The Effect of Medicare Part D Coverage Gap and Out-of-Pocket Burden On The Use of Disease Modifying Drugs To Treat Multiple Sclerosis

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BACKGROUND

The prevalence of multiple sclerosis (MS) is estimated to be between 72 to 131 cases per 100,000 population worldwide, affecting approximately 400,000 people in the U.S.1 Since 1993, six immunomodulating drugs, also known as disease modifying drugs (DMDs), have been approved by the FDA for use in MS therapy. Clinical trials have shown that treatment with disease modifying drugs (DMDs) can reduce the frequency of relapses and, for some therapies, slow disease progression.2,3,4 However, persistency and adherence can be a challenge for many patients.4 Higher out-of-pocket (OoP) costs have been shown to be related to higher prescription abandonment rates and lower persistency in a variety of disease states, but research is still needed to better determine the relationship between OoP costs and adherence and persistency with DMD therapy.5,6,7,11

The Coverage Gap in the Medicare Part D program imposes a significant increase in OoP burden for most beneficiaries.

OBJECTIVES

The objective of this analysis was to assess the impact of the Medicare Part D coverage gap and OoP burden levels on medication utilization behaviors of Medicare beneficiaries taking DMDs for the treatment of MS.

METHODS

The study design was a retrospective observational analysis. Data

- 5% national sample of Medicare beneficiaries in the United States for the year 2007.
- Research identifiable files (RIFs) were obtained from the Centers for Medicare and Medicaid Services.
- RIFs used in the analyses included beneficiary summary files, medical claims files (outpatient and institutional), and prescription drug event claim files (Part D claims).

RESULTS

A total of 1,493 beneficiaries were identified as having MS, taking a DMD and meeting all other sample selection criteria.

OoP burden varied significantly by LIS status:

<table>
<thead>
<tr>
<th>LIS Status</th>
<th>% of Sample</th>
<th>Average Monthly OoP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full co-pay</td>
<td>65%</td>
<td>$14</td>
</tr>
<tr>
<td>Reduced co-pay</td>
<td>12%</td>
<td>$6</td>
</tr>
</tbody>
</table>

Some full co-pay and reduced co-pay patients appeared to manage their higher OoP burden through lower adherence and/or non-persistency.

CONCLUSIONS

- Most beneficiaries with MS reach the coverage gap early in the year and move to catastrophic coverage.
- Average time in the coverage gap is limited for most beneficiaries, but increases with OoP burden.
- Higher OoP burden is associated with a reduction in adherence and a decline in persistency with DMD therapy.

REFERENCES


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