



Cost-Effectiveness of Dapagliflozin Alone or in Combination with Saxagliptin Added to Standard of Care for the Management of Diabetic Nephropathy in the United States

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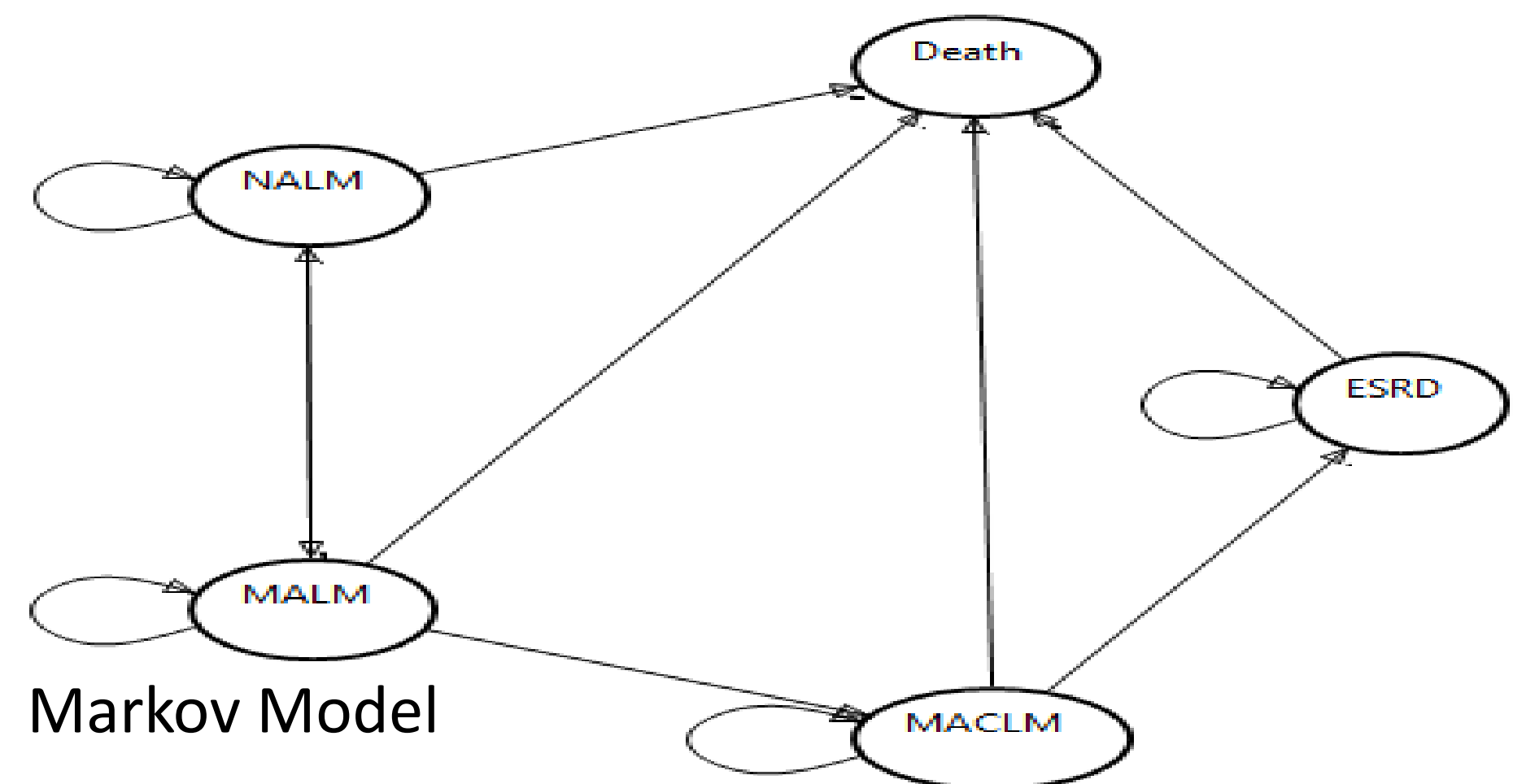


BACKGROUND

- Angiotensin converting enzyme inhibitors (ACE inhibitors) have been used as a standard of care (SoC) for the treatment of diabetes nephropathy (DN).
- Dapagliflozin and saxagliptin have been shown to reduce the progression of DN when they are added to the SoC.
- This study determined the cost-effectiveness of dapagliflozin or dapagliflozin plus saxagliptin added to the SoC in diabetes patients with DN

