OBJECTIVES: To measure healthcare costs for patients receiving repaglinide, metformin, repaglinide/metformin, and glyburide/metformin within a managed care organization (MCO). METHODS: Using retrospective pharmacy and medical claims data from a MCO, adult patients with type 2 diabetes identified during CY2000 were stratified into the following cohorts based on their medication regimen at identification date: repaglinide only (n = 500), metformin only (n = 26,535), repaglinide/metformin (n = 172), glyburide/metformin (n = 17,160). Pharmacy, medical, and total (pharmacy + medical) healthcare costs were measured for each cohort over a 9-month period. Costs were adjusted for age, gender, and comorbidities using Analysis of Covariance. RESULTS: Adjusted pharmacy costs were lowest for patients receiving metformin only ($1182; 95% CI $1172–$1191), followed by metformin/glyburide ($1339; 95% CI $1327–$1351), repaglinide only ($1518; 95% CI $1447–$1588), and repaglinide/metformin ($1936; 95% CI $1816–$2056). Differences between the cohorts in adjusted medical and total healthcare costs were not statistically significant. Adjusted medical charges were $6988 for repaglinide/metformin, $8236 for metformin/glyburide, $8267 for metformin only, and $10,392 for repaglinide only. Total adjusted healthcare costs were lowest for repaglinide/metformin ($8924), followed by metformin only ($9448), metformin/glyburide ($9376), and repaglinide only ($11,910). CONCLUSIONS: Although not statistically significant, repaglinide/metformin yielded lower total healthcare costs than metformin alone, metformin/glyburide, or repaglinide alone. While these results need to be confirmed using larger patient populations, they imply that differences in pharmacy costs of repaglinide/metformin therapy are offset by measurable medical cost savings.

THE DIRECT COST OF DIABETES TYPE 2 IN POLAND—PRELIMINARY DATA FROM CODIP STUDY
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OBJECTIVES: Limited data are available on treatment cost of diabetes Type 2 patients in Poland. The Cost Of Diabetes Type 2 In Poland (CODIP) is a multicenter, bottom-up designed, retrospective study aimed at evaluation of total cost of diabetes type 2 in Poland. Preliminary data on direct cost are presented. METHODS: Patients diagnosed with type 2 diabetes mellitus were randomly selected from outpatients’ charts databases and surveyed with CODE-2 trial questionnaires adjusted to Polish setting. Both patient and practitioner questionnaires collected data from each patient on: clinical characteristic, medical and other resources used, quality of life. Total treatment costs were calculated using drug retail and medical procedures prices. Values are expressed in USD value (PPP 2001 1 PLN = 1.98). RESULTS: 303 patients from 24 centers were included. Mean age 61.0 (95% CI: 59.8; 62.2); time from diagnosis 10.9 (10.0; 11.7); 74.6% patients presented comorbidities with coronary artery disease as most prevalent (20.5%). The total annual treatment costs amounted to 4390 PLN (2127 USD). The cost structure: 13.7% physicians consultations, 2.2% paramedics, 25.6% diabetic drug costs (insulin 62.8%, oral hypoglycemic agents and glucagon 37.2%), hospital costs 35.7%, emergency service 0.6%. CONCLUSIONS: Economic impact of diabetes Type 2 in Poland is considerable. Insulin prescription patterns are responsible for large part of drug costs.