



Medication Access
and Vulnerable Populations —
What's Changing?



Medicare Part D: How Has the Program Affected Beneficiaries Over the 3 Years Since Its Inception?



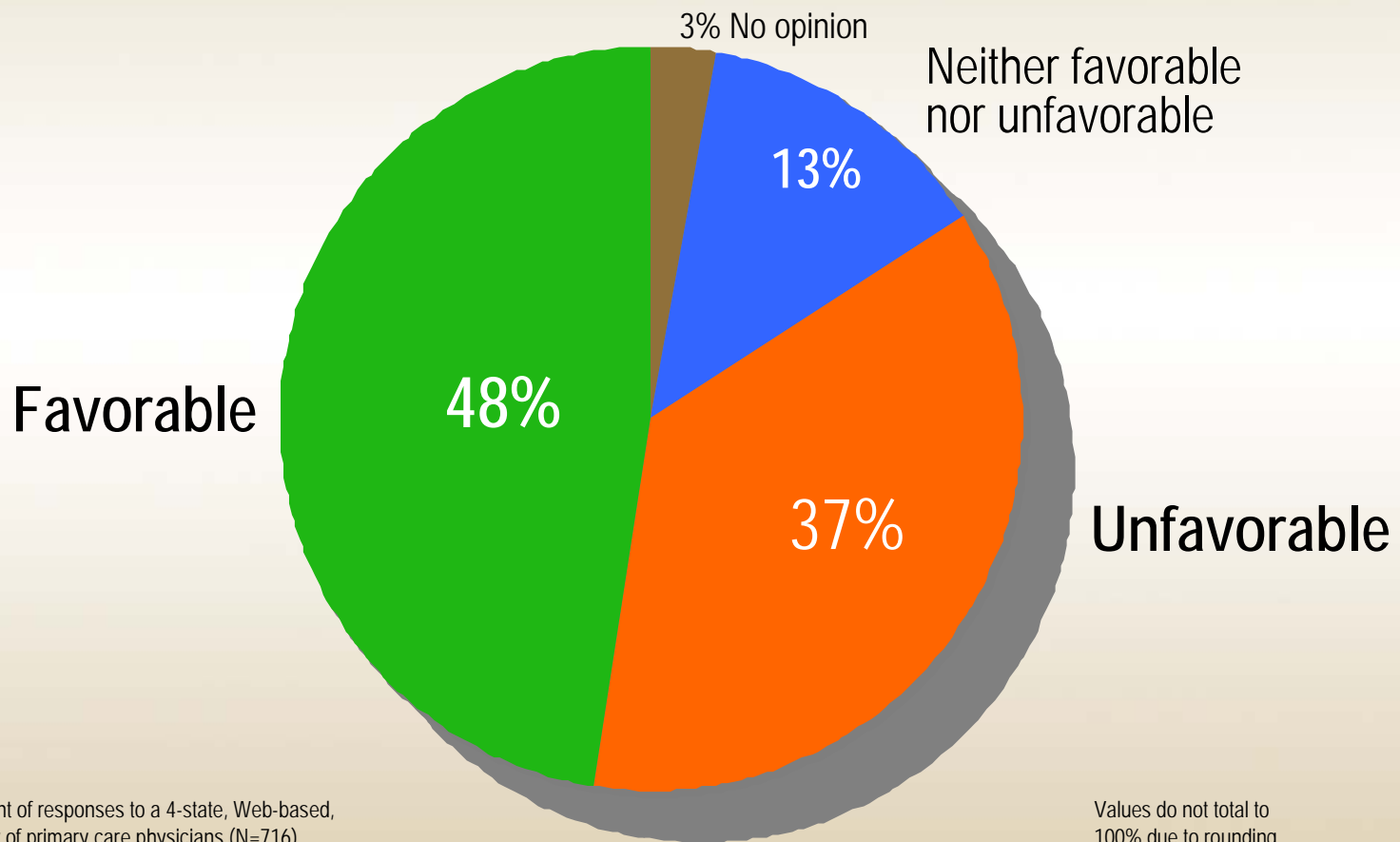
Verdicts on Part D to date tend to be positive – but a few areas of concern have emerged

- ▶ More PCPs rate Part D favorably overall, but opinions vary across patient subgroups
- ▶ Part D has increased utilization and decreased out-of-pocket costs for elderly patients
- ▶ Therapeutic switching to meet Part D formulary requirements can have adverse effects
- ▶ Enrollees should be encouraged to identify and move to plans with less restrictive formularies, when available
- ▶ Comprehensive assessments of drug management tools are needed
- ▶ The current disparities in Medicaid preferred drug lists suggest that arriving at a consensus for a national Medicare formulary will be challenging

This presentation summarizes 6 articles that assess the impact of Part D since its inception and examine issues related to the design and implementation of prescription drug plans



Almost Half of Physicians Surveyed Expressed Favorable Overall Opinion of Medicare Part D