METHODS

- Markov model was developed to determine the cost-utility outcomes from the United States health care perspective.
- The primary outputs were the total costs of interventions, quality-adjusted life years (QALYs), and incremental cost-effectiveness ratio (ICER).
- One-way and probability sensitivity analysis were performed to assess uncertainties
- A willingness to pay threshold of \$60,000 per QALY was used based on the previous studies



RESULTS

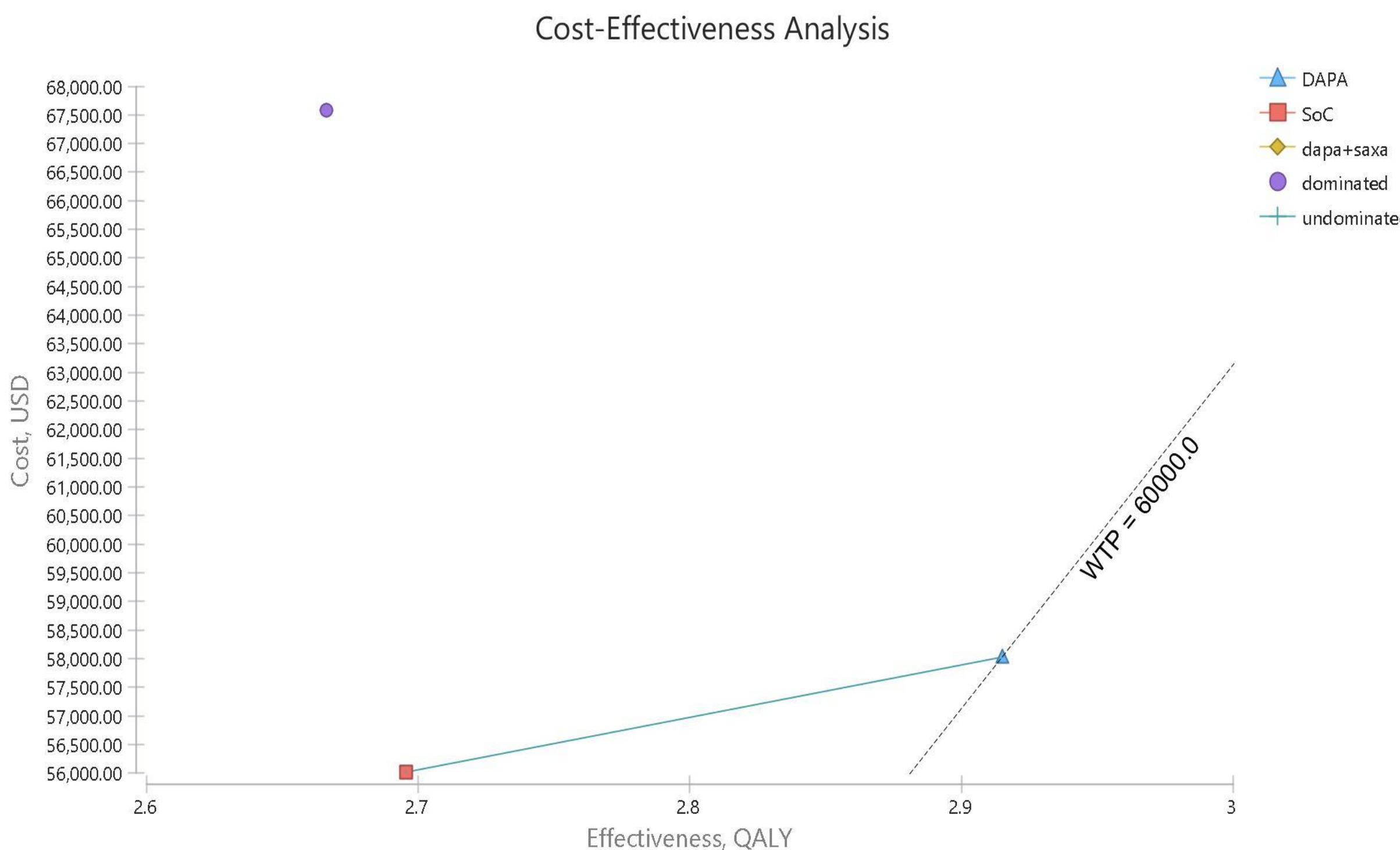


Fig 1. Cost-Effectiveness Analysis

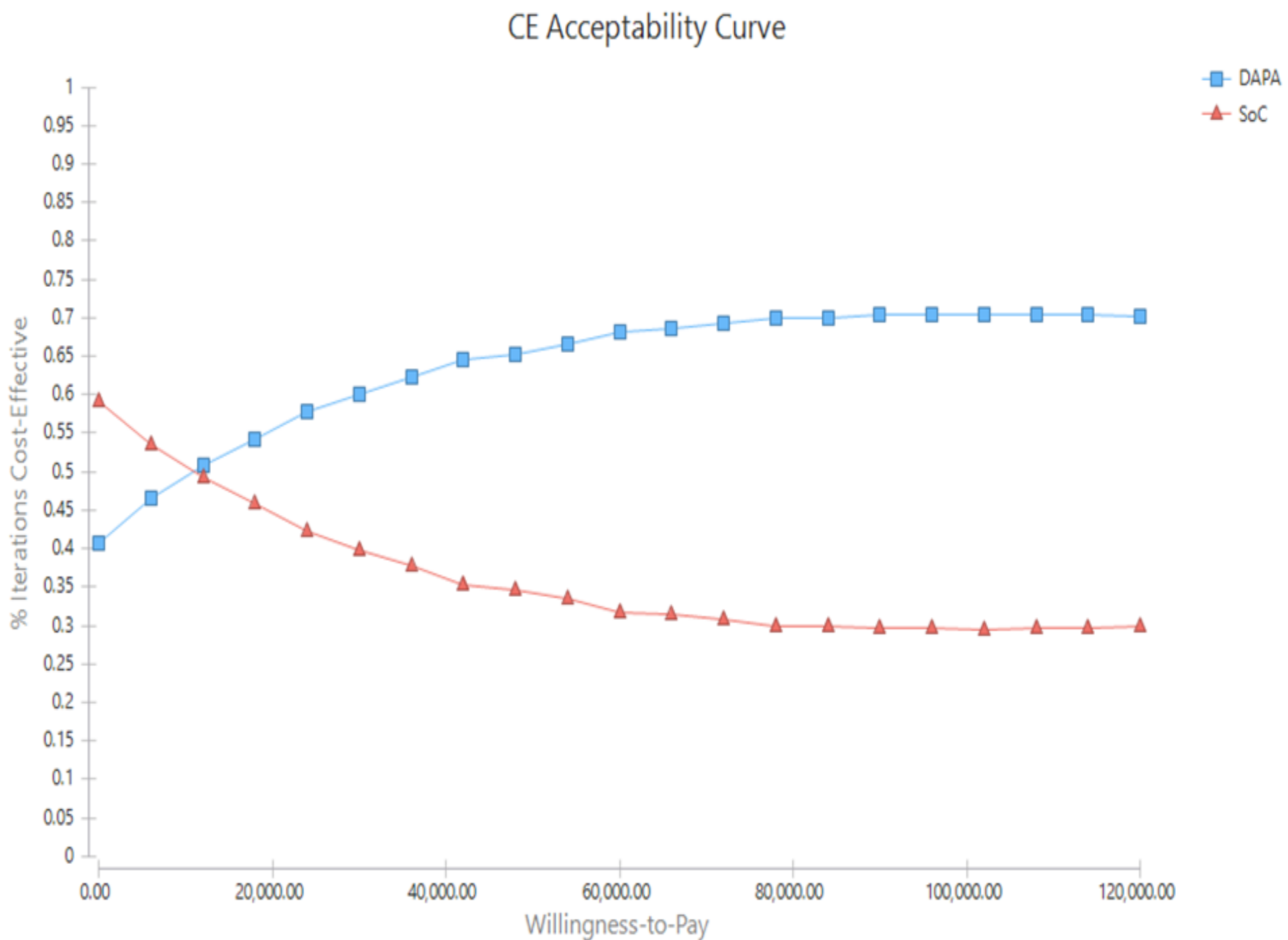


Fig 2. CE Acceptability Curve

Base-case results					
Time horizon	Outputs	SoC	Dapagliflozin +SoC	Dapa+ SoC	Saxa+
10 years	QALY	2.7	2.9	2.8	
	Costs (\$)	55,992.95	58,006.55	67,551.84	
	ICER	9,179.71			
Case scenario					
Time horizon	Outputs	SoC	Dapagliflozin +SoC	Dapa+ SoC	Saxa+
5 years	QALY	2.3	2.5	2.2	
	Cost (\$)	54,881.19	56,856.28	66,210.63	
	ICER	10,623.59			
Dapa: Dapagliflozin; Saxa: Saxagliptin; SoC: Standard of care					

DISCUSION & CONCLUSION

- ✓ The study highlighted that dapagliflozin was cost-effective relative to the standard treatment alone in the United States for patients with DN
- ✓ The effects and costs of all interventions were consistent between the deterministic and the base-case analysis
- ✓ dapagliflozin could be considered as add-on therapy to the SoC in these patients

REFERENCES

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