

blue paper



PRIME'S GUIDEDHEALTH® MISSED REFILL STUDY DEBUNKS MEDICAID MISCONCEPTIONS

Low adherence rates among members with chronic conditions are known to increase health care costs. For Medicaid members, there may be more situational barriers to taking their medicine. This study shows that intervention programs can keep members on treatment, and that interventions work for Medicaid members.

In 2021, over 78 million Americans are covered through state Medicaid programs. That's 1 in 5 Americans — many with complicated health issues.¹

In addition, many Medicaid members may have problems accessing the resources and support they need to take and stay on their treatments.² Plus, some states may limit prescription drug coverage for Medicaid plan members to a 30-day supply.² That means members may run out of their medicine before they can renew their prescription. Gaps in a member's drug supply can lead to nonadherence. And the cost of nonadherence is huge: It's estimated that the annual amount of avoidable health care costs due to nonadherence in the U.S. is between \$100 and \$300 billion.³

IN 2021

1 IN 5

AMERICANS ARE
COVERED THROUGH
STATE MEDICAID
PROGRAMS



The goal: Improve adherence rates for Medicaid and test the theory interventional outreach doesn't work for Medicaid members

To help improve adherence among Medicaid members, Prime Therapeutics (Prime) worked with one of its Blues partners to conduct a study on the impact of a missed refill program on adherence rates for Medicaid members. The Missed Refill product is part of Prime's GuidedHealth program.

Medicaid members who missed a refill on their asthma, diabetes or depression medicines were sent a letter explaining why it's important to take their medicine as prescribed. (These three health conditions were chosen because of the escalated costs associated with nonadherence.) The goal was to see if the missed refill letters had an impact on refill rates, as higher refill rates should lead to better adherence.

These members were identified weekly by the following criteria:

- Missed a refill at least seven days after a prescription supply ended
- Had at least two maintenance fills
- Had poor adherence based on their proportion of days covered (PDC) (25%–85%) within the last 365 days

If a member didn't refill their prescription within 25 days of identification, they were considered to not have refilled their medication.



10,890 BLUE PLAN
MEDICAID MEMBERS

WERE IDENTIFIED WITH AN ASTHMA, DIABETES
OR DEPRESSION MEDICATION MISSED REFILL
OPPORTUNITY DURING THE 10-WEEK PERIOD



8,783 MEMBERS

THE FINAL ANALYTIC SAMPLE CONTAINED 9,140
REFILL OPPORTUNITIES



6,787 OPPORTUNITIES

RESULTED IN LETTERS SENT TO THE MEMBER AS
PART OF THE MISSED REFILL PROGRAM (70%)



2,947 MEMBERS

WERE CONTROLS TO WHICH NO LETTER WAS SENT (30%)



18 PERCENT HIGHER
REFILL RATE

FOR MEMBERS IN THE
DEPRESSION CATEGORY
COMPARED TO CONTROLS

15 PERCENT HIGHER
REFILL RATE

FOR MEMBERS IN THE
ASTHMA CATEGORY
COMPARED TO CONTROLS

14 PERCENT HIGHER
REFILL RATE

FOR MEMBERS IN THE
DIABETES CATEGORY
COMPARED TO CONTROLS

The results: Members got the communication and intervention worked

Our findings showed there was a significant improvement in refill rate for Medicaid members who received the Missed Refill program letters. For the depression category, the intervention resulted in an 18 percent higher refill rate compared to controls. For the asthma category, the refill rate was 15 percent higher compared to controls. And for the diabetes category, the refill rate was 14 percent higher than controls.⁴

The depression numbers are important, as adherence to antidepressant drugs is associated with higher adherence to medicines for other chronic conditions.



In addition, **the return rate for letters sent to Medicaid members was only 1 percent** — proving that these members didn't have the communication barriers normally associated with Medicaid members.

THE STUDY SHOWED THERE WAS A SIGNIFICANT IMPROVEMENT IN REFILL RATE FOR MEDICAID MEMBERS WHO RECEIVED MISSED REFILL PROGRAM LETTERS AS COMPARED TO THE CONTROL GROUP. THIS STUDY RECEIVED GOLD MEDAL ACKNOWLEDGEMENT FROM THE ACADEMY OF MANAGED CARE PHARMACY (AMCP) IN OCTOBER 2019.

FOR MORE INFORMATION

VISIT PRIMETHERAPEUTICS.COM

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3 IMS Study: Inappropriate Medication Use Costs More Than \$200 Billion Per Year. (July 16, 2013). Retrieved June 18, 2019, from <https://www.pharmacytimes.com/publications/issue/2013/july2013/ims-study-inappropriate-medication-use-costs-more-than-200-billion-per-year>

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