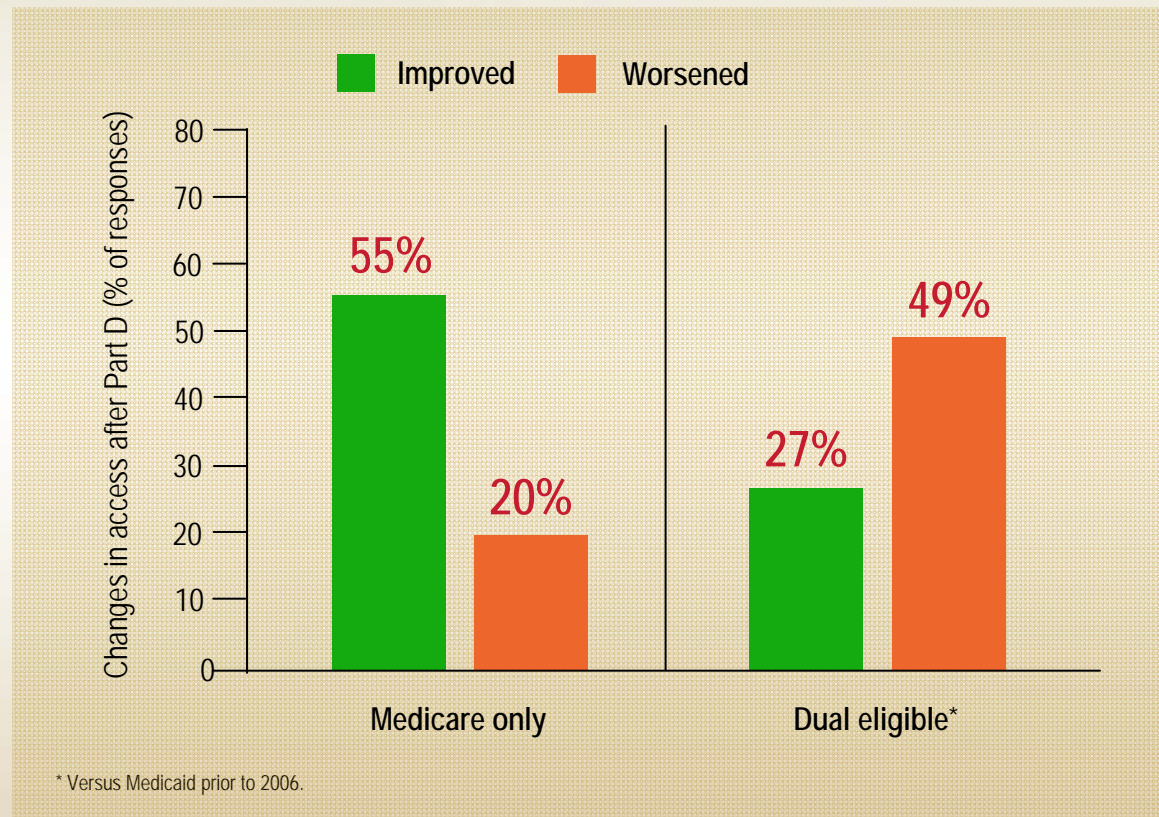


Results represent percent of responses to a 4-state, Web-based, self-administered survey of primary care physicians (N=716) conducted in late 2007 and early 2008.

Values do not total to 100% due to rounding.



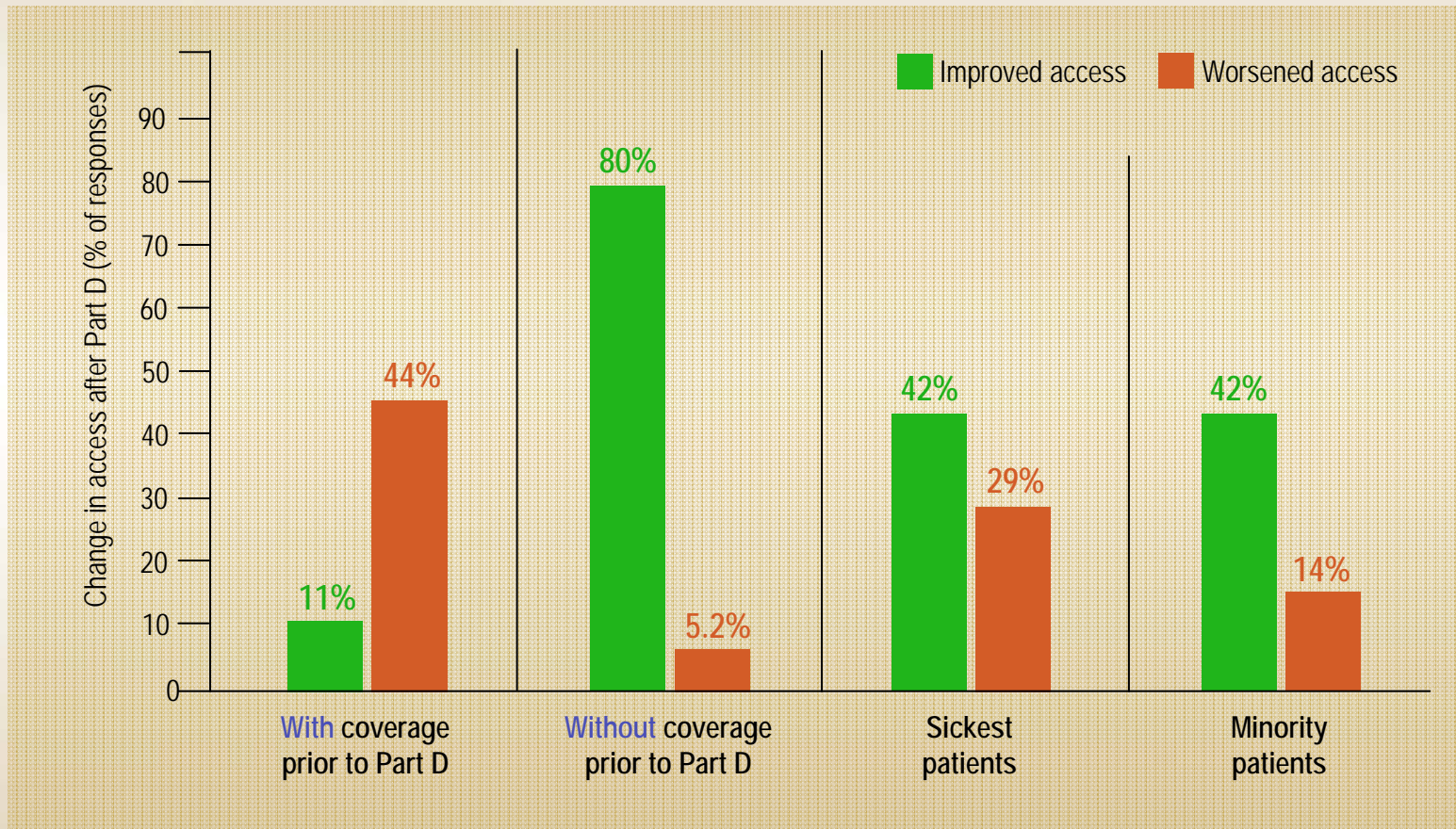
Enrollee Status Affects Physicians' Opinions of Effect of Part D on Access



Results represent percent of responses to a 4-state, Web-based, self-administered survey of primary care physicians (N=716) conducted in late 2007 and early 2008. Epstein AJ et al. *Am J Manag Care*. 2008;14(11):SP5-SP13.



