

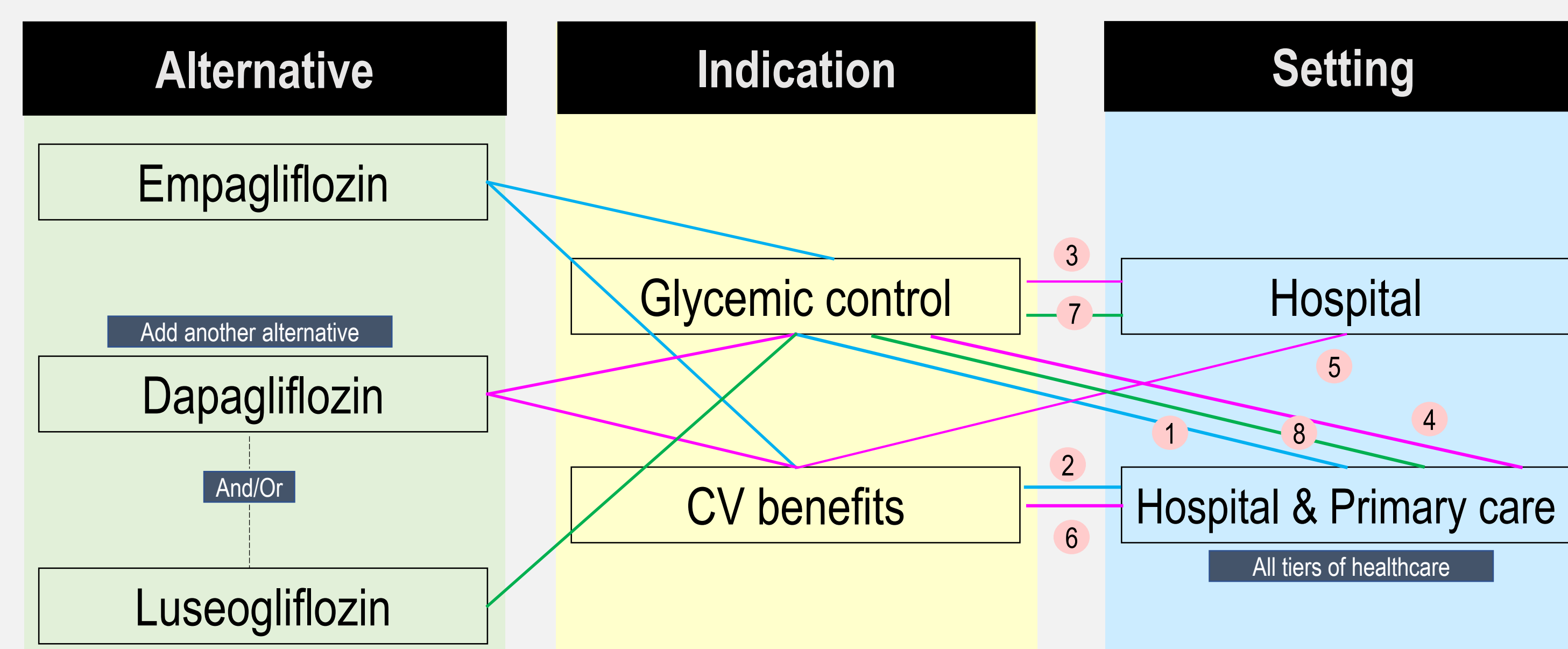
# Conducting Budget Impact Analysis (BIA) for Multiple HTA of Sodium-Glucose Cotransporter-2 Inhibitors (SGLT2i) - There Is More Than Meets The Eye

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## INTRODUCTION

- Empagliflozin is the only SGLT2i in the MOH Medicines Formulary indicated for
  - Glycemic control in Type-2 diabetes mellitus (T2DM)
  - Cardiovascular (CV) benefits in T2DM patients with established CV disease
- Prescribing is limited to treating patients in hospital settings only – secondary and tertiary care
- Stakeholders' proposal is detailed in the figure on the right

