Correction to

Management of Patients with Type 2 Diabetes with Once-Weekly Semaglutide Versus Dulaglutide, Exenatide ER, Liraglutide and Lixisenatide: A Cost-Effectiveness Analysis in the Danish Setting (Diabetes Therapy, (2019), 10.1007/s13300-019-0630-6)

Gæde, Peter; Johansen, Pierre; Tikkanen, Christian Klyver; Pollock, Richard Fulton; Hunt, Barnaby; Malkin, Samuel Joseph Paul

Published in:
Diabetes Therapy

DOI:
10.1007/s13300-019-0638-y

Publication date:
2019

Document version:
Final published version

Document license:
CC BY-NC

Citation for published version (APA):

Terms of use
This work is brought to you by the University of Southern Denmark through the SDU Research Portal. Unless otherwise specified it has been shared according to the terms for self-archiving. If no other license is stated, these terms apply:

- You may download this work for personal use only.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying this open access version

If you believe that this document breaches copyright please contact us providing details and we will investigate your claim. Please direct all enquiries to puresupport@bib.sdu.dk
Correction to: Management of Patients with Type 2 Diabetes with Once-Weekly Semaglutide Versus Dulaglutide, Exenatide ER, Liraglutide and Lixisenatide: A Cost-Effectiveness Analysis in the Danish Setting

Peter Gæde · Pierre Johansen · Christian Klyver Tikkanen · Richard Fulton Pollock · Barnaby Hunt · Samuel Joseph Paul Malkin

Published online: May 31, 2019
© The Author(s) 2019

Correction to: Diabetes Ther
https://doi.org/10.1007/s13300-019-0630-6

In the original publication, Figs. 3 and 5 and the final sentence in the final paragraph of Results/Sensitivity Analyses were incorrectly published. The corrected statement and the figures are given below.

Additionally, the last few lines under the heading ‘Sensitivity Analyses’ should read as:

At a willingness-to-pay threshold of DKK 250,000 per QALY gained (a representative value based on GBP 20,000 in the UK), the probabilities of once-weekly semaglutide 0.5 mg and 1 mg being considered cost-effective were 72.4% and 96.5%, respectively, versus dulaglutide 1.5 mg (Fig. 5).

The original article can be found online at https://doi.org/10.1007/s13300-019-0630-6.

P. Gæde
Department of Endocrinology and Cardiology, Slagelse Hospital, Slagelse, Denmark

P. Johansen
Novo Nordisk A/S, Søborg, Denmark

C. K. Tikkanen
Novo Nordisk Scandinavia AB, Copenhagen, Denmark

R. F. Pollock
Covalence Research Ltd, London, UK

B. Hunt · S. J. P. Malkin (✉)
Ossian Health Economics and Communications, Basel, Switzerland
e-mail: malkin@ossianconsulting.com
Fig. 3 Discounted direct costs over patient lifetimes in the primary analysis based on SUSTAIN 7. DKK 2017 Danish kroner
Fig. 5  Cost-effectiveness acceptability curve for the primary analysis versus dulaglutide, based on SUSTAIN 7. DKK 2017 Danish kroner, QALY quality-adjusted life year

Open Access. This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (http://creativecommons.org/licenses/by-nc/4.0/), which permits any noncommercial use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made.