The final sample consisted of 435 cases and 870 controls. 71% of cases had poor adherence as compared to only 28% of the matched controls. After adjusting for age, gender, race, and other comorbidities, beneficiaries with poor medication adherence were 7 times more likely to be switched to injectable therapy as those with good medication adherence (Odds Ratio = 7.027, 95% Confidence Interval 5.326 – 9.272).

The results indicate that poor medication adherence may be a major factor in physicians deciding to switch patients on APs to long-acting injectable therapy. Considering the higher cost of injectable APs, it may be more cost-effective to address poor adherence through a patient management program. Managed care plans could use medication adherence measures to prospectively identify patients for enrollment in such programs or could make failure in a patient management program a prerequisite for switching to injectable APs.

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RESULTS

CONCLUSIONS