from the database sourced from the UK drug tariff, BNF and MIMS (with appropriate assumptions where quantities were unclear). RESULTS: In total, 3581 patients met the inclusion criteria. The average dose of insulin in T2D patients within the study was 36IU/day at 12 months. The average yearly cost was ≤384 for insulin alone and ancillary item cost reached ≤223 increasing total annual cost of insulin and equipment to ≤607.

CONCLUSION: Although clinically appropriate for some T2D patients, insulin is expensive, particularly when ancillaries are considered. This database study was a straightforward way of identifying and analysing not only drug costs but ‘hidden’ costs of insulin ancillaries. This analysis only takes account of insulin and ancillary costs and does not account for visits to health care professionals. Initiation of insulin is often accompanied by extra visits to health care professionals, which would further increase costs.

COSTS ASSOCIATED WITH THE FIRST SIX MONTHS OF INSULIN THERAPY IN PATIENTS WITH TYPE 2 DIABETES IN GERMANY AND THE UNITED KINGDOM: DATA FROM THE INSTIGATE STUDY

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OBJECTIVES: The primary objective of the INSTIGATE study is to assess the direct costs of care for type 2 diabetes in the 6 months before and after insulin initiation. This abstract presents data for patients enrolled in Germany and UK. METHODS: INSTIGATE is an ongoing prospective European observational study investigating patients with type 2 diabetes who have initiated insulin during usual care. The direct costs of diabetes care over the 6 months prior to and after insulin initiation were obtained from the database sourced from the UK drug tariff, BNF and published tariffs. RESULTS: Five hundred and nine patients were enrolled in Germany and UK, and 6 month follow-up data was collected from 457 patients. In Germany the median costs per patient for diabetes care in the 6 months prior to and after insulin initiation were 406€ and 893€ respectively. In the UK the median costs per patient for diabetes care in the 6 months prior to and after insulin initiation were 596€ and 707€ respectively (2006 costs). CONCLUSION: For German and UK patients included in this study the median cost of care for diabetes in the 6 months following insulin initiation is higher than in the 6 months prior to insulin initiation. Differences in types of resource use pre and post insulin initiation have been observed and further analysis is required in case of major hypoglycaemic events. In patients with DM2 management with GI has lower total costs than DI, which allows savings up to 534.96€ per patient-year. Savings are related with costs of total insulin, needles and blood glucose tests and also medical management required in case of major hypoglycaemic events.

COMPARATIVE STUDY OF ANNUAL TREATMENT COSTS OF GLARGINE INSULIN AND DETEMIR INSULIN IN PATIENTS WITH TYPE 2 DIABETES MELLITUS IN SPAIN

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OBJECTIVES: In Spain there are several pharmaceutical products for the treatment of type 2 diabetes mellitus (DM2), with different profiles which implies alternative patterns of administration. A comparative study comparing annual costs linked to the treatment with Glargine insulin (GI) and Detemir insulin (DI) has been performed with the Spanish National Health System perspective. METHODS: Clinical data related with each treatment derives, mainly, from a study performed by Rosenstock et al. (2006): a 52-week open-label, parallel, multinational trial, which compares efficacy and safety of GI and DI. This trial has shown that patients treated with GI required less daily dose of insulin and suffer from less severe hypoglycaemia than those patients treated with DI. Data about other use of related medical resources (consumption of needles and blood glucose tests, and management of major hypoglycaemic episodes) has been obtained from Spanish published literature. Costs calculations refer to year 2007 and have been derived from Spanish databases and published tariffs. RESULTS: Patients treated with DI require 65% more dose than those treated with GI, and suffer more major hypoglycaemic events. In patients with DM2 management with GI has lower total costs than DI, which allows savings up to 534.96€ per patient-year. Savings are related with costs of total insulin, needles and blood glucose tests and also medical management required in case of major hypoglycaemic events. CONCLUSION: For patients with DM2 treatment with GI is an efficacious and safe therapeutic option compared with DI, because GI is associated with lower annual total costs, and allows saving up to 534.96€ per patient-year i.e. a 34% saving per patient-year.

INPATIENT COSTS AND HEALTH OUTCOMES FOR PREGNANT WOMEN WITH TYPE 1 DIABETES

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OBJECTIVES: Pregnant women with diabetes report high rates of neonatal mortality and morbidity. The costs of resulting interventions are potentially substantial. This study investigated health outcomes and inpatient costs in pregnant women with type 1 diabetes. METHODS: This analysis utilised a cohort of 302 pregnant women with type 1 diabetes, enrolled before 10 weeks gestation, with HbA1c ≥ 8% at confirmation of pregnancy and for whom birth outcome was known. Subjects were participating in a randomised study of basal-bolus insulin regimens, with doses titrated in line with the American Diabetes Association (ADA) guidelines. Outcomes recorded included major maternal hypoglycaemia, neonatal hypoglycaemia, obstetric complications, congenital malformations, foetal loss, birth before 37 weeks gestation, birth weight >4000 g, and other adverse events if life threatening or requiring hospitalisation. Resulting inpatient costs were estimated from the perspective of the UK National Health Service. RESULTS: The percentage of subjects reporting major maternal hypoglycaemia was 29%,