P-951 - MEDICARE PART D, GENERIC PRESCRIBING AND ADHERENCE TO ANTIDEPRESSANT THERAPY

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Introduction: In the U.S., Medicare Part D coverage gap poses concern for antidepressant adherence, but wide availability of generic antidepressants may mitigate the effect.

Objectives and aims: To assess the effects of coverage gap and generic prescribing on antidepressant adherence among a cohort of Medicare patients experiencing a new episode of depression.

Methods: We used 2007 Medicare Part D drug event file to examine antidepressant use over the 6 months following antidepressant initiation. We estimated Cox proportional hazard models to assess the effects of the two factors on the risk of antidepressant treatment disruption. We estimated mixed-effects linear models to assess the effects on monthly days of antidepressant possession. All analyses were stratified by Part D low-income subsidy (LIS) status and Medicare entitlement (aged vs. disabled).

Results: Receiving a generic (vs. brand) antidepressant on the first script was associated with a significantly reduced risk of treatment disruption across all four populations: hazard ratios ranged from 0.66 (p=0.006) among disabled patients not receiving LIS to 0.88 (p=0.020) among aged patients receiving LIS. For patients not receiving LIS, experience of coverage gap was associated with increased risk of disruption only among the disabled (hazard ratio = 2.15, p=0.006). Analysis of monthly antidepressant possession produced consistent results and indicated that the beneficial effect of generic first script was comparable with or outweighed the detrimental effect of coverage gap.

Conclusions: Part D coverage gap adversely affected antidepressant adherence by disabled patients not receiving LIS. Increased generic prescribing may help improve adherence among all patients.