

Report by the Comissió d'Avaluació Econòmica i Impacte Pressupostari, CAEIP (Economic Evaluation and Budget Impact Commission), of Catsalut, about the new medicines for the control of the glucose in type 2 diabetes mellitus commercialized in Catalonia

The diabetes mellitus is a pathology with a prevalence known in Catalonia of 5,9%¹ and its appearance is associated to macro and microvascular complications.

The objective of the treatment of the patients with type 2 diabetes mellitus is to improve the quantity and quality of life of the patients in order to retard the appearance of the derivative complications of the illness, as much as possible.

In the pharmotherapeutic field, during the last years new drugs have been incorporated into the pharmaceutical offer. Given the prevalence of the pathology and its priority in health is considered indispensable to increase the efficiency in the utilization of the drugs for the control of the glucose in the type 2 diabetes mellitus (conventional and new alternatives) in the patients in Catalonia to improve the results in health.

So, given the results of the systematic Revision of economic evaluations of the new medicines for the control of the glucose in type 2 diabetes mellitus commercialized in Spain², another available evidence³ and the appraisal of the members of the CAEIP, the CAEIP recommends the following measures for an efficient selection of medicines for the treatment of the type 2 diabetes mellitus:

- **Metformin** as a pharmacological measure of first line in the diabetic patients type 2 being the option more cost-effective in the patients who do not control themselves with the changes in the lifestyle (diet and exercise).
- In those situations in that either metformin not the changes in the lifestyle are sufficient, it **is recommended to add a second drug**. Among the different options, the **sulfonylureas** are an effective option while less

¹ Survey of Health of Catalonia. 2006

² Systematic revision of economic evaluations of the new drugs from the control of the glucose in type 2 diabetes mellitus commercialized in Spain. Antonio J García Ruiz, Francisco Martos Crespo, Nuria García-Agua Soler et al 2009

³ Team of work of the guide of the clinical practice about type 2 diabetes mellitus. Guia de Práctica Clínica sobre Diabetes tipo 2. Madrid: Plan Nacional para el SNS del MSN. Agencia de Evaluación de Tecnologías Sanitarias del País Vasco; 2008. Guías de Práctica Clínica en el SNS: OSTEBA Nº 2006/08.

Note: The CAEIP uses the conclusions of the systematic review to write this report, the contents of which is responsibility of the authors.

Note on the review: the validity of the statements in this report is subject to the possible variations in the effectiveness and/or cost shown by the clinical evidence and the studies made available after the date of publication of his report. The CAEIP shall, at least every 2 years, review this report according to the emergence of newly available evidence.

costly than the other alternatives available (**inhibitors of the dipeptidyl peptidase- DPP-4- and glitazones**) and, therefore, they are the option of preference.

- In the patients who require **insulin**, insulin is recommended initially at night and **insulin NPH** can be used like an effective option and less costly than other alternatives. Among the insulins of prolonged action: **glargine** and **detemir** there is not any dominant option according to criteria of cost-effectiveness. Regarding the analogous of GLP-1, **exenatide**, from the cost-effectiveness perspective, it seems more cost-effective in front to glargina in patients with type 2 diabetes mellitus with sustained pancreatic reserve and an BMI > 30. However, exenatide only have comparative studies with glargine insulin as an active comparator.

These recommendations do not have to imply discarding the selection of the therapeutic alternative that, according to the clinical criterion, one generates more effectiveness of the treatment in determinate patients.

Barcelona, 16 September 2010

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