The conclusion of that trial and the interpretation of the results, and we reanalyzed the CEA results, adding, as in the original paper, a group LS intervention (GLS) – modelled only (with assumed equal efficacy and reduced costs), not observed. We also considered a generic MET alternative, MET25 (where efficacy is assumed identical, but at a cost of only 25% of the branded version), but do not use them in the same analyses as MET25 dominates MET. RESULTS: Instead of re-analyzing the CEA results, we used the original CEA data covering the first line of pharmaceutical treatment, published between 2010 and 2017 in Europe and North America, and we focused on studies that incorporated diabetes risk stratification and reviewed the literature on economic evaluations associated with non-insulin treatments (NIADs). The current review included reports published in the last four years. A total of 75 studies, of which 134 comparisons were included as meta-analyses, we assessed the quality of the studies and concluded that the effect size of diabetes risk stratification was not significant. We did not include studies that included diabetes risk stratification in their clinical endpoints. We did not include studies that included diabetes risk stratification in their clinical endpoints. We did not include studies that included diabetes risk stratification in their clinical endpoints. We did not include studies that included diabetes risk stratification in their clinical endpoints. We did not include studies that included diabetes risk stratification in their clinical endpoints. We did not include studies that included diabetes risk stratification in their clinical endpoints. We did not include studies that included diabetes risk stratification in their clinical endpoints. We did not include studies that included diabetes risk stratification in their clinical endpoints. 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