

# Tiered Plans Cut Drug Use; Enrollees Spend More

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Cost containment strategies, such as tiered drug plans, reduce overall prescription drug utilization and increase the use of generics, according to an analysis of prescription drug use by Medicare-eligible retirees.

But even with decreased utilization, individuals enrolled in three-tiered drug plans, which charge higher copayments for

certain medications, spent more money out of pocket than did individuals enrolled in single-tiered plans.

The study, conducted by researchers at Mathematica Policy Research Inc. and RTI International, included 352,760 Medicare beneficiaries with employer-sponsored drug coverage and dependent spouses aged 65 or older (Health Serv. Res. 2007 Sept. 11 [Epub doi:10.1111/j.1475-6773.2007.00774.x]).

The study is further confirmation that

the retiree population is sensitive to price, "but we don't know what that means in terms of health outcomes," Boyd H. Gilman, Ph.D., a senior researcher at the Cambridge, Mass., office of Mathematica, said in an interview.

On average, individuals in single-tiered plans filled 46 prescriptions a year, compared with 38 prescriptions among those enrolled in three-tiered plans. But enrollees in single-tiered plans used fewer generics, the researchers found. Nearly

39% of the drugs purchased under single-tier plans were generics, compared with nearly 44% in three-tiered plans.

Drug plans spent about \$1,943 per individual in single-tiered plans, versus \$1,354 in three-tiered plans. Individuals who were enrolled in single-tier plans spent about \$245 a year, compared with \$469 spent by individuals enrolled in multi-tiered plans.

The study was funded by an internal grant from RTI International. ■

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Take SEROQUEL XR once daily in the evening<sup>3</sup>

Day 1  
300 mg

→

RECOMMENDED DOSE RANGE  
400-800 mg/day

Increase dose in increments up to 300 mg/day, at intervals as short as 1 day.

- To be taken without food or with a light meal (approximately 300 calories)
- Dosage adjustments may be necessary, based on individual response and tolerability
- SEROQUEL XR tablets should be swallowed whole and not split, chewed, or crushed
- In the elderly and patients with hepatic impairment, consideration should be given to a lower starting dose, a slower rate of dose titration, careful monitoring during the initial dosing period, and a lower target dose. For patients who require less than 200 mg/dose, use the immediate-release formulation (see Prescribing Information)

## Important Safety Information (continued)

- Tardive dyskinesia (TD), a potentially irreversible syndrome of involuntary dyskinetic movements, may develop in patients treated with antipsychotic drugs. The risk of developing TD and the likelihood that it will become irreversible are believed to increase as the duration of treatment and total cumulative dose of antipsychotic drugs administered to the patient increase. TD may remit, partially or completely, if antipsychotic treatment is withdrawn. Quetiapine should be prescribed in a manner that is most likely to minimize the occurrence of TD
- Warnings and Precautions also include the risk of orthostatic hypotension, cataracts, seizures, hyperlipidemia, and possibility of suicide attempts. Examination of the lens by methods adequate to detect cataract formation, such as slit lamp exam or other appropriately sensitive methods, is recommended at initiation of treatment or shortly thereafter, and at 6-month intervals during chronic treatment. The possibility of a suicide attempt is inherent in schizophrenia, and close supervision of high-risk patients should accompany drug therapy
- The most commonly observed adverse events associated with the use of SEROQUEL XR versus placebo in clinical trials for schizophrenia were dry mouth (12% vs 1%), constipation (6% vs 5%), dyspepsia (5% vs 2%), sedation (13% vs 7%), somnolence (12% vs 4%), dizziness (10% vs 4%), and orthostatic hypotension (7% vs 5%)
- In long-term clinical trials of quetiapine, hyperglycemia (fasting glucose  $\geq 126$  mg/dL) was observed in 10.7% of patients receiving quetiapine (mean exposure, 213 days) vs 4.6% in patients receiving placebo (mean exposure, 152 days)

References: 1. Kahn RS, Schulz C, Palazov VD, et al. Efficacy and tolerability of once-daily extended release quetiapine fumarate in acute schizophrenia: a randomized, double-blind, placebo-controlled study. *J Clin Psychiatry*. 2007;68:832-842. 2. Data on file, DA-SXR-05, AstraZeneca Pharmaceuticals LP. 3. SEROQUEL XR Prescribing Information.

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