PH2H

WHY DO PATIENTS NOT ADHERE TO PRESCRIBED MEDICATION REGIMES? RESULTS OF TWO GERMAN SURVEYS

Wilke T1, Mueller S2

1Institute for Pharmacoeconomics and Drug Logistics, University of Wismar, Wismar, TX, USA; 2University of Texas, College of Pharmacy, Austin, TX, USA; 3Novartis

OBJECTIVES: The aim of this study is to answer the following questions: 1) How high is the self-reported nonadherence (NA) of German patients with the need to regularly take medications? and 2) Which factors capable of explaining this self-reported NA can be identified by multivariate analysis? METHODS: Two cross-sectional surveys (phone survey with 1177 patients; face-to-face in-depth survey with 340 patients in 17 German pharmacies) were conducted. Self-reported NA was measured by a generic patient compliance scale (either as 4 items or 8 item MMAS). Identification of explanatory factors was conducted on the basis of multivariate logistic regression analysis (including the calculation of additive risks by dichotomization of significant explanatory factors). RESULTS: 1) Approximately 35–40% of the patients can be defined as nonadherent (38.8% vs. 33.5%, p < 0.001). Identifying socio-demographic factors are able to explain the NA (chronic disease, some aspects of age, and low number of required medications to take); and 2b) Survey 2: Most results of the first survey can be replicated. However, intentional NA explanations have considerably more influence: positive medication belief, a positive mood, and a good patient–doctor relationship reduce the NA risk. Furthermore, patients who are easily able to recognize the correct medication on the basis of the identification of the packaging have a significantly reduced NA probability. When adverse risk is considered, patients who are chronically ill but display no other risk factors have an NA probability rate of 10.4%, for patients displaying all identified risk factors this rate increases to 93.9%. CONCLUSIONS: Our results are the largest and most detailed to have been conducted in Germany concerned with the theme of medication-based NA. Our results show that approximately one-third of patients can be classified as non-adherent. Intentional NA explanations explain the NA considerably better than do socio-economic factors.

RETROSPECTIVE EVALUATION OF THE IMPACT OF COST-SHARE INCREASES FOR SPECIALTY MEDICATIONS ON ADHERENCE AND PERSISTENCE

Kim YA1, Prasla K2, Rascati K3, Goel NS2, Dunlop D4, Knisely E4, Godley PJ2

1Oxford Outcomes Ltd, Oxford, UK; 2University of Sheffield, Sheffield, UK; 3GlaxoSmithKline UK Ltd, Uxbridge, UK

OBJECTIVES: A regional health plan implemented a specialty pharmacy benefit with increased copayment/consumption for specialty medications. Our objective was to measure and compare the change in adherence and persistence after implementation of the specialty benefit. METHODS: Pharmacy claims for patients who chronically used anti-inflammatory, immunosuppressant, cancer, and multiple sclerosis medications were assessed. The intervention group consisted of those whose out-of-pocket cost-share for specialty medications increased by at least $25 (per 30-day fill), and the control group consisted of those whose out-of-pocket amounts did not change. Adherence, defined by proportion of days covered (PDC), was measured every 3 months for 12 months before and after the copay change. Paired t-tests compared the adherence in the intervention group to the control group. The PDC results varied by drug type; adherence decreased after the copay change in the intervention group for patients on anti-inflammatory, immunosuppressant, and multiple sclerosis medications, but remained consistent for patients on antineoplastics. The growth model showed a small, but statistically significant decrease in PDC of 0.01 after copay changes (P = 0.014). The Cox regression analysis indicated that the estimated risk of discontinuing therapy increased for patients in the intervention vs. control groups [hazard ratio = 2.33, 95% CI 1.43–3.38]. CONCLUSIONS: The more to the specialty pharmacy was motivated for closer scrutiny of specialty medications, they were recruited from an area pharmacy by pharmacy, and pharmacist actively monitor utilization and access. Despite the minimal adherence decrease and significant persistence changes, the results indicated relatively more stability with the use of specialty medications than those reported with copayment/consumption increases for traditional pharmaceuticals.