

	<p>aforementioned clinical judgment as compared to background diabetes therapy, and other antidiabetic medications.</p> <p>The difference between the averted cost of hospitalization due to heart failure of DAP vs GLC cannot be quantified due to unavailability of data of trials that directly compared DAP and GLC on patients with T2DM inadequately controlled on MET monotherapy. However, based on our computation, the potential maximum averted cost of hospitalization due to heart failure as a result of adding DAP to background therapy vs background therapy alone is at ₱290.2 M. Meanwhile, the potential maximum averted cost of dialysis as a result of adding DAP to background therapy vs background therapy alone is at ₱31.09 B. This is based on a study where 80% of the patients were on MET as part of background therapy, but which included other glucose lowering therapies. It is likely that the computed maximum averted cost of hospitalization due to heart failure and cost of dialysis is underestimated.</p>
Cost-effectiveness	<p>The research question cannot be answered directly due to unavailability of evidence. While the WHO review has shown that the administration of Dapagliflozin as add-on to metformin is cost-effective, none of these studies were conducted in LMICs, and therefore may not be applicable to the Philippines. A local study by Tumanan et al. was found but was deemed not applicable for adoption since their intervention and comparator regimen did not match the research questions of this assessment and the discounting rate used in the study is lower than the PH reference case.</p>

Recommendation:

HTA Council **recommends the inclusion of DAP 10 mg single-dose film-coated tablet** in the PNF on the basis of the following:

- Compared to placebo and sulfonylureas, DAP shows acceptable safety profile and comparable efficacy as second-line therapy for type 2 diabetes mellitus patients. SGLT2 inhibitors including DAP have beneficial effects on renal function (lessen kidney failure outcomes), cardiovascular outcomes (lessen hospitalization due to heart failure outcomes, 4-item MACE), obesity, and lower odds of all-cause mortality.
- The current price of the patented DAP is higher than the PNF-listed drug GLC. The SC notes however, that DAP may incur a lower cost than GLC upon the expected entry of the generic counterparts in May 2023 since they are estimated to have a government price offer lower than the current maximum wholesale price of DAP. The expected price reduction is still not certain.
- Cost estimation showing the potential of DAP to avert the cost of dialysis and hospitalization due to heart failure are favorable.