER was €13,460 per QALY. Sensitivity analyses demonstrated that the ICER was sensitive to the price of resources and the weight utility decrement, and most sensitive to assumptions on relative risk parameters. When no relative risk reduction on MI or other-cause mortality was assumed, the ICER was €17,543 per QALY and €17,053 per QALY, respectively. When

COMPARATIVE COST-EFFECTIVENESS OF ADDING TWICE-DAILY EXENATIDE TO INSULIN GLARGINE VERSUS ADDING INSULIN LISPRO TO TREAT TYPE 2 DIABETES IN SPAIN

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OBJECTIVES: To analyse the cost-effectiveness of adding twice-daily exenatide (BID) to insulin glargine compared to adding insulin lispro, both added to

insulin treatment for T2DM patients with uncontrolled HbA1c levels is considered a highly cost-effective strategy from the Turkish public health care perspective.