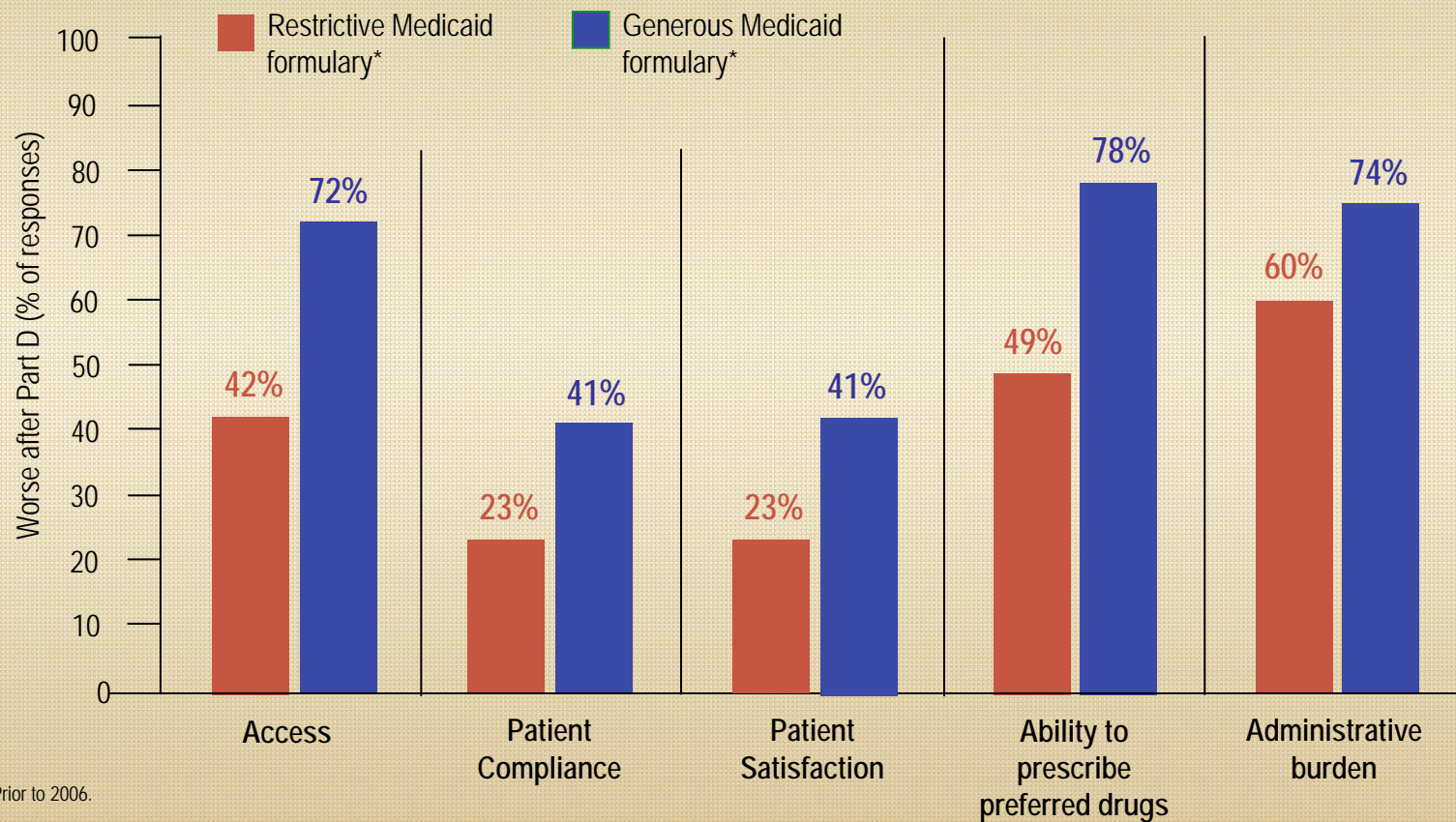
Medicare-Only Enrollees: Patient Characteristics Influence Physicians' Opinions of Effect of Part D



Results represent percent of responses to a 4-state, Web-based, self-administered survey of primary care physicians (N=716) conducted in late 2007 and early 2008.



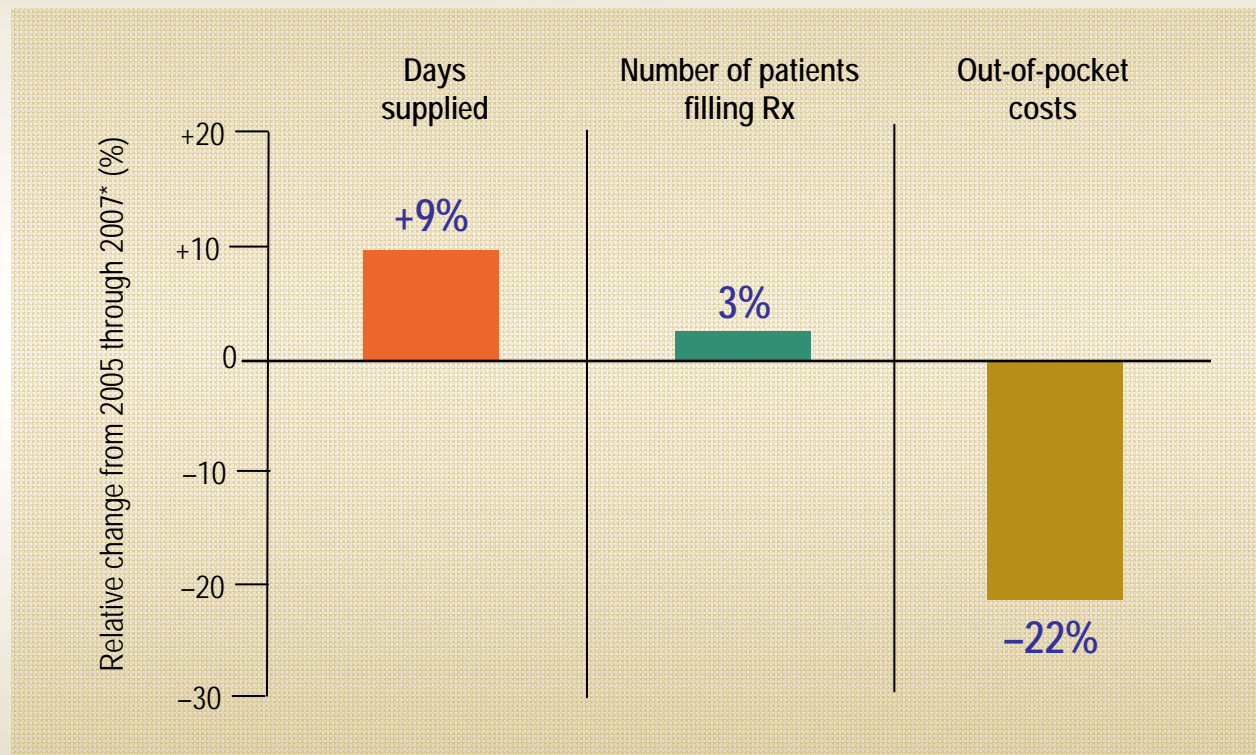
Dual-Eligible Enrollees: Opinions of Effect of Part D Less Negative in States With Restrictive Medicaid Formularies*



Results represent percent of responses to a 4-state, Web-based, self-administered survey of primary care physicians (N=716) conducted in late 2007 and early 2008. Three states (FL, MA, and TX) had restrictive formularies; 1 state (NC) had a generous Medicaid formulary.



