

Managing Chronic Conditions: Evaluation of Drug Uses Patterns

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The treatment and management of chronic conditions presents a major challenge to Medicaid plans; they need to understand the adherence patterns of their populations. Diseases such as Overactive Bladder (OAB) are of special significance to these plans, given the demographics of their patients (large female populations). This study compares switch and discontinuation rates among patients prescribed tolterodine extended release (ER), oxybutynin extended release (XL), and generic oxybutynin in a Medicaid Managed Care Organization (MCO), using Cox proportional hazards models and time dependent survival analysis (adjusted for age, gender, and race). For the total of 2,115 patients, hazard ratios (HRs) of switch or discontinuation were significantly higher for generic oxybutynin (HR=1.15, 95% CI: 0.10 to 1.32, $P<0.0561$) and oxybutynin XL (HR=1.17, 95% CI: 0.99 to 1.40, $P<0.0536$) than for tolterodine ER. Compared with patients 18 to 39 years of age, younger patients were more likely to discontinue their original therapy (HR=1.50, 95%CI: 1.30 to 1.70, $P<0.0001$), as were African American patients compared with Caucasians (HR=1.10, 95% CI: 1.0 to 1.30, $P<0.0137$).

Medicaid MCO patients who are started on tolterodine ER are less likely to discontinue/switch than are those started on oxybutynin XL or generic oxybutynin. While this study does not explore the reasons for switch/discontinuation, it presents information on drug usage patterns that may be of value to Medicaid MCO plans.

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This initiative addresses Goal #1 Objective #4, Goal #2 Objective #1, and Goal #3 Objective #1 of the ASHP 2015 Initiative.

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