Predictors of Adherence to Non-Warfarin Oral Anticoagulants (NOACs) in Non-Valvular Atrial Fibrillation (NVAF)

M.M. Khasanova, C.J. Sterett*, S. Mullery, Y. Qin, P.P. Glasser

Background

• Warfarin, a vitamin K antagonist, is considered the first choice for NVAF anticoagulation therapy in many patients. However, it requires frequent visits to the doctor, frequent laboratory testing (international normalized ratio), patient education, and may not be well tolerated by some patients.

• NOACs (dabigatran etexilate, rivaroxaban, apixaban) are approved for NVAF anticoagulation therapy as an alternative to warfarin.

• The study evaluated adherence to these NOACs using pharmacy and medical claims data.

Methods

• The study included NVAF patients aged 18 years or older who had at least one claim for a NOAC (dabigatran etexilate, rivaroxaban, apixaban) between January 1, 2012 and March 31, 2012. Adherence was measured using two methods:

  1. **Standard PDC method**: At least one target drug claim during the post-period (1Q2012-12/31/2012).

  2. **PQA PDC method**: At least two fills for a non-warfarin anticoagulant on two unique dates with at least 180 days apart AND at least 60 days supply.

• pharmacy benefit coverage.

• Adherence predictors identified in this analysis relied solely upon administrative claims data. Other factors previously associated with warfarin adherence that were not measured in this study include current employment, lower health insurance deductibles, and presence of a low molecular weight heparin claim in the post-period.

Results

• Among NVAF patients, adherence using the PQA PDC method was higher than adherence using the standard PDC method.

• Using the standard PDC method, gender, PRG score (Ref: <3.4), zip code derived median family income ≥50,000, age greater than 57 years, medical claim indicating cardioversion in the post-period, CHADS2 score in quartiles, and 4) not have any claims for a low molecular weight heparin therapy was the most significant factor associated with higher adherence for both standard and PQA adherence measurement.

• Using the PQA PDC method, new start to NOAC therapy was the most significant factor associated with adherence.

• The most important modifiable factor identified was to increase NOAC 90-day supply.

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• Adherence was determined among only diabetic and non-diabetic members and did not include patients due to the market launch in January 2013.

• To identify predictors of adherence for NOACs using pharmacy and medical claims data, the study utilized Blue Cross and Blue Shield (BCBS) pharmacy claims data.

• Among NVAF patients, adherence using the PQA PDC method was higher than adherence using the standard PDC method.

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References