Implementation of Medicare Part D Increased Utilization and Decreased Out-of-Pocket Costs for Elderly Patients



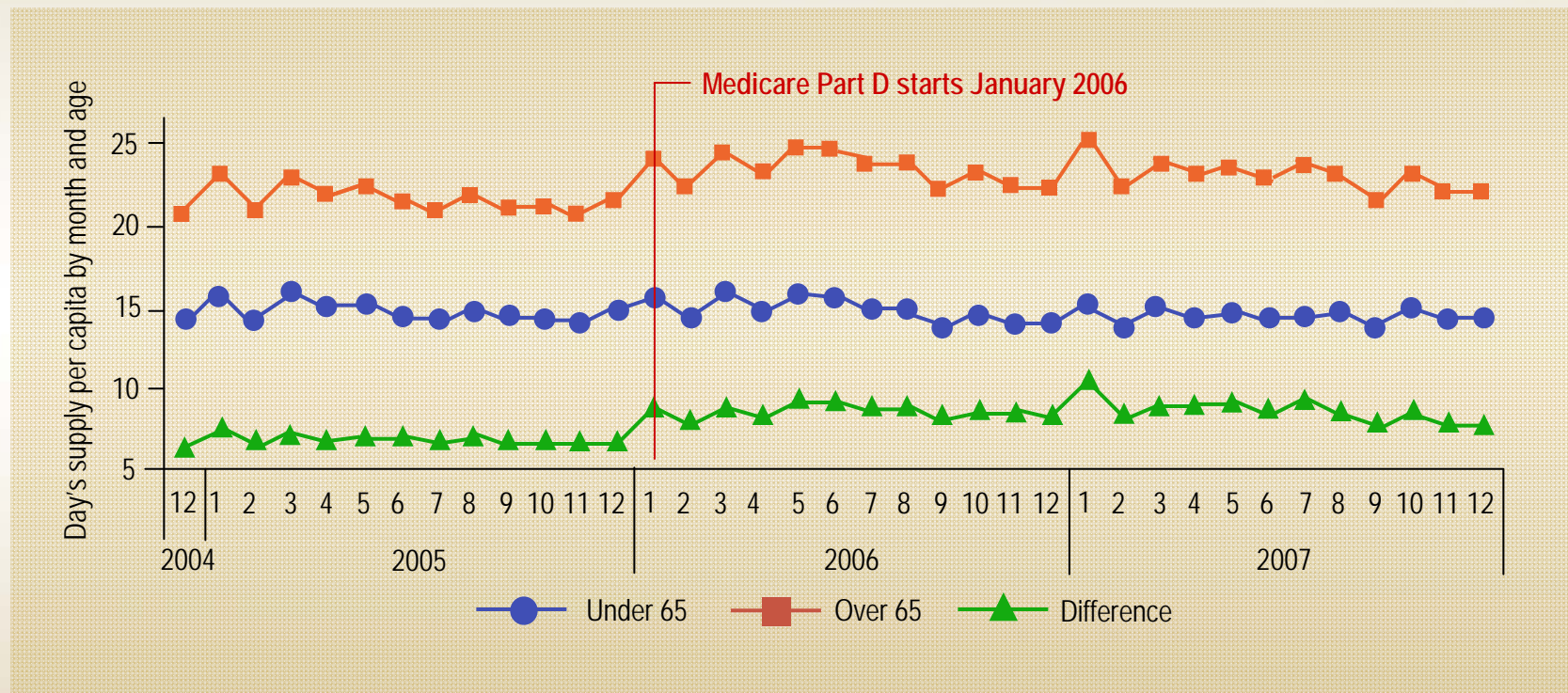
*Effect in elderly patients compared with a control group of patients aged 58-64 years.

Utilization and costs were analyzed using a database of >1.4 billion prescriptions from Wolters Kluwer Health.

Ketcham JD, Simon K. *Am J Manag Care*. 2008;14(11):SP14-SP22.



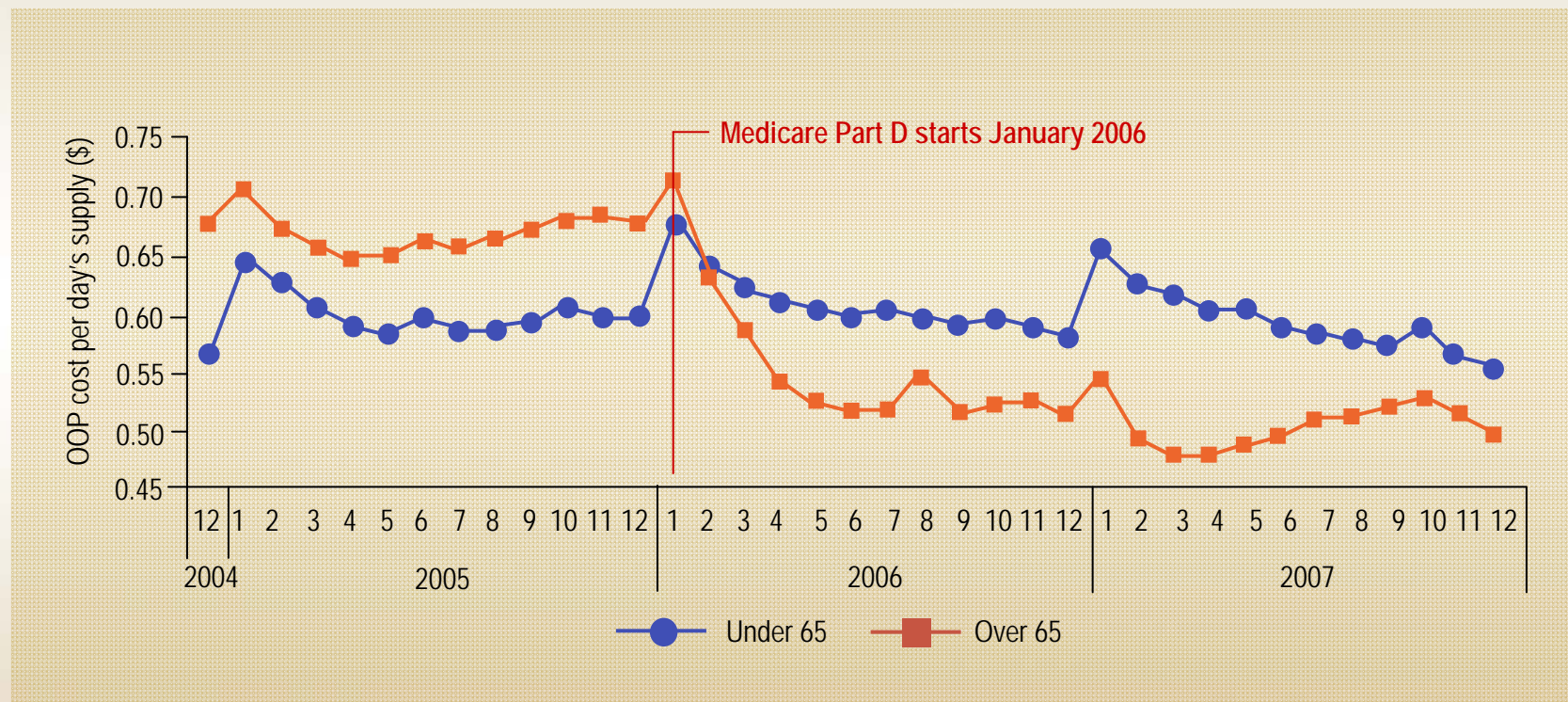
Pattern of Change Over Time in Utilization: Day's Supply per Capita Increased



