baseline HbA1c ≥ 8%, the cost per QALY was estimated at 52,554 PLN; for patients with age < 55 and baseline HbA1c = 9% at 50,139 PLN and for patients with age ≥ 45 and baseline HbA1c ≥ 10% at 32,689 PLN. In the same patient groups in the analysis for insulin glargine vs premix costs per QALY were estimated at 47,171 PLN; 40,055 PLN; 23,980 PLN respectively. CONCLUSIONS: The study showed that glargine compared to NPH and premix is a cost-effective option for treatment of type 2 diabetes in Poland in patients with baseline HbA1c above 8% and age below 65 years. The results of the cost utility analysis are well below the cost-effectiveness threshold in Poland (equals to 83,239 PLN/QALY).

**PDB38**

**THE COST-EFFECTIVENESS OF GROWTH HORMONE REPLACEMENT THERAPY WITH GENOTROPIN® IN HYPOPITUITARY ADULT PATIENTS**

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**OBJECTIVES:** To calculate cost-effectiveness ratios (incremental cost per quality-adjusted-life-year (QALY) gained) for somatropin (Genotropin®) treatment of adult patients with growth hormone deficiency (GHD) due to non-functioning pituitary adenoma compared to no growth hormone replacement treatment.

**METHODS:** A Markov-type cost-utility simulation model was constructed and used in order to simulate, for a male and female cohort, morbidity and mortality for treated and not treated individuals over a 20-year time horizon. The calculations were performed using 2003 prices concerning morbidity-related health care costs, and up-to-date unit cost for Genotropin®. Costs are expressed in SEK (1 Euro = 9.5 SEK). All costs and effects are discounted at three percent. The total of 550 treated Swedish patients from the KIMS database (Pfizer International Metabolic Database) was used in the calculations.

**RESULTS:** The results are presented as incremental cost per QALY gained including both direct and indirect effects and costs. The weighted sum of all sub-group incremental cost-effectiveness ratios (excluding indirect effects of mortality) were SEK141,630 (€14,911) and SEK206,028 (€21,687) for men and women, respectively. Including also indirect mortality effects resulted in lower weighted cost-utility ratios: SEK131,474 (€13,839) and SEK150,766 (€15,870) for men and women, respectively. Key drivers of the results are improvement in probability of being cost-effective for men and at least 90% for women.

**CONCLUSIONS:** The results of the study were to simulate the cost-effectiveness of treatment with Genotropin® in a Polish setting. **METHODS:** The method adapted was a cost-utility analysis with a 40 year time horizon. The model used in this evaluation is a Discrete Event Simulation (DES) model mainly based on the DCCT study which has the ability to assess the economic impact and health consequences outlined as the development of co-morbidities of a reduction in hypoglycemia, an improvement in glycaemia or both of these at the same time. The time increment applied is in yearly increments and the model was designed to simulate a cohort of 1000 patients. Hypoglycaemia rates and rate reductions were drawn from peer-reviewed publications. Glycaemic control has been incorporated into the model using results from The Health Improvement Network (THIN) database. Polish costs were applied in the model and only direct medical costs were considered in the analysis. The analysis was conducted according to HTA guidelines in Poland and included also sensitivity analysis. **RESULTS:** When comparing insulin glargine to NPH the analyses showed that the in patients with baseline HbA1c ≥ 10%, HbA1c ≥ 9%, HbA1c ≥ 8% the cost per QALY for insulin glargine vs NPH was estimated at 34,810 PLN; 26,197 PLN; 38,110 PLN respectively. In the same subgroups analysis for glargine vs premix in patients with baseline HbA1c ≥ 10%, HbA1c ≥ 9%, HbA1c ≥ 8% cost per QALY was estimated at 33,000 PLN; 29,004 PLN; 47,661 PLN. **CONCLUSIONS:** The analysis showed that glargine compared to NPH and premix is a cost-effective option for treatment of type 1 diabetes in Poland in patients with baseline HbA1c above 8%. The outcomes of the cost-utility analysis are well below the cost-effectiveness threshold in Poland (equals to 83,239 PLN/QALY).

**PDB40**

**COST-UTILITY OF INSULIN GLARGINE COMPARED TO NPH IN TYPE DM1 FROM A PUBLIC PAYER PERSPECTIVE IN POLAND**

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**OBJECTIVES:** The aim of the study was to evaluate the relative cost-utility of insulin glargine versus NPH in people with type 1 diabetes applied in a Polish setting. **METHODS:** The method adapted was a cost-utility analysis with a 40 year time horizon. The model used in this evaluation is a Discrete Event Simulation (DES) model primarily based on the DCCT study which has the ability to assess the economic impact and health consequences outlined as the development of co-morbidities of a reduction in hypoglycemia, an improvement in glycaemia or both. The time increment applied is in yearly increments and the model was designated to simulate a cohort of 1000 patients. Hypoglycaemia rates and rate reductions were drawn from peer-reviewed publications. Glycaemic control has been incorporated into the model using results from the THIN database. Polish costs were applied in the model and only direct medical costs were considered in the analysis. Sensitivity analysis was performed. The study was conducted according to the Guidelines for conducting HTA analysis in Poland. The perspective of the study is the public payer. Costs and benefits were discounted at 5%. **RESULTS:** When comparing insulin glargine to NPH the analyses showed that the cost per QALY was estimated at 47,369 PLN (using base case results for background hypoglycaemia events). The total estimated discounted costs over a lifetime for glargine compared to NPH were 43,854 865 PLN and 23,072 257 PLN for insulin glargine and NPH respectively, total estimated discounted QALYs were 8 463 and 8 456 for insulin glargine and NPH respectively. **CONCLUSIONS:** The results showed that glargine compared to NPH...