



Correction to: Cost Effectiveness of Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitors, Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists, and Dipeptidyl Peptidase-4 (DPP-4) Inhibitors: A Systematic Review

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in diabetes mellitus (types 1 and 2) to support clinical and reimbursement decision-making. *Curr Med Res Opin.* 2004;20(Suppl 1):S5–26.

The term “CORE diabetes model” was used throughout the article for consistency. However, there is variation in referencing the original “CORE diabetes model” in the literature [1]: among a total of 37 relevant cost-effectiveness analysis studies published from 2007 to 1 June 2018, 13 studies referenced the model as the “CORE Diabetes Model”, 21 as the “IMS CORE Diabetes Model”, two as the “QuintilesIMS Health CORE Diabetes Model”, and one as the “IQVIA CORE Diabetes Model”. The existence in the literature of multiple names for this model is due to company mergers. For clarification, since 2017 this model has officially been called the “IQVIA CORE Diabetes Model”.

Reference

1. Palmer AJ, Roze S, Valentine WJ, Minshall ME, Foos V, Lurati FM, et al. The CORE Diabetes Model: projecting long-term clinical outcomes, costs and cost-effectiveness of interventions

The original article can be found online at <https://doi.org/10.1007/s40273-019-00774-9>.

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