Data obtained from analysis of a database of >1.4 billion prescriptions from Wolters Kluwer Health.



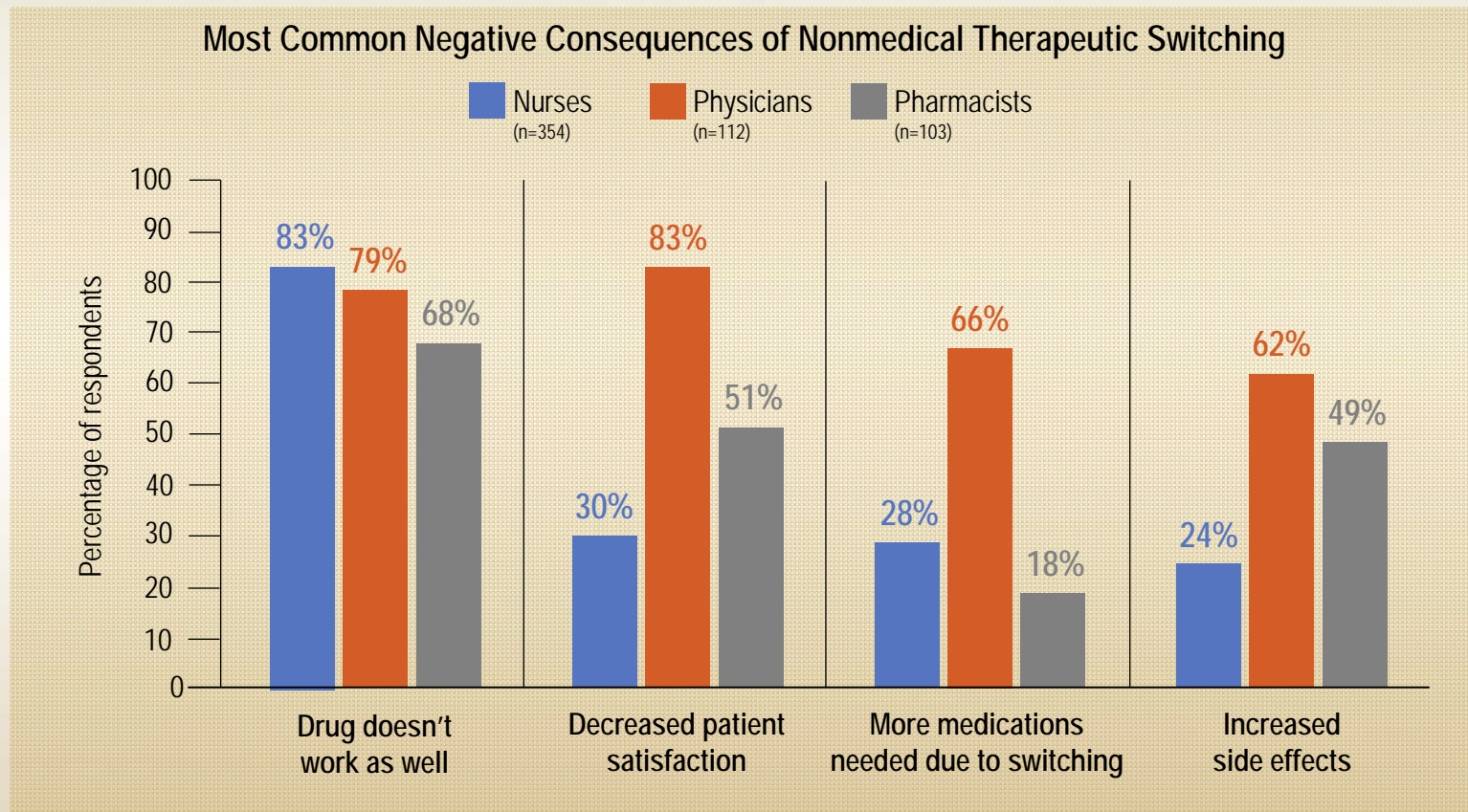
Pattern of Change Over Time in Out-of-Pocket Costs: Cost per Day's Supply Decreased



Data obtained from analysis of a database of >1.4 billion prescriptions from Wolters Kluwer Health.



