

# Use of more costly diabetes medications varies widely

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Even within an integrated Veterans Affairs system with a uniform national formulary and established criteria for drug use, there is substantial variation in the use of thiazolidinediones and long-acting insulin analogues among veterans with type 2 diabetes mellitus, according to a research letter published online Oct. 8 in the *Archives of Internal Medicine*.

(HealthDay)—Even within an integrated Veterans Affairs (VA) system with a uniform national formulary and established criteria for drug use, there is substantial variation in the use of thiazolidinediones and long-acting insulin analogues among veterans with type 2 diabetes mellitus (T2DM), according to a research letter published online Oct. 8 in the *Archives of Internal Medicine*.

Walid Gellad, M.D., M.P.H., of the VA Pittsburgh Healthcare System, and colleagues conducted a study involving 1,158,809 veterans with T2DM to evaluate the use of high-cost thiazolidinediones (rosiglitazone, pioglitazone) and long-acting [insulin analogues](#) (detemir, glargine) in the

fiscal year 2009.

The researchers found that 78.3 percent of the patients received prescriptions for diabetes medications: 66.7 percent received an oral medication, 27.7 percent received insulin, and 16.1 percent received both. Thiazolidinedione use ranged from 1.4 to 25.4 percent across the 139 facilities, with a median of 8.2 percent. The median adjusted percentage of patients receiving insulin who used long-acting analogues was 40.6 percent, but ranged from 4.0 to 71.2 percent.

"While some variation is expected given reasonable differences in prescribing practices, the observed 18-fold variation across facilities was unexpected," the authors write. "Our findings suggest that while they may exert powerful effects on medication choice, formularies and utilization management tools can only go so far in standardizing [health care delivery](#)."

Several authors are employees of the VA.

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