

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Type 2 diabetes in adults: management (Medicines update)

2 List of modelling questions

Review questions by scope area	RQ1.1: For different population subgroups, which individual and/or combinations of pharmacological therapies are most clinically and cost effective as initial treatment for the management of type 2 diabetes? RQ1.2: Which pharmacological therapies are most clinically and cost effective for the management of type 2 diabetes when current treatment has not given adequate response?
Population	 Adults with Type 2 diabetes stratified into: Adults with type 2 diabetes mellitus and heart failure Adults with type 2 diabetes mellitus and atherosclerotic cardiovascular disease Adults with type 2 diabetes mellitus and chronic kidney disease stages 1-3 Adults with type 2 diabetes mellitus and chronic kidney disease stage 4 Adults with type 2 diabetes mellitus and high risk of atherosclerotic cardiovascular disease living with obesity Adults with type 2 diabetes mellitus and high risk of atherosclerotic cardiovascular disease living with overweight Adults with type 2 diabetes mellitus and under 40 years of
Interventions and comparators considered for inclusion	 Interventions DPP-4 inhibitors (alogliptin, linagliptin, saxagliptin, sitagliptin and vildagliptin) GLP-1 receptor agonist (dulaglutide, exenatide, liraglutide, lixisenatide and semaglutide) SGLT-2 inhibitors (canagliflozin, dapagliflozin, empagliflozin and ertugliflozin) Gliclazide Pioglitazone

4.0.4 DOC Economic Plan

	<u>Comparators</u>
	Metformin, Usual care
Perspective	NHS & personal social services
	· · · · · · · · · · · · · · · · · · ·
Outcomes	Quality-adjusted life-years, Costs
Type of analysis	Cost-utility analysis
Issues to note	 Modelling utilises the UKPDS Outcomes Model v2.2.
	SGLT-2 inhibitors considered at a class level
	• SGLT-Z IIIIIDIOIS CONSIDERED AL A CIASS IEVEI