Background

Primary medication non-adherence (PMN) is defined as any instance whereby patients fail to initiate a pharmacotherapy regimen after receiving a prescription for a new therapy. Recent research has shown this to be an area of concern, with rates ranging from 9.8% to as high as 30%, depending on the methodology used. Initial studies using electronic prescriptions to measure PMN for chronic medications found similarly high rates. The Pharmacy Quality Alliance (PQA) developed a standardized definition for PMN and a quality measure to assess the rates of PMN in pharmacies. The measure only considers medications from a set list of chronic medications that likely warrants a patient needing to pick up the medication in a timely manner to begin therapy. The classes of drugs considered include:

- ACE-inhibitors
- ARBs
- Biguanides
- COPD medications
- DPP-IV inhibitors
- Inhaled corticosteroids
- Inhaled corticosteroids
- Sulfonylureas

The measure is calculated by dividing the number of newly initiated therapies electronically prescribed but not claimed (nor its generic equivalent) within 30 days by all instances whereby a new drug therapy was electronically prescribed. This study is one of the first to use pharmacy transaction data to calculate PMN using the standardized measure.

Objectives

- Calculate PMN using the PQA’s quality measure with retail pharmacy transaction data
- To identify considerations for appropriate and effective use of the PQA PMN Measure

Methods

The study was approved by the University of Mississippi (IRB). A data use agreement was signed by the University and the pharmacy grocery chain. De-identified, pharmacy transactional data for calendar years 2010 and 2011 were collected from 100 pharmacies associated with a pharmacy grocery chain. The measure was applied consistently across studies using electronic prescriptions as data captured for the prescription origination date and medication pickup data could not be genuinely well accounted for in prescriptions arriving through other means (e.g., paper prescriptions).

The study confirmed what several previous studies had suggested: PMN is an area of concern that pharmacists and prescribers should focus their efforts to improve. Further research is being conducted to identify prescription-level (prescriber and patient) and store characteristics associated with unclaimed electronic prescriptions. Such characteristics might help payers utilize the measure in payment models and to compare pharmacies or plans.

References


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