

Prescription Drug Sample Use and Requests for Lower Cost Prescription Drugs among Medicare Beneficiaries

Background:

Medicare beneficiaries may use various strategies to lower their prescription drug costs. Requesting free prescription samples is one common way to lower costs. Concerns have been raised about free samples encouraging the use of newer, more expensive medications. Estimates of the use of free samples by Medicare beneficiaries vary substantially. Another way for Medicare beneficiaries to lower prescription drug costs is to request a less expensive prescription. There is little recent information about why Medicare beneficiaries receive free samples, and little is known about factors affecting the likelihood of requests for less expensive prescriptions.

Goals of the study:

To examine the prevalence of, reasons for, and factors affecting Medicare beneficiaries' 1) use of free prescription drug samples and 2) requests for lower cost prescription drugs.

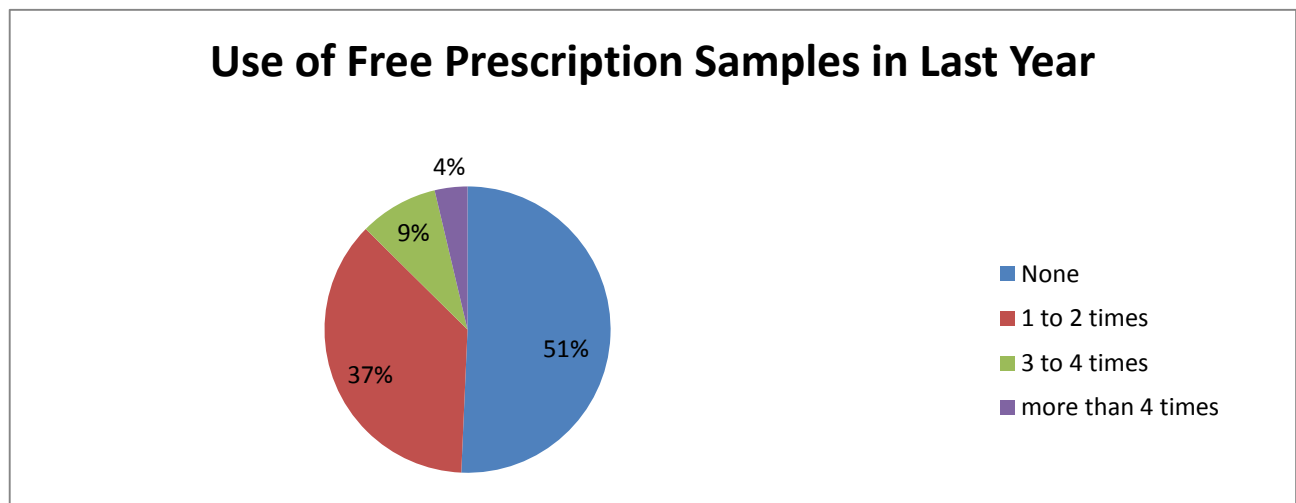
Who was included in this study?

The target population was U.S. residents at least 65 years of age and enrolled in Medicare. Harris Interactive maintains a panel of individuals who have agreed to be invited to participate in online surveys. Data were collected from 1,024 Harris Interactive panel participants via an online survey in November 2007.

The survey included questions on prescription drug insurance, age, income, education, gender, health status, number of prescriptions used in the past month, how often they received prescription drug samples in the past year, and how often they asked a doctor or pharmacist in the last year if there was a less expensive prescription available.

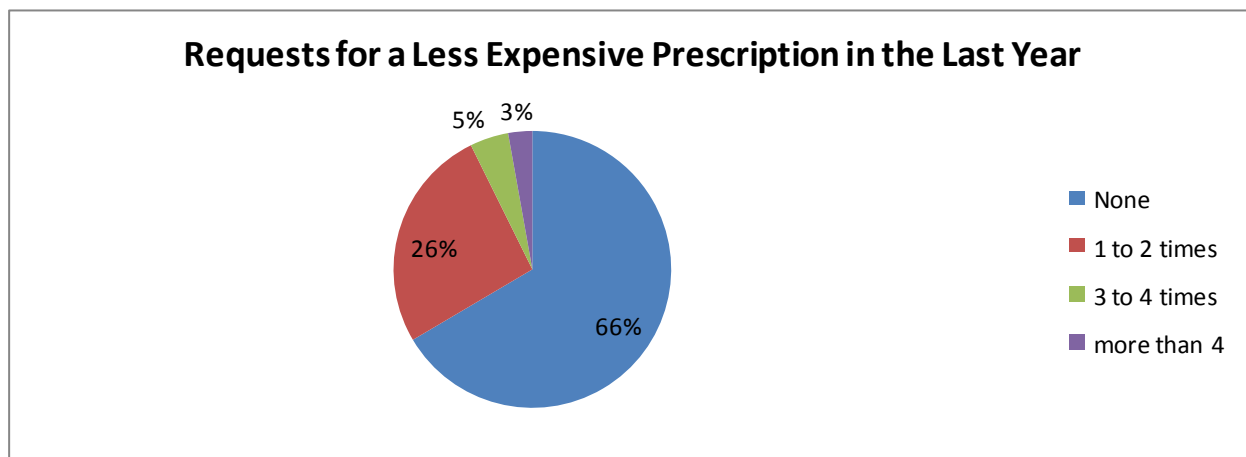
People who reported using at least one prescription drug sample in the past year were asked to list the reasons they received the samples. People who asked a doctor or pharmacist at least once for a less expensive prescription in the past year were asked if they had received a less expensive prescription. If they responded yes, they were asked how well it had worked for them relative to the more expensive prescription.

What did we find?



Those who had received a free prescription sample at least one time in the last year reported the following reason for their sample use: 61% were trying a new medication, 33% needed to start medication right away, 30% asked the doctor for samples, and 11% could not afford to pay for the medication.

- People in excellent health were about half as likely to receive samples as people in fair or poor health.
- Receipt of samples increased as the number of prescriptions used in the past month increased.
- People in Medicare Part D and employer-based prescription drug plans were almost twice as likely as people without prescription drug insurance to use samples.



Of those who had asked at least one time about a less expensive prescription, 70% reported receiving a less expensive prescription. When asked how well the less expensive prescription worked in relation to the original prescription, 71% said it worked about the same, 9% said it did not work as well, 2% said it worked better, 11% weren't sure, and 8% had never tried the more expensive prescription.

- Individuals in excellent and very good health were significantly less likely to request a less expensive prescription.
- The odds of requesting a less expensive prescriptions increased as the number of prescriptions used in the last month increased
- People with employer-based insurance were about half as likely to request a less expensive prescription as those without prescription drug insurance.
- People with Medicare Part D were not different from the uninsured in their likelihood of requesting a less expensive prescription.

Conclusions:

- Free prescription samples and requests for a less expensive prescription were fairly common occurrences among Medicare beneficiaries.
- Convenience rather than cost drove most free prescription sample use.
- Requests for less expensive prescriptions often resulted in satisfactory switches.
- Medicare beneficiaries with Part D were similar to beneficiaries with employer coverage in their likelihood of receiving free samples, but more similar to those without insurance in their likelihood of requesting a less expensive prescription.

The summary above is based on research by Julie M. Urmie, PhD; Amber Goedken, PharmD; Karen Farris, PhD; and William Doucette, PhD; the University of Iowa College of Pharmacy. This work was supported by an Agency for Healthcare Research and Quality (AHRQ) Centers for Education and Research on Therapeutics cooperative agreement #5 U18HSO16094 (the Iowa Older Adults CERT).