IMPACT OF MEDICARE PART D ON ADHERENCE AND PERSISTENCE WITH STATIN MEDICATIONS FOR TEXAS DUAL-ELIGIBLE BENEFICIARIES
Richard W. Shepherd MD
The University of Texas, Austin, Austin, TX, USA
OBJECTIVES: To compare dual-eligible patient out-of-pocket costs, adherence (medi-
cation possession ratio), persistence, and average number of gap days in therapy before and after patients enrolled in Medicare Part D. METHODS: This study employed a quasi-experimental, repeated measures design. Study population included 1734 Texas dual-eligible beneficiaries who had prescriptions filled in Texas independent community pharmacies between January 2005 and September 30, 2006. RESULTS: A decrease in patient out-of-pocket costs increased from $20.12 to $16.63 compared to beneficiaries with both generic and brand medication coverage, beneficiaries with non-coverage ($21.62 to $49.72) or generic only coverage ($22.22 to $42.04), but patient adherence decreased. Regression analysis showed that as patient out-of-pocket costs increased, patient medici-
atation utilization increased and average number of gap days in therapy decreased. CONCLUSIONS: These results suggest that dual-eligible benefi-
ciary’s medication utilization increased after implementation of Medicare Part D. Based on these results it can be concluded that higher out-of-pocket costs for dual-
eligible beneficiaries under Medicare Part D did not have a negative impact on their drug adherence and persistence.

ANALYSIS ON THE EFFECTS OF MEDICARE PART D COVERAGE GAP ON STATIN MEDICATION ADHERENCE
Pai J, Zeng P, Patel BV, Sanchez RJ, McCombs J
USC School of Pharmacy, Los Angeles, CA, USA, MedImpact Healthcare Systems, San Diego, CA, USA
OBJECTIVES: To investigate the impact of the coverage gap in the Medicare Part D program on statin medication adherence. METHODS: A pharmacy claims database from a national pharmacy benefit management company was used for this retrospective analysis. The sample includes Medicare Part D patients 65 years and older who used statins in both 2007 and 2008, and 2007 entered the coverage gap (donut hole), but did not reach the catastrophic phase in 2008. Adherence was measured by a dummy variable indicating whether the proportion of days covered was greater than or equal to 0.8. A difference-in-differences regression analysis was used to evaluate the effect of the coverage gap by comparing adherence to statins before and after the start of the donut hole. RESULTS: A total of 26,686 patients were identified. Benefi-
ciaries were mostly women (53.5%) with an average age of 75 years. Patients in the study were divided into three groups based on level of coverage in the donut hole; no coverage (N = 4,984), generic drug coverage (N = 6,063), or generic and brand drug coverage (N = 15,639). After patients entered the donut hole, the average 30-day co-payment for statin medications increased notably for beneficiaries who had no drug coverage ($21.62 to $49.72) or generic only coverage ($22.22 to $42.04), but decreased for those with generic and brand drug coverage ($20.12 to $16.63). Com-
pared to beneficiaries with both generic and brand medication coverage, beneficiaries with no coverage (OR = 0.381, p < 0.0001, 95% CI 0.325-0.465) and beneficiaries with only generic medication coverage (OR = 0.662, p < 0.0001, 95% CI 0.601-0.728) were less likely to be adherent to statin medications after entering the donut hole. CONCLUSIONS: Medicare beneficiaries with no coverage or generic only coverage were less likely than those with a more comprehensive gap coverage to be adherent to statins after entering the donut hole.