Nonmedical Therapeutic Switching in the Long-term Care Setting Leads to Negative Consequences

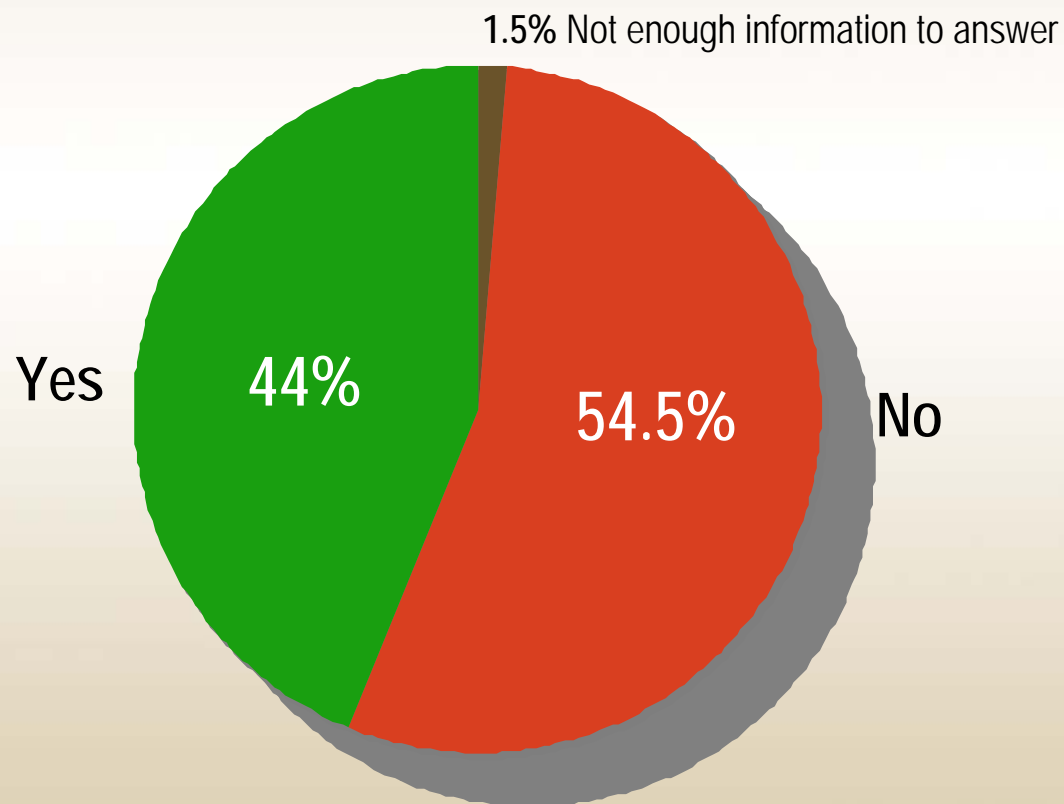


Results were obtained from an electronic survey of long-term care providers conducted by HCPro.



Many Providers Say That a Change Back to the Original Medication Is Likely After a Nonmedical Therapeutic Switch

Percentage of respondents who have seen Part D patients changed back to their original medication

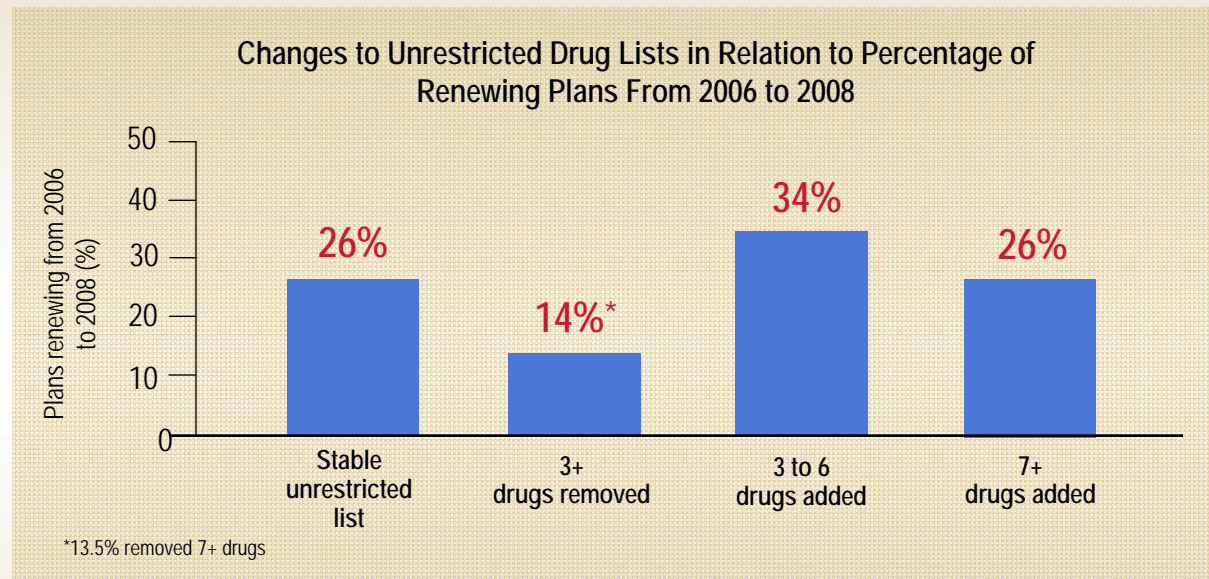


Most common reasons for change back:
Therapeutic failure: **33%**
Poor tolerability: **26%**

Pie chart represents percent of responses to an electronic survey conducted by HCPro.



A Substantial Proportion of Plans Have Changed Their Unrestricted Drug Lists Since Inception of Part D



Of plans renewing from 2006 to 2008

- ▶ 74% added drugs to or removed drugs from unrestricted lists
- ▶ 26% maintained the number of drugs on unrestricted lists



Formulary Changes Are Common, Underscoring the Importance of Reviewing Formulary Access, Especially for Dual-Eligible Enrollees

