COSTS AND NEONATAL OUTCOMES AFTER INSULIN ASPART COMPARED WITH HUMAN INSULIN IN PREGNANT WOMEN WITH TYPE 1 DIABETES
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OBJECTIVES: Poor glycaemic control during pregnancy in women with type 1 diabetes is associated with high risk of pre-term delivery, neonatal mortality and morbidity. Improving control might improve outcomes and reduce the cost of managing pre-term infants. This study assessed costs and outcomes associated with insulin aspart (IAsp) and human insulin (HI) in pregnant women with type 1 diabetes. METHODS: Women with type 1 diabetes who were enrolled if ≤10 weeks pregnant or planning to become pregnant, and had HbA1c ≤8% at confirmation of pregnancy. Subjects were randomised to treatment with IAsp or HI in a basal-bolus regimen with NPH insulin, with doses titrated to American Diabetes Association guidelines. The effectiveness endpoint in this analysis was the percentage of women with a live birth at term (≥37 weeks gestation). We considered costs of insulin and of inpatient care for pre-term infants. Length of stay in intensive care was estimated from gestational age. Costs were calculated from the perspective of the UK National Health Service. Non-parametric bootstrapping was used to generate confidence intervals. RESULTS: Of 417 women randomised, 322 became pregnant and effectiveness was evaluable for 302, 151 in each arm. Significantly more women experienced a live birth at term with IAsp (72.8%) than with HI (60.9%), difference 11.9% (95% CI 0.7%, 22.5%). Mean cost per woman was £3347 for HI, and £3359 for IAsp, difference 11.9% (95% CI –£612, £966). Insulin accounted for 9.7% of costs for IAsp and 5.6% for HI. The incremental cost-effectiveness ratio was £106 per additional live birth at term (95% CI dominant, £3347–£3359). Life expectancy of women was increased with IAsp (72.8%) compared to placebo. Thus, IAsp was associated with a significantly higher proportion of live births at term than HI. The cost of managing pre-term births was large compared to the cost of insulin administered.

COST-EFFECTIVENESS OF BIPHASIC INSULIN ASPART 30 VERSUS HUMAN PREMIX INSULIN FOR TYPE 2 DIABETES PATIENTS IN CHINA
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THE RELATIVE COST EFFECTIVENESS OF INSULIN GLARGINE VERSUS NPH INSULIN USING UK REAL LIFE DATA IN TYPE 1 DIABETES MELLITUS AND THE COMBINED EFFECT OF HBA1C AND HYPOGLYCAEMIA REDUCTION
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OBJECTIVES: This study sought to evaluate the cost utility of insulin glargine in the UK for people with Type 1 diabetes mellitus (T1DM) using observational data in patients switching from