the 6 agencies (9 publications) that evaluated DPP-4 inhibitors, 2 recommended the drug not be listed or funded (CADTH, AHTA) and 4 recommended restricted use (PBAC, SMC, CVZ and NICE). The most common reason for agency’s disqualification for listing/funding was insufficient information on the effectiveness and cost-effectiveness of the drug in specified patient population. Out of these more than 100 HTAs only 8 had the endocrine nutritional and metabolic therapeutic area, approximately half of them (49 projects) concern diabetes, 21 of which evaluate pharmacological treatment of diabetes (8 countries, 11 agencies). CONCLUSIONS: Diabetes prevalence is on the rise, attracting attention from healthcare agencies. Despite healthy lifestyles, data sources variable outcomes suggest to us that agencies are applying different weightings in their assessment process. The apparent failure to demonstrate effectiveness in specified populations suggests late segmentation by manufacturers and insufficient requirements of data. This is often due to late payer requests for such analyses motivated by financial considerations. Early segmentation and engagement with payers is thus critical for HTA success.

**PDB7**

**ETHICAL ANALYSES IN HEALTH TECHNOLOGY ASSESSMENTS OF DIABETES TREATMENTS**

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OBJECTIVES: Health Technology Assessment (HTA) is mostly known for its health economic properties even though it is a multidisciplinary form of policy research examining long-term consequences of health technology adoption. There is an increased focus on ethical analyses on HTA. A descriptive analysis was conducted on diabetes HTA reports describing ethical analyses. METHODS: The NHS Centre for Reviews and Dissemination HTA database (http://www.crd.york.ac.uk/crewd/) was searched (1991–2009) using the keyword ‘diabetes’. HTA reports in English language assessing diabetes devices were included as a form of analysis of a health technology. RESULTS: Of 263 HTA reports identified in the initial search, 60 met the inclusion criteria. 4 reports included a type of ethical analysis (2 from CADTH, Canada; 1 from AHTA, Australia and 1 from NZHTA, New Zealand). CADTH conducted ethical analyses on short- and long-acting insulin analogues respectively, concluding that both types of insulin analogues did not exacerbate—might even better—the psychosocial issues of diabetes, however more quality-of-life evidence was needed. In AHTA’s assessment of a continuous glucose monitoring device the ethical analyses covered equity concerns, concluding a need for more affordable devices. CONCLUSIONS: Ethical analyses are sparse in diabetes, despite stated objectives of best practice and HTA definitions. In the identified cases, ethical analyses were targeted to meet patients’ needs as well as a tool to restrict access for the purpose of fair distribution in government funded health care systems. Further research on the methods of ethical analyses is warranted as well as the formation of guidelines to fully estimate the value and ensure an optimal role for ethical analyses in HTA.

**PDB7**

**BASELINE CHARACTERISTICS OF PATIENTS BEGINNING BASAL, BASAL PLUS SHORT-ACTING, SHORT-ACTING OR PREMIX INSULIN: DATA FROM THE CREDIT STUDY**

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OBJECTIVES: The ongoing Cardiovascular (CV) Risk Evaluation in people with Type-2 diabetes mellitus (T2DM) on Insulin Therapy (CREDIT) study is assessing the effect of insulin on the risk of vascular events. METHODS: CREDIT is a 4-year, 314 centre, non-interventional trial in North America, Europe and Asia. It includes 3031 people with T2DM who had recently started basal and/or short-acting insulin, premix insulin or another insulin type. This analysis examines and compares the characteristics of people starting different insulins. RESULTS: Of 263 HTA reports identified in the initial search, 60 met the inclusion criteria. 4 reports included a type of ethical analysis (2 from CADTH, Canada; 1 from AHTA, Australia and 1 from NZHTA, New Zealand). CADTH conducted ethical analyses on short- and long-acting insulin analogues respectively, concluding that both types of insulin analogues did not exacerbate—might even better—the psychosocial issues of diabetes, however more quality-of-life evidence was needed. In AHTA’s assessment of a continuous glucose monitoring device the ethical analyses covered equity concerns, concluding a need for more affordable devices. CONCLUSIONS: Ethical analyses are sparse in diabetes, despite stated objectives of best practice and HTA definitions. In the identified cases, ethical analyses were targeted to meet patients’ needs as well as a tool to restrict access for the purpose of fair distribution in government funded health care systems. Further research on the methods of ethical analyses is warranted as well as the formation of guidelines to fully estimate the value and ensure an optimal role for ethical analyses in HTA.

**PDB8**

**MEASURING GLUCOSYLATED HEMOGLOBIN LEVELS IN PATIENTS WITH DIABETES: IMPACT OF LOWER QOF TARGETS ON ACHIEVEMENT OF CLINICAL INDICATORS AND QOF POINTS**

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OBJECTIVES: The 2008/09 Quality and Outcomes Framework (QOF) indicators for measuring glycosylated haemoglobin (HbA1c) levels are DM20 and DM07, which measure percentage of diabetic patients with HbA1c of either 7.5 or less or 10 or less respectively. New QOF clinical indicators have been agreed for 2009/10. DM23