## STAKEHOLDERS' PROPOSAL



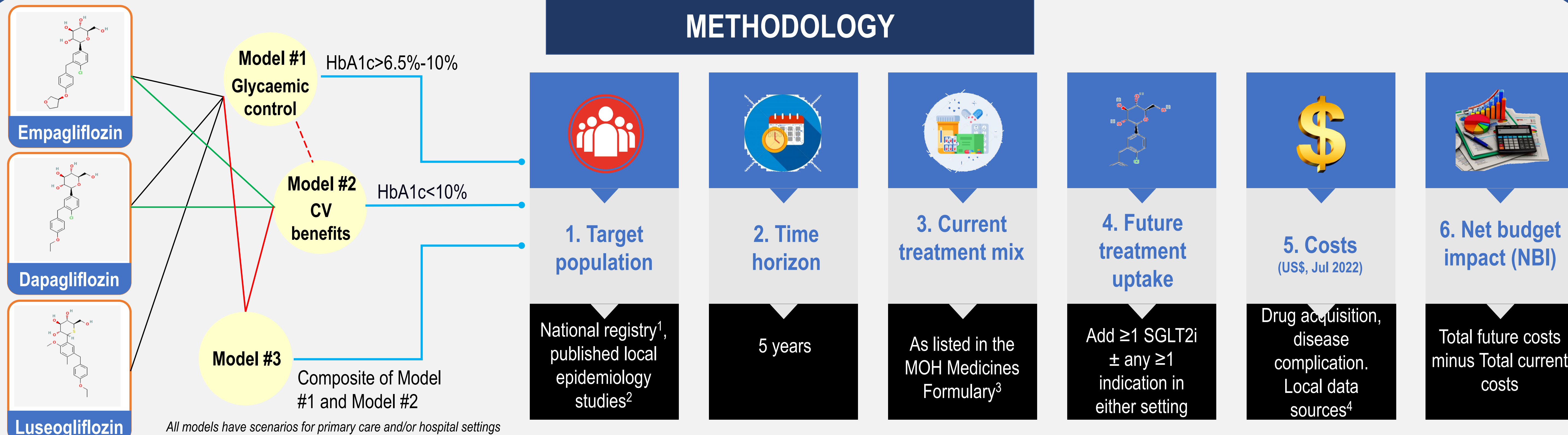
Any one or combination of the scenarios

- 1 2 Widening access to empagliflozin in primary care settings (currently only accessible in hospitals)
- 3 5 7 Using dapagliflozin or luseogliflozin as alternatives for ≥1 indications in hospitals
- 4 6 8 Using dapagliflozin or luseogliflozin as alternatives for ≥1 indications in hospitals and primary care

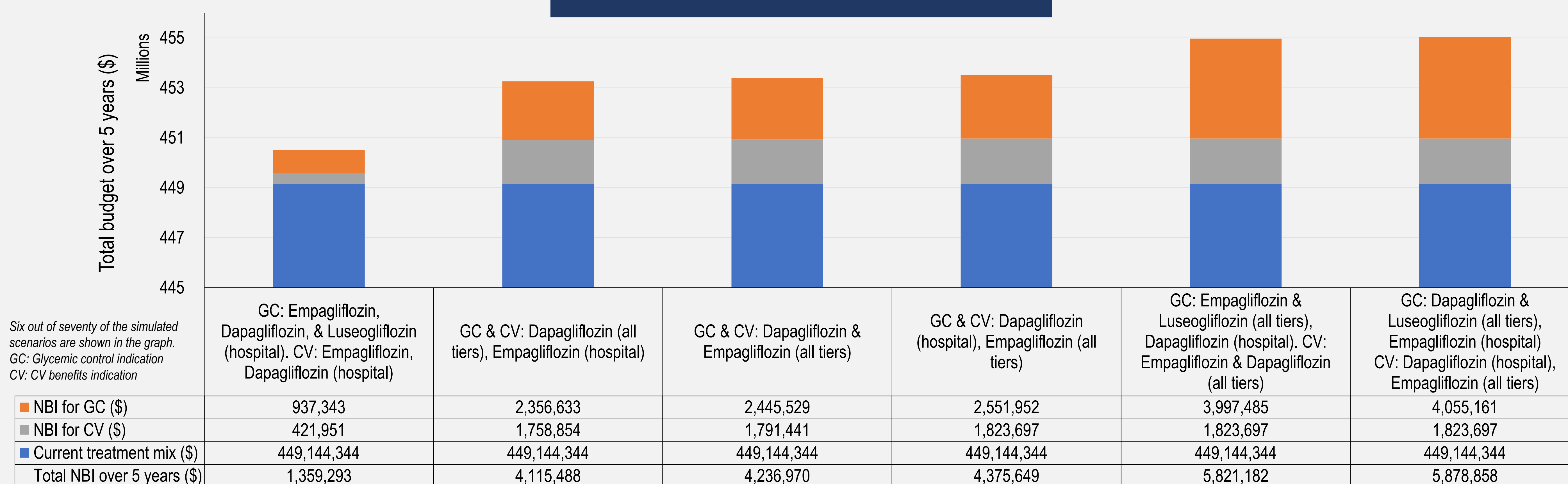
## OBJECTIVE

To conduct an inherently complex BIA for this multiple HTA in order to estimate the financial consequences of implementing any one or combination of the scenarios depicted in the stakeholders' proposal.

## METHODOLOGY



## RESULTS



## RESULTS

- Lowest NBI in each model:
  - Model #1: \$0.94mil; Model #2: \$1.08mil, Model #3: \$1.36mil
- Lowest NBI in combination of scenarios: Dapagliflozin for use in all tiers while maintaining empagliflozin in hospital-only settings

## CONCLUSION

- A complex budget impact model was developed
  - A wide range of scenarios (N = 70) was simulated and analyzed
- The comprehensive BIA became a good support for decision-making, as part of the economic evidence in the multiple HTA

## REFERENCES

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