ADHERENCE TO TAMOXIFEN AND AROMATASE INHIBITORS AMONG WOMEN ENROLLED IN MEDICAID PROGRAM

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BACKGROUND

- Breast cancer is the most common cancer among women, and the second most common cancer in the United States (US).
- Comprehensive Medicaid population based studies of adherence and persistence to tamoxifen and aromatase inhibitors (AIs), including anastrozole, exemestane, and letrozole among women with breast cancer are currently lacking.

METHODS

- **Rx Prescriptions**
  - CCI Charlson Comorbidity Index; (sd)
  - Inpatient visits
- **CCI** Charlson Comorbidity Index; (sd)
- **Inpatient visits**

OBJECTIVES

- The purpose of this study was to estimate the adherence and persistence to tamoxifen and AIs among women with breast cancer enrolled across 38 state Medicaid programs.
- Factors predicting adherence and persistence to tamoxifen and AIs were also determined.

RESULTS

- **Study sample** Sample included women aged 18-64 years, continuously enrolled in 2006-2008 Medicaid managed care programs (38 states).
- **Incident users of tamoxifen and AIs in 2007** were identified using national drug codes (NDC) and followed from index date to 12-month post index date.
- **Proportion of days covered (POC) and persistence** (gap in prescription refills) was used to assess adherence and persistence to tamoxifen and/or AIs, respectively.

- **Data analyses**
  - Descriptive statistics including means and standard deviations, and frequencies and percentages were calculated for continuous and categorical variables, respectively.
  - Logistic regression was employed to identify predictors of adherence and persistence using SAS v9.4.

- **COMPARISON OF WOMEN WITH TAMOXIFEN AND AROMATASE INHIBITORS WITH BREAST CANCER**
  - **Chi-square test** was used to determine the association between the outcome of interest and potential risk factors.
  - **Odds ratio (OR)** and 95% confidence interval (CI) were calculated for each risk factor.

- **CONCLUSIONS**
  - **Adherence and persistence to** tamoxifen and AIs was suboptimal among women with breast cancer enrolled in Medicaid.
  - Policy makers should consider implementing interventions toward improving treatment adherence and persistence for this population.

- **IMPLICATIONS**
  - Low levels of adherence and persistence to hormone therapy is likely to impose significant health and mortality burden among patients.
  - For providers, it is likely to present challenges in breast cancer management among such patients.
  - It is likely to accentuate the economic burden imposed by the diagnosis and treatment of breast cancer.

- **LIMITATIONS**
  - There could be errors due to misclassification or miscoding during the processing of claims.
  - The sample was limited to women with breast cancer enrolled in Medicaid managed care program.
  - The use of claims data to study adherence precluded identification of whether prescription filled was actually consumed by the patient.