IMPACT OF A 90-DAY RETAIL PROGRAM ON PRESCRIPTION DRUG EXPENDITURES

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Advantage90™ allows patients to get maintenance medications in 90-day supplies from a network of retail pharmacies. Before the introduction of this program, medications in 90-day supplies can only be purchased through mail. OBJECTIVES: This study evaluated the impact of the program on prescription drug costs and generic utilization. METHODS: Using pre-post cohort study design, prescription records were obtained from Walgreens Health Initiatives’ pharmacy claims database. For the purpose of this study, specialty drugs were excluded. Clients were selected if they had 3-tier formulary design and no mandatory mail program, were rebate-eligible and continuously enrolled. The study group comprised of 236,930 eligible lives from 17 clients enrolled in Advantage90™ during January 1, 2004 and May 1, 2004, and the control group included 282,116 lives from 84 clients not enrolled in the program. The pre and post periods were defined as 8 months from the enrollment date. Per member per month (PMPM) total costs and generic utilization were analysed. RESULTS: There were no statistically significant difference between the study and control group in terms of client type, client region, and whether clients were enrolled in the retrospective drug utilization review and other clinical programs. From the pre to post period, in Advantage90™ group, PMPM total costs and the percentage of generic utilization among eligible members increased by 1.93% (from $32.57 to $33.20) and 9.5% (from 40.1% to 43.9%). In the control group, PMPM total costs and the percentage of generic utilization increased by 5.62% (from $36.30 to $38.34) and 7.9% (from 39.3% to 42.4%). Advantage90™ was estimated to have resulted in a PMPM total cost savings of $1.20. CONCLUSIONS: A 90-day retail program like Advantage90™ led to decreases in PMPM total costs and increases in generic utilization on maintenance medications and can be an effective option to lower drug costs.

SOCIAL AND ECONOMIC FACTORS AFFECTING INTENTIONAL PRESCRIPTION DRUG NON-COMPLIANCE AMONG NOVA SCOTIA SENIORS

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OBJECTIVES: To examine patterns of intentional prescription drug non-compliance among seniors in Nova Scotia, Canada, with special attention paid to social and economic factors. METHODS: A survey was administered to 424 members of local seniors’ groups that were selected to ensure representation from every county in Nova Scotia. The survey included sections on health status, drug use, a battery of questions on non-compliance, attitudes towards drug use-related issues and policies, and background information. Bivariate and multivariate statistical techniques were employed, including factor analysis of the non-compliance items. The quantitative analysis was supported by qualitative data from intensive interviews with 20 individual seniors. RESULTS: About one-quarter of the sample had intentionally not followed a drug prescription in the past year. Factor analysis revealed two distinct types of non-compliance, one related to not filling or refilling a prescription, and the other to adjusting or stretching a prescription. Income, and variables related to marital status exerted direct effects on non-compliance. Importantly, among those of lower income, seniors who were not living with their spouses were much more likely to intentionally not comply. There were also gender differences in the relationship among social factors, economic factors and non-compliance. The qualitative data supported the general finding that some seniors are adamant about taking control of their own health, including making decisions not to follow a doctor’s prescription. CONCLUSIONS: In a province with a government-subsidized seniors drug care program, a substantial minority of seniors intentionally decided not to comply with a drug prescription. Social factors, economic factors and gender were found to interact in a complex way to affect intentional non-compliance. Among some respondents, non-compliance is related to attempts to take more control over their own health.

TRENDS IN THE PREVALENCE OF INAPPROPRIATE PRESCRIBING AMONG ELDERLY MEDICARE BENEFICIARIES, 1992–2001

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OBJECTIVES: 1) Isolate trends in the prevalence of inappropriate prescribing among elderly Medicare beneficiaries; 2) determine which inappropriate medicines are the most commonly prescribed; and 3) identify the relationship between inappropriate prescribing and drug coverage. METHODS: Using 10 years of prescribed medicine event (PME) data from the Cost and Use component of the Medicare Beneficiary Survey (MCBS) 1992–2001, we estimated the weighted prevalence of inappropriate prescribing, based on Beer’s Criteria, among elderly beneficiaries. The MCBS is a longitudinal survey; therefore participants may contribute multiple years of PME data. These data were stratified by year and chi-squared tests on differences in inappropriate prescribing by drug coverage were conducted to address the hypothesis that Medicare Part D may increase the prevalence of inappropriate prescribing by reducing economic barriers to access. RESULTS: Among the 94,372 person-years of data, 31.8% reported inappropriate prescribing. From 1992 to 2001, the weighted prevalence of inappropriate prescribing ranged from 30.2% in 2001 to 33.8% in 1993. The three most common inappropriate medications were propoxyphene (7.0%), naproxen (3.6%), and amitriptyline (3.1%), but their prevalence varied greatly by year. Drug coverage was positively associated with inappropriate prescribing in each year. CONCLUSION: The findings suggest that inappropriate prescribing remains prevalent in geriatric care. The fact that there was no significant decline in inappropriate prescribing highlights the importance of adapting more effective policy measures to improve prescribing patterns in geriatric patients. The findings also suggest that drug coverage was associated with higher prevalence of inappropriate prescribing probably caused by increase access to care.

MAKING A CASE FOR EMPLOYING SOCIETAL PERSPECTIVE IN THE EVALUATION OF MEDICAID FORMULARIES

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OBJECTIVE: Publicly funded Medicaid prescription drug expenditures continue to escalate at rates far greater than those of private insurance programs. Cost containment policies like formularies or PDLs have been implemented widely to stem such growth. While a payer perspective is justified in evaluating the budgetary and program impact of formularies in private payer programs, a societal perspective is more appropriate in public