The Cost-Effectiveness of Canagliflozin Versus Sitagliptin as an Add-on to Metformin or Metformin Plus Sulfonylurea in the Treatment of Type 2 Diabetes Mellitus in Spain

Anders T. Nielsen,1 Ashley Pitcher,2 Eleonora Lovo,1 Agata Schubert,1 Michiel Hemels,4 Cheryl Neslusam,1 Beatriz González3
1Janssen-Cilag A/S, Birkedal, Denmark; 2NTS Health, London, UK; 3Janssen-Cilag Poland, Warsaw, Poland; 4Janssen Global Services, LLC, Ranjan, NL, USA; 5Janssen-Cilag Spain, Madrid, Spain

BACKGROUND
Type 2 diabetes mellitus (T2DM) is an important public health concern. By 2030, the number of people with
As with any modeling study in T2DM, results should be interpreted appropriately, as treatment effects and AE
Drug costs were obtained from Bot Plus in April 2015, with the exception of the CANA price, which was not
The IMS CORE Diabetes Model (CDM; version 8.5+) was used to project the long-term clinical and cost outcomes
The CANA Phase 3 program included a series of clinical trials of CANA in T2DM in different positionings along
Non–diabetes-related mortality is included in the model using data from the National Institute of Statistics 27
 OBJECTIVE
The objective of this analysis was to evaluate the cost-effectiveness of CANA 100 mg and 300 mg versus TSA 100 mg
METHODS
Model Description
The CDM Diabetes Model (MSA, version 8.6) was used to project the long-term clinical cost outcomes
assessed within CANA based on the results of clinical trials. The CDM is a computer simulation model that was
determined by advances in healthcare systems and an increase in prescription of antihypertensive
. More information on the CDM is available in previously published articles by Palmer et al22,23 and in the
Clinical Inputs
Model inputs were estimated using clinical trials or observational studies. CANA was assumed to be
HDL-C, high-density lipoprotein cholesterol; SE, standard error.

Sensitivity Analyses
In our sensitivity analyses we retained CANA 100 mg and can also present the results for CANA 300 mg in dual and triple therapy
ECONOMIC ANALYSES
Cost-effectiveness was calculated by dividing the incremental net benefit (ΔCost/ΔEffect) by the incremental cost

CONCLUSION
These results suggest that adding CANA 100 mg 200 mg instead of TSA 100 mg in patients with T2DM inadequately controlled on MET or MET/SU 100 mg would result in more efficient use of healthcare resources in the Spanish setting

REFERENCES