THE RELATIVE BENEFIT OF FULL PRESCRIPTION COVERAGE VERSUS USUAL PRESCRIPTION COVERAGE IN PATIENTS UNDERGOING PCI: AN ANALYSIS FROM THE MI FREEE TRIAL

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Authors: Nihar R. Desai, William H. Shrank, Elliott Antman, Jerry Avorn, Robert Glynn, Raisa Levin, Niteesh Choudhry, TIMI Study Group, Division of Cardiovascular Medicine, Brigham and Women’s Hospital, Boston, MA, USA, Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women’s Hospital, Boston, MA, USA

Background: Full prescription-drug coverage after MI increases medication adherence and reduces rates of major vascular events. Little is known about the relative impact of enhanced drug coverage post-MI in patients undergoing PCI.

Methods: We compared the effect of full prescription coverage versus usual prescription coverage on cost, adherence, and clinical outcomes in 5855 MI patients based on having undergone PCI in the randomized MI FREEE Trial. Cox proportion models were used to adjust for baseline differences and formal interaction terms tested for differential outcomes by randomized study assignment.

Results: The 3903 (67%) subjects who underwent PCI were younger, more likely male, and less likely to have a history of hypertension, prior MI, CHF, stroke, or diabetes than patients not undergoing PCI. Among PCI patients, full coverage increased adherence to secondary preventive medications (p<0.001 for all), reduced rates of fatal or non-fatal MI, unstable angina, stroke, or CHF (HR 0.74 [0.63-0.86], p<0.001) and decreased patient out-of-pocket spending for drugs and other medical services (p<0.001). There were no significant interactions between PCI status, study assignment, and outcomes (Fig).

Conclusion: As compared with usual prescription coverage, full prescription drug coverage significantly increases medication adherence, reduces patient costs, and improves clinical outcomes. Post-MI patients are likely to benefit from this strategy regardless of whether they undergo PCI.