Problem

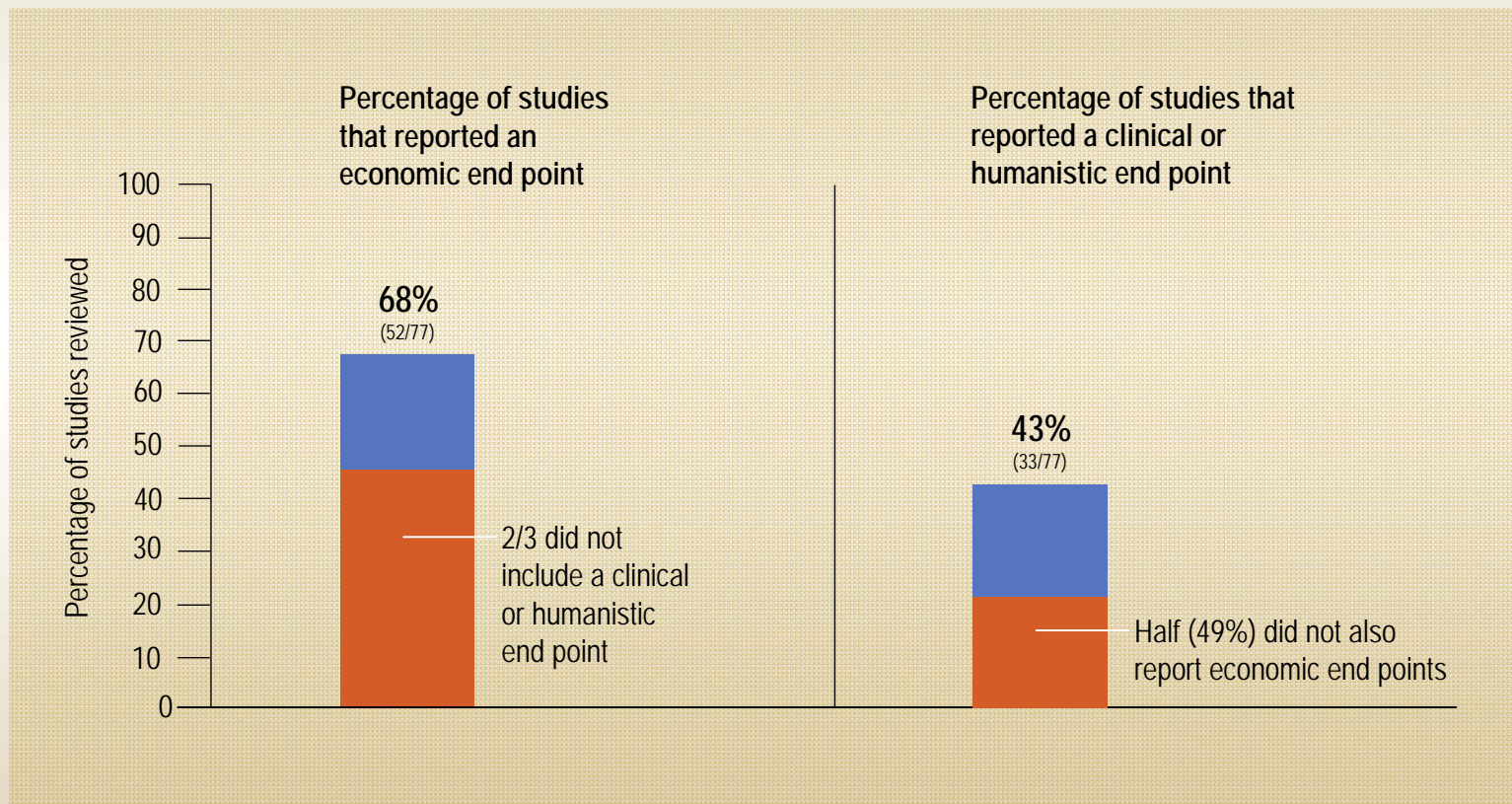
- ▶ Changes in formulary access had little effect on enrollment levels in PDPs
- ▶ An increase in the number of drugs on unrestricted lists
 - Had almost no effect on enrollment in benchmark PDPs
 - Had a greater (although still small) effect on enrollment in nonbenchmark PDPs, where more enrollees actively choose their plan

Solution

- ▶ Enrollees need to take advantage of the opportunity to move to Part D plans with less restrictive formularies
 - All enrollees may change their drug plan during the open enrollment season
 - Dual-eligible enrollees may change their plan at any time



Evaluations of Drug Management Tools Are Rarely Comprehensive





Defining and Assessing Optimal Drug Management Tools

Drug management tools should:

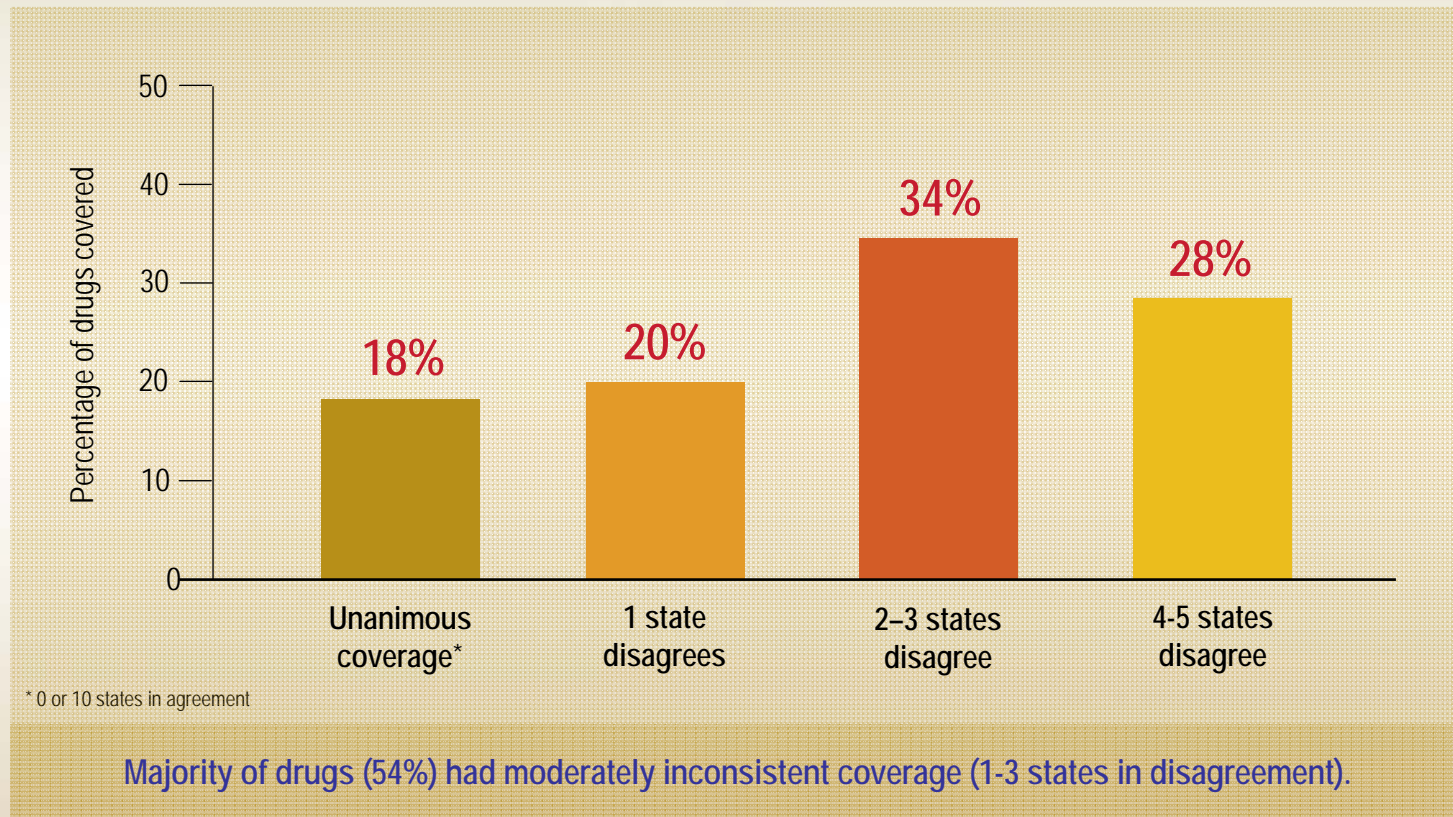
- ▶ Deliver good value (in terms of both cost and health outcome)
- ▶ Improve or have a neutral effect on patient outcomes
- ▶ **Not** reduce pharmacy costs if doing so worsens patient outcomes or increases total medical costs

Assessment of drug management tools should include:

- ▶ Measures of patient outcomes
- ▶ Comprehensive economic end points
- ▶ Total costs to plan *and* patients
- ▶ Multiple data sources



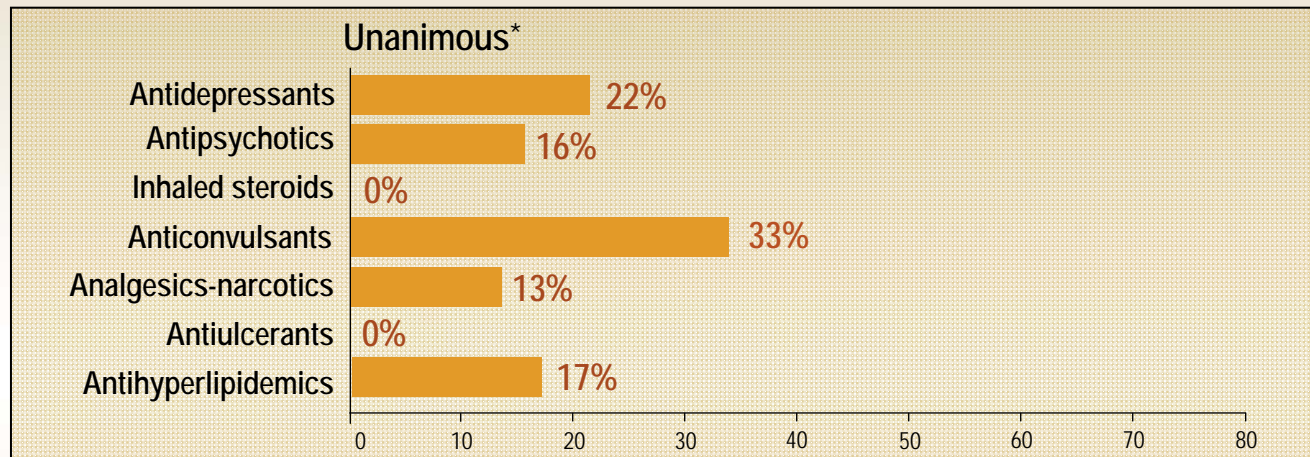
States Show Substantial Variation in PDL Design



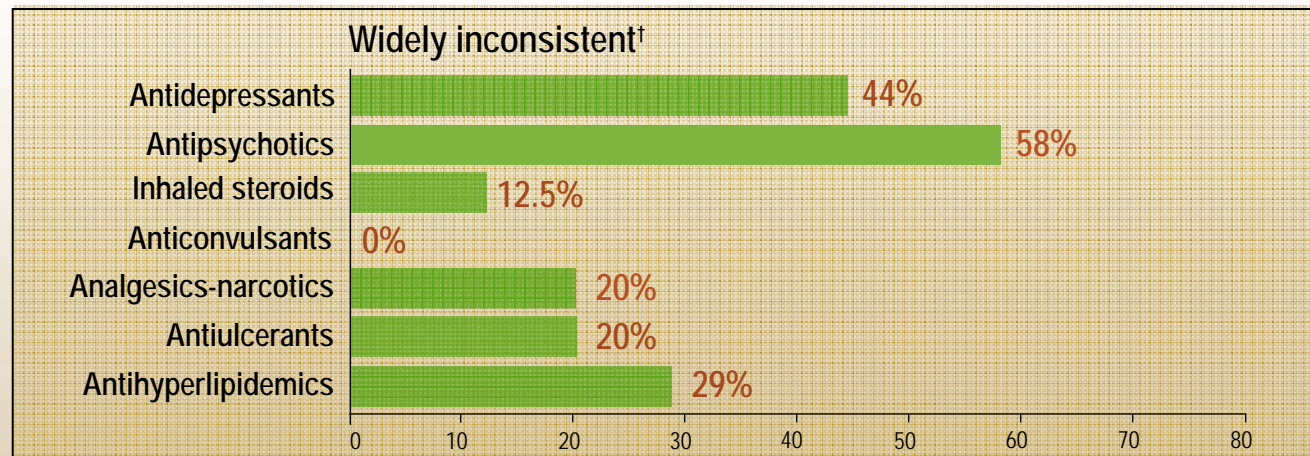
Data obtained from analysis of coverage of 110 drugs from 7 of the highest-volume therapeutic drug classes (analgesics-narcotics, anticonvulsants, antidepressants, antipsychotics, inhaled steroids, antihyperlipidemics, and antiulcerants) on state PDLs collected in January 2008 from the 10 most populous states with PDLs (Illinois, Florida, Texas, New York, California, Ohio, Michigan, Georgia, Virginia, and Massachusetts).



Greater Dissimilarity Than Similarity of Drug Coverage Across States by Therapeutic Class



*0 or 10 states cover.



†4 to 5 states disagree.

Inconsistency underscores the difficulty of interpreting clinical evidence

Graphs show percent of drugs in each class covered (or exempted).

Ketcham JD, Ngai JK. *Am J Manag Care*. 2008;14(11):SP46-SP52.



Discussion

Slides are available at:
www.pfizer.com/medicare

