Association Between Adherence to Generic Statin Therapy and Outcomes: Total Cost of Care and Medical Events Over Two Years

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OBJECTIVE & PURPOSE

Examine the association between medication adherence and all-cause hospitalization or emergency room (ER) events. Medical and pharmacy costs among individuals adherent and non-adherent to generic statin medications among commercially insured individuals below 65 years of age.

BACKGROUND

- Prime’s 2012 commercial book of business cholesterol medication was 6.9 percent of all cholesterol medications resulting in higher pharmacy costs. These findings differ from previous research, potentially due to population differences including younger age and primary use of generic drug spending.

METHODS

- Members were required to have a statin supply on their index date
- Members were required to be continuously enrolled from January 1, 2007 to December 31, 2008, no nursing home stay, and no diagnosis of less than $10.
- Administrative pharmacy and medical claims have been frequently used in previous research. Administrator pharmacy and medical claims have been frequently used in previous research.

RESULTS

- Significant baseline differences existed within the adherent and non-adherent groups (Table 1).
- Of the 144,564 members with hypercholesterolemia who were continuously enrolled January 1, 2007 to December 31, 2008, 25 percent compared to the non-adherent group had a lower hospitalization or ER event rate calculation and association with pharmacy costs. These findings differ from previous research, potentially due to population differences including younger age and primary use of generic medication adherence lead to lower health care use and costs despite increased drug spending. A hazards regression model was created.

LIMITATIONS

- Administrative pharmacy and medical claims have the potential for miscoding and include assumptions of adherence, actual medication use and diagnosis
- Data are limited to a commercial population in the United States. Findings may not be generalized to Medicare or Medical populations or other geographic regions.
- Differences found in medical events and costs between the adherent and non-adherent populations may be influenced by healthier lifestyles. Lifestyle information is unavailable in administrative claims data and therefore could not be included as a covariate in the model.
- Prime defined adherence using the PDC 0.80 percent which is an arbitrary cut point, however this cut point has frequently been used in previous research. Adherence was determined using only statin claims and does not account for other cholesterol lowering medications.

CONCLUSIONS

- Future research is required to determine if interventions to improve adherence will result in lower total cost of care.

REFERENCES

- Prime Therapeutics LLC (2013). "Medication adherence leads to lower health care use and costs despite increased drug spending." AMCP, April 4, 2013, San Diego, CA, USA
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