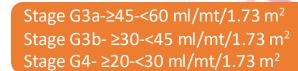
Cost-effectiveness Analysis of Empagliflozin for CKD based on eGFR- and Albuminuria-based Subgroups



METHODS

9 cohorts of 5000 patients from Japanese CKD database 20-year observation period



Negative: <30 mg/g

Microalbuminuria: ≥30-<300 mg/g Macroalbuminuria: ≥300 mg/g

Markov model with microsimulation

OUTCOME MEASURE





ICER of
<\footnote{\$\footnote{\footnote{1}}},000,000
(\\$\footnote{3}\footnote{5},500) per
quality-adjusted
life-year was judged
as cost-effective



ICER- Incremental cost-effectiveness ratio

RESULTS- Base case cost-effectiveness analysis

CKD Stage UACR	G3a	G3b	G4
Negative	×	×	X
Microalbu minuria	~	~	~
Macroalbu minuria	/	/	~

CKD- Chronic Kidney Disease; UACR- Urine Albumin creatinine ratio

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Conclusion: The addition of empagliflozin to the standard treatment of CKD was judged as cost-effective for patients with significant albuminuria but not for those without albuminuria in Japanese healthcare system.

