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 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 = 26,533), 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 ($11,910), repaglinide/metformin ($8,924), followed by metformin only ($10,392 for repaglinide only ($8,267 for metformin only, and $10,392 for repaglinide only. Total adjusted healthcare costs were lowest for repaglinide/metformin ($8,267) followed by metformin only ($9,448), metformin/glyburide ($9,376), 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.

METHODS:

The NAVIGATOR trial will evaluate the impact of nateglinide and valsartan on the progression to diabetes in subjects with impaired glucose tolerance at risk for cardiovascular events. It is well documented that physician/site characteristics influence outcomes and resource utilization in health economic analyses. However, these characteristics are usually unknown in the international clinical trial setting. OBJECTIVES: We developed an approach to profile investigators and sites in multinational clinical trials by administering a survey during the site recruitment phase of the NAVIGATOR trial. We hypothesized that characteristics would vary geographically. METHODS: Survey items were developed based on a literature review and clinicians’ input. Simple statistics were used to describe the sample. ANOVA and c² tests were used to test for differences across geographic regions. RESULTS: We received 328 investigator surveys representing a response rate of 60% and 96% for US and non-US countries, respectively. Eighty percent of investigators were male and the mean age was 48 years. Forty percent were endocrinologists, 39% internists